Room for one more?

The C-suite of American higher education has never seemed so crowded — or so incomplete: It's not too late to invite the *CHO* (as in *chief health officer*), is it?

Jeffrey G. Harris, MBA & Richard A. Skinner, PhD

If the C-suite of American higher education were an actual workspace rather than a figure of speech, it almost certainly would run afoul of the social-distancing guidelines put in place to curb the spread of COVID-19.

Unless it boasted the same square footage as, say, Grand Central Terminal, NASA's 40-floor Vehicle Assembly Building, or the locker room of the average Division I football program, the office in question would simply be too crowded for every occupant to enjoy the recommended six feet of separation.

On many campuses, C-suite staples such as chief executive officers, chief academic officers, and chief financial officers have been joined by the likes of chief information officers, chief diversity officers, chief marketing officers, chief legal officers, chief compliance officers, chief research officers, chief investment officers, chief development officers, chief strategy officers, chief sustainability officers, chief data officers, chief security officers, and, yes, chief *data-security* officers.

Never mind that the growth of academia's executive workforce — more than 100 percent in 25 years, according to federal data — is largely attributable to factors beyond institutions' control, such as exploding technology, emerging academic disciplines, and mushrooming government regulation. Students and parents stung by rising tuitions don't really care that higher education has inherited myriad cultural, environmental, and socioeconomic imperatives that formerly fell outside the purview of traditional postsecondary institutions.

Baseless or not, critics' grumbling about "administrative bloat" has put higher education on the defensive. Acutely aware of public perception in an era of austerity and heightened accountability, many institutions are looking to trim their executive ranks. This exercise in frugality is likely to take on added significance — and a new sense of urgency — as colleges and universities sift through the fiscal carnage wrought by COVID-19. Already, according to *The Chronicle of Higher Education*, revenue losses attributable to the coronavirus pandemic have forced at least 190 schools to furlough or lay off a combined 48,000 employees.

With colleges and universities struggling to find their financial and operational footing in a landscape marked by turmoil and trepidation, any proposal to *add* a C-level post would likely be dismissed as ill-conceived — or at least ill-timed. Indeed, any campus administrator thinking of making such a pitch might consider donning an N95 face mask — not to block airborne pathogens, mind you, but to avoid being recognized, ridiculed, and maybe even remanded to a mental-health facility for a competency evaluation.

However …

What if a U.S. college or university added a position to its cadre of C-level executives not *in spite of* the pandemic but rather *in response* to it? What if the occupant of the new post were charged with starting (and ending) each and every workday focused solely on keeping his or her campus healthy and safe — whether that meant monitoring a wide range of naturally occurring and manmade threats; discouraging self-destructive or antisocial behaviors; or securing, and maintaining, adequate stockpiles of medical supplies and personal protective equipment? What if this individual were endowed with campus-wide visibility, cross-departmental authority, and unfettered access to the president or chancellor? (Think *surgeon general* — only in academic regalia rather than the uniform of the U.S. Public Health Service.)

In short, is it time for American higher education to embrace the *chief health officer*?

Hail! To Michigan, the leaders

The concept, fanciful though it may seem, is not without precedent. The University of Michigan (UM) created just such a role — right down to its formal title, chief health officer, or CHO — in 2006.

"The CHO is a key senior advisor to the president and executive officers on matters of community health and wellness, disease management and critical public-health issues and preparedness for all three UM campuses," the university says in a formal description of the position.

More specifically, the CHO is expected to (1) act as the "convening liaison for critical public health issues," including emergency preparedness, public health crises, and "day-to-day community public health issues"; (2) represent the university — as "an external advocate" — on issues related to health and wellness; and (3) "facilitate discussion, planning and coordinated action among the various offices and programs concerned with the health and wellness of faculty, staff, students, dependents and retirees."

UM requires that the CHO hold an advanced degree and professional credentials in medicine, nursing, public health, or some other health-science field; possess "significant experience in population, community or organizational health, wellness and disease management"; and demonstrate an ability to "articulate a compelling vision," "provide inspiration in the promotion of health and wellness," and "facilitate cooperation between independent units and programs in the pursuit of University-wide goals."

The architect of the role was then-President Mary Sue Coleman, PhD, who, in 2006, was four years into what would be a 12-year tenure as UM's chief executive.

In a recent interview with Harris Search Associates, Coleman said the CHO idea grew out of her service on the boards of two companies that invested heavily in their employees' health and wellbeing. Coleman, who is now wrapping up a four-year term as president of the Association of American Universities (AAU), recalls being impressed by the companies' willingness to pay for gym memberships, weight-loss consultations, smoking-cessation courses, and other programs intended to stave off illness.

As a data-savvy biochemist dedicated to evidence-based decision making, Coleman understood the potential economic benefits of such programs, including a reduction in traditional employee healthcare costs. In the end, though, it was physical considerations — not fiscal concerns — that prompted Coleman to appoint UM's first-ever chief health officer.

"My primary motivation," she said, "was the straightforward notion that a university ought to be educating and supporting students, staff, and faculty to live healthy lives."

Coleman's pick to lead the effort was Robert Winfield, MD, executive director of the University Health Service, a veteran clinician and healthcare administrator with a reputation for working effectively with various segments of the campus community.

Coleman made sure the appointee had funding to undertake the kinds of disease-prevention initiatives that she had encountered in the corporate sector.

Winfield didn't disappoint. He spearheaded UM's transition to a smoke-free campus, expanded students' access to mental health services, and helped shape MHealthy, the institution's signature campus wellness initiative. He also coordinated the university's responses to various threats, including infectious diseases.

"While it is impossible to anticipate and plan for every conceivable scenario, we can put into place a system that is flexible and can be adjusted to the changing dynamic," Winfield said in a 2008 interview with the *University Record*, UM's faculty/staff newspaper. "For example, despite differences in how a pandemic flu and a tornado manifest themselves, there would be significant overlap in the response to each emergency."

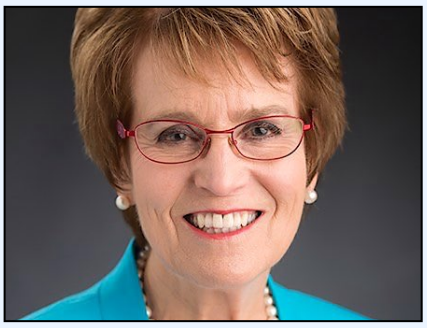
Fleshing out the vision

Following Winfield's death in October 2016, UM's senior officials set out to find a suitable successor — someone who could preserve, and perhaps even build upon, his professional and programatic legacy.

Their choice: Preeti N. Malani, MD, a professor in the UM Medical School's Division of Infectious Diseases and a nationally known expert in the fields of epidemiology and gerontology.

UM President Mark S. Schlissel, MD, PhD, who had succeeded Coleman in 2014, announced the appointment on May 18, 2017.

"Dr. Malani's impressive achievements as a physician, researcher, and communicator make her an outstanding choice to help us ensure the health and wellness of all members of our community, as well as our ability to be a leading institution in these crucial areas," Schlissel said.



Former University of Michigan President Mary Sue Coleman, above, created the school's chief health officer role in 2006. The first appointee, Robert Winfield, MD, helped secure a campus smoking ban in 2011. At right, he is shown affixing no-smoking decals with the help of public-health students, from left, Mark Huizenga, Tiffany Huang, and Stephanie Nguyen.

University of Michigan

In keeping with the administration's wishes, Malani has maintained a high profile throughout her tenure as CHO, thanks in part to her role as associate editor of the *Journal of the American Medical Association* (*JAMA*) and her work as director of the National Poll on Healthy Aging, based at UM's Institute for Health Policy and Innovation.

Since the outset of the COVID-19 crisis, however, Malani has taken her visibility to new heights — by authoring articles and editorials for professional publications, by sharing updates and safety tips through social media, and by lending her expertise to organizations such as the American Medical Association, the Infectious Diseases Society of America, and the Big Ten Conference's coronavirus task force.

On top of all that, Malani has taken part in interviews with a dizzying array of media outlets — local and national, print and electronic, niche and general interest.

She assured the host of KTTV-TV's "Good Day LA" program that swimming-pool chemicals would kill COVID-19. ("The water is great; it's all the things that happen on the pool deck or on the beaches, where people could crowd together, that concern me.") She told *The New York Times* that she would advise anyone taking part in a high-density protest to wear a mask and avoid using drugs or alcohol beforehand. ("If you're not in control, you'll put yourself at higher risk.") She fielded questions from *Kaiser Health News* about the safest ways for kids and their grandparents to interact during the pandemic. ("To me, a walk in a park, without a play structure, without other kids around, is OK.") She warned *Consumer Reports* that "reopening" society would be a lot more complicated than shutting it down. ("Although it didn't feel like it at the time, we basically flipped a switch.") She discussed the possible resumption of college sports with Mike Mulligan and David Haugh, aka "Mully & Haugh," hosts of the morning drive-time show on Chicago's WSCR-AM, 670 The Score. ("I suspect that any discussion around competition is a little bit theoretical, because it's so far out and so much can change.")

She even confided to *Popular Science* that, given the choice, she'd pick "effective hand washing" over hand sanitizer and that she, for one, wouldn't be inclined to concoct her own germ-killing solution at home. ("It doesn't seem like a good use of vodka to me.")

In all, according to a Google search, Malani appeared in no fewer than 113 news stories between March 1 and June 15. What's more, judging from the locations of the outlets that published, posted, or aired those reports, her reach was truly global. Malani, it seems, plays not only in Peoria but also in places as far-flung as Queensland, Australia; Riga, Latvia; Bern, Switzerland; and Chihuahua City, Mexico.

Malani's seeming omnipresence as a reliable source of information and inspiration, especially during the darkest days of the pandemic, earned an online shoutout from the congresswoman whose district encompasses UM's main campus in Ann Arbor.

"Dr. Malani embodies the best (of UM) and is advising Michigan, The Big Ten, and more on how to return to some semblance of normal," U.S. Rep. Debbie Dingell wrote in a May 17 entry in her official blog. "She understands Michigan, she understands our community, and she's using her medical expertise to protect us all while also figuring out how we can return to the things we love."

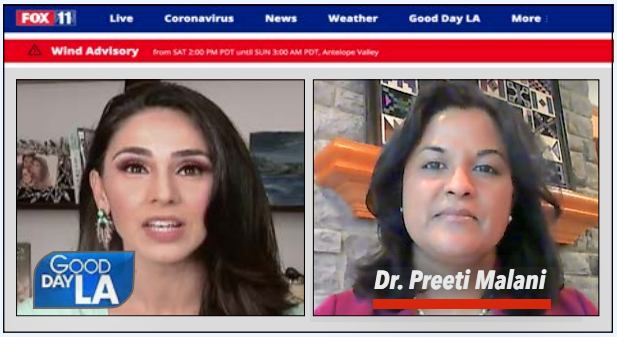
University of Michigan

Preeti N. Malani, MD, a noted expert in infectious diseases and gerontology, became the University of Michigan's second chief health officer in 2017, succeeding the late Robert Winfield.

Can you hear me now?

Two conclusions can be drawn from Malani's apparent effectiveness as an institutional messenger, especially during the COVID-19 crisis: First, a widely recognized, highly respected expert can still be heard, figuratively speaking, over the din of dubious and occasionally dangerous prattle that too often passes for "news" in the 21st century. Second, a university stands to derive significant benefit from an association with such a figure — whether the institution's goal is to convey safety instructions or other vital information to a specific constituency or to boost its overall image through heightened visibility and/or thought leadership on a subject that's in the societal spotlight. (The two, of course, aren't mutually exclusive.)

One could argue that, for a college or university, the reputational benefits that come with having a C-level health officer would start to accrue even before the administrator utters — or types — a single word. The mere appointment of a CHO — an experienced, credential leader with high visibility and broad authority — would send a strong message about the school's commitment not only to the wellbeing of its students, faculty, and staff but also to the health of the public at large. (The formal title attached to the role — be it chief health officer or, for that matter, *pathogen potentate* — wouldn't matter as much as the intent behind the position's creation.)



Highly transmissible

Between March 1 and June 15, according to Google, Preeti Malani, MD, chief health officer at the University of Michigan, took part in at least 113 media interviews, including a live exchange, shown above, with Araksya Karapetyan, anchor of KTTV-TV's "Good Day LA" program. Below is a sampling of the news outlets — local and national, print and electronic, niche and general interest — that tapped Malani's expertise.

The Atlantic
U.S.News & World Report
npr
MarketWatch
ScienceDaily
CR Consumer Reports
USA TODAY
WebMD
THE WALL STREET JOURNAL
WIRED
The Washington Post
ESPN
government technology
HealthLeaders
CNBC
BUSINESS INSIDER
POPULAR SCIENCE
The New York Times
REUTERS
Medscape
yahoo! finance
HealthAffairs
SCIENTIFIC AMERICAN

The potential payoff, of course, would transcend institutional ego gratification, thanks to the hyper-competitive environment in which American higher education operates. Schools are locked in a fierce, unrelenting battle for student and faculty talent, private-sector beneficence, and government research funding. The weapons of choice are market visibility, social currency, and brand equity. By taking steps to build a reputation as a forward-looking champion of public health, an institution would stand to gain a competitive edge — or at least distinguish itself from the pack. Then, just like the proverbial gift that keeps on giving, the chief (fill-in-the-blank) officer would reinforce the school's standing every time a high-profile media outlet sought, or showcased, his or her expertise. Exhibit A: the wave of positive attention that UM has ridden in recent months courtesy of Malani. Achieving the same level of image-enhancing exposure through paid media — that is, traditional advertising — would have cost the institution hundreds of thousands of dollars, at a minimum.

Let's stipulate, though, that the greatest value of a chief health officer would lie not in the number of newspaper headlines, primetime interviews, or website hits that he or she garnered but rather in the number of lives that he or she extended, or at least improved, through health-focused messaging, educational programming, and hands-on caregiving.

To that end, legitimate measures of a CHO's impact might include readily available statistics such as vaccination rates; food-bank inventories; employee sick days; area alcohol and tobacco sales; air- and water-quality indices; mental-health interventions; opioid overdoses and deaths; campus sexual assaults; and hospital admissions.

In the end, of course, many of the benefits a university might hope to derive from the presence of a chief health officer would be far more difficult, if not impossible, to quantify or track. In many ways, after all, the individuals and organizations charged with keeping college students healthy and safe face the same conundrum as national-security operatives charged with protecting citizens from terrorist attacks: Their successes, to the extent they can be recognized or revealed, aren't nearly as newsworthy as their failures. (When's the last time you saw a front-page headline heralding the *absence* of a dorm-cafeteria E. coli outbreak — or a news bulletin chronicling the *properly completed* disposal of caustic chemicals produced by a routine lab demonstration?)

Seeking herd *impunity*?

Perhaps the best way to envision how the presence of a chief health officer might affect a given college or university is to examine how the institution responded to a health crisis *without* such an administrator. We've already established that the C-level health officer is something of a rarity in American higher education, so finding a case study or two — *or 200* — isn't tough.

In the face of the COVID-19 pandemic, scores of postsecondary institutions created multidisciplinary task forces to assess conditions, evaluate contingencies, and recommend next steps.

Although the institutions they represent come in all shapes, sizes, and statures, these so-called "back-to-normal" planning groups have grappled with many of the same questions: Should the schools continue to rely on remote learning for the foreseeable future or return to traditional classroom instruction? In the latter scenario, when should students be allowed to return to campus? Should class sizes be reduced? Should classes meet

less frequently — or in larger venues? Should mid-semester breaks be lengthened, shortened, or eliminated altogether? Should students be screened for fevers or other signs of illness before every class? Should athletic events be curtailed or held without spectators?

If the task forces were being graded, many of them, at this point, could expect an "incomplete." A number of the groups have been slow to produce clear assessments of where things stand — much less practicable strategies for full-scale recovery. The upshot: As of midsummer, according to a survey by *The Chronicle of Higher Education*, close to one-fifth of the nation's colleges and universities had yet to solidify plans for the fall semester.

While that level of uncertainty may be disappointing, frustrating, or, to some, downright alarming, no one can fault the task forces themselves. The men and women asked to serve on these panels are the best and brightest in their fields. Their dedication to the wellbeing of their colleagues and students is unquestionable, and their commitment to the task at hand has been unwavering. The problem — to the extent it can be characterized as a problem — is that, more often than not, members were plucked from a wide assortment of departments and academic disciplines (and, in some cases, student groups). As a result, most of the panels had to take a few steps back before they could even *think* about settling on a best path forward.

Ohio State's answer to unhealthy habits: Feel the 'Bern'

Positions somewhat analogous to the post held by University of Michigan Chief Health Officer Preeti Malani do exist at a handful of institutions, including the University of Minnesota, the University of Southern California, the University of Wisconsin.

Perhaps the closest match to the "Michigan model," however, can be found less than 200 miles south of UM's Ann Arbor campus — at Ohio State University (OSU) in Columbus.

OSU created its version of the position — chief wellness officer, or CWO — in 2011. Differences in title notwithstanding, OSU's CWO mirrors UM's CHO in many ways. According to OSU's website, the CWO "works to build and sustain a wellness culture that supports healthy behaviors and improved population health outcomes using an evidence-based quality improvement model that targets the grass roots of the organization through top leadership."

Bernadette M. Melnyk

The first and only person to occupy OSU's CWO post is Bernadette M. Melnyk, PhD, RN, who goes by "Bern."

Before then-President E. Gordon Gee, JD, EdD, recruited her to OSU in September 2011, Melnyk was dean of the College of Nursing and Health Innovation at Arizona State University (ASU) and a widely recognized authority on evidence-based healthcare, intervention research, and child and adolescent mental health.

Melnyk's appointment at OSU came with multiple titles: Besides CWO, she was named dean of the College of Nursing, professor of pediatrics and psychiatry in the College of Medicine, and associate vice president for health. (In 2017, in recognition of her performance in the job, she was elevated to vice president for health promotion.)

"When I arrived, there were already many good wellness-related projects and initiatives in place," Melnyk told *American Health Leaders* in 2018. "What we needed was a comprehensive team vision and alignment of all the health and wellness efforts that were going on across the entire campus."

Melnyk's answer was the groundbreaking One University Health and Wellness Council, which brought together leaders from every OSU department involved in the health and wellbeing of OSU students, faculty, or staff. As CWO, Melnyk co-chairs the group with OSU's senior vice president for talent, culture, and human resources and the university's senior vice president for student life. The council features five sub-councils: Student Wellness, University Faculty and Staff Wellness, Research and Outcomes, Medical Center, and Wellness Alignment.

"If you look at how most universities structure efforts around health and wellness, you'll see that HR oversees faculty and staff wellness and that they incentivize wellness monetarily with personalized health assessments and things like that," Melnyk said in a 2013 interview with *Reflections on Nursing Leadership*, a publication of the Honor Society of Nursing, Sigma Theta Tau International. "Further, 'student life' typically oversees student wellness, but the two usually do not collaborate. What is so different about what we are doing at Ohio State is that we have created a comprehensive, integrated approach to wellness for faculty, staff, and students."

According to its 2019-2024 strategic plan, the One University Health and Wellness Council wants to boost student, faculty, and staff participation in existing campus health programs; introduce additional evidence-based initiatives to reduce the prevalence of chronic illnesses; instill a "wellness culture" across the university; and position OSU as a national and international leader in health and wellness promotion.

The council's overarching objective is especially ambitious: to create "the healthiest university and community on the globe."

Not surprisingly given such a lofty goal, Melnyk has gone out of her way, throughout her tenure, to be visible and accessible both on and off campus. She has authored peer-reviewed studies on topics such as the metabolic impact of stress, the causes of hospital errors, and the cardiac risks associated with "social smoking." She has convened national conferences; organized fitness classes, family health expos, and hosted farmer's markets. She also has cranked out user-friendly guides, checklists, and tip sheets on any number of topics. (Having trouble getting a full night's sleep, or staying away from junk food, or keeping New Year's resolutions? Melnyk has you covered.)

Moreover, like Malani at UM, Melnyk has been especially active during the COVID-19 pandemic. She has filled social media with advice and encouragement; she has developed webinars addressing various aspects of the crisis; and she has preached safety in interviews with a wide variety of media outlets — from niche content providers such as *HealthDay*, *WebMD*, and *Safety+Health* magazine to network-television affiliates in markets such as Detroit, New York City, and Las Vegas.

"We are all in uncharted territory, and the daily load of information and limitations on everyday life are causing a lot of stress and anxiety for parents and children everywhere," Melnyk said. "We at Ohio State want to offer our expertise to the members of our community to help them to cope with and build resiliency during this challenging time."

For all of the outward similarities between the positions held by Melnyk and Malani, the two roles are not identical in structure. Although Melnyk serves on the OSU's Senior Management Council and its Council of Deans, she is not part of the President's Cabinet. Instead of reporting directly to her institution's president, as Malani does, Melnyk answers to the university's executive vice president and provost, perhaps by dint of her College of Nursing deanship.

The subtle distinction might be lost on the students she serves — but not on students of academic hierarchy.

In other words, before they could take a crack at answering questions that have confounded experts at the World Health Organization and the U.S. Centers for Disease Control and Prevention, many task-force members had to learn the basics of viral transmission and disease management. Only then could they begin to ferret out the latest thinking regarding COVID-19's many idiosyncrasies — and reconcile that information with their institutions' unique circumstances. (Don't forget that the virus's *novelty* is what makes it so inherently deadly and so difficult to contain.)

Simply put, the task forces have done the best they could.

The same can be said of the senior administrators who, acting with the best of intentions, created the task forces. On most college campuses, of course, shared governance is the "default setting." In the face of a threat as profound as COVID-19, group decision making probably seemed particularly attractive, for a number of reasons. Among them: the enormity of the stakes involved (read: institutional survival); the absence of globally accepted "best practices"; a dearth of applicable in-house expertise; a laudable desire to gather input from all stakeholders; and/or a somewhat-less-commendable — but thoroughly understandable — desire to spread the blame should things go wrong. (*Herd impunity*, if you will.)

The bug stops … *where*?

Some institutions have taken a slightly different course, entrusting the bulk of their recovery efforts to a single individual, usually a widely known, highly respected public-health authority.

At the University of Arizona (UA), for example, President Robert C. Robbins, MD, turned to Richard Carmona, MD, the nation's surgeon general from 2002 to 2006.

"Dr. Carmona has an incredible wealth of experience that includes serving as the chief public health officer in the country, and he will take immediate charge of leading this campus community through our reentry process," Robbins, a cardiothoracic surgeon, said in announcing the appointment on May 20. "Dr. Carmona has been entrenched in our campus for decades, and we are fortunate to have his expertise in our mix."

Carmona, who answers directly to Robbins on all matters related to COVID-19, has been affiliated with UA for more than 35 years. He is currently a distinguished professor of public health in UA's Mel and Enid Zuckerman College of Public Health, a professor of surgery in the College of Medicine, and a professor in the College of Pharmacy. The Vietnam veteran is also a former paramedic, nurse, deputy sheriff, and public-health administrator.

"He has unique experience and is fully invested in bringing our Wildcat family back," Robbins said.

A few states away, the University of Oklahoma (OU) turned to Dale W. Bratzler, DO, a nationally recognized public-health expert who has dedicated nearly a quarter-century to research involving the prevention and treatment of infectious diseases.

Bratzler chairs the Department of Health Administration and Policy in OU's Hudson College of Public Health; teaches in the Department of Internal Medicine in the OU College of Medicine; and serves as enterprise chief quality officer for OU Medicine, the university's three-hospital healthcare system.

Bratzler's newest title: university chief COVID officer.

"As OU's chief COVID officer, Dr. Bratzler will help to coordinate a consistent approach to our return efforts in light of the best available data about COVID-19 infection trends," OU President Joseph Harroz Jr., JD, said in a June 8 news release heralding the new role. "His guidance will help ensure we are doing everything we can on our campuses to prevent the spread of the virus, while we carefully and thoughtfully reopen our on-campus educational programs."

Academia's chief concern

To be clear, a number of U.S. colleges and universities employ "chief health officers" and/or other administrators with similar-sounding titles.

Virtually every university that operates a hospital or a healthcare system, for example, has a "chief medical officer" — typically an experienced physician who manages budgets; recruits and trains other physicians; and ensures that all staff members are meeting safety standards and providing patients with first-rate care.

In the past year or two, some of the same institutions that employ chief medical officers have begun hiring "chief wellness officers." Their charge: to combat burnout among physicians and other clinicians.

"The problem is so significant and it has so many negative effects to the health system that it has to have C-suite-level attention," Darrell Kirch, MD, president emeritus of the Association of American Medical Colleges (AAMC) told *Modern Healthcare* last year. "There is a business case on the part of the CEO to really pay attention to the problem."

The vast majority of the college- and university-based positions that carry the "chief health officer" title bear little resemblance to the CHO post that Preeti Malani occupies at the University of Michigan, especially when it comes to the "four R's" that can be used to define leadership roles in any multifunctional bureaucracy: rank, responsibilities, reach, and resources.

A close inspection of the pertinent university org charts reveals that many of the administrators who purport to be health and safety czars are assistant or associate provosts or assistant or associate vice presidents who report to deans, vice provosts, or vice presidents, usually in student affairs or health services. Because of where they fall in their institutions' administrative hierarchies, they wield little or no cross-departmental clout and often lack the standing — in reality or maybe just in their own minds — to speak on behalf of their employers.

One of the more unusual uses of the "chief health officer" label can be found at Colorado State University (CSU). The stated mission of CSU's CHO — to promote "a healthy and informed student body by initiating, encouraging, and exploring comprehensive health programming for all CSU students" — isn't atypical. Nor is the top priority of the incumbent CHO: to ensure that affordable, nutritious meals are available to the 10 percent of CSU students thought to be wrestling with food insecurity.

What's out of the ordinary is the position itself — inasmuch as it's embedded in CSU's official student-government organization, Associated Students of Colorado State University, and occupied, at the moment, by a second-year student majoring in biomedical sciences and minoring in Spanish.

Either approach — the creation of an ad hoc pandemic-recovery task force or the short-term appointment of a pandemic-recovery czar — begs at least two questions that many institutions, still struggling to deal with the here and now, would probably prefer to put off for another day.

The first question: Who will manage the institution's recovery long term? After all, task-force recommendations deserving of a Nobel Prize in Medicine would be all but worthless if the pertinent institution lacked the means to implement them, and, presumably, the men and women who were tapped to lead America's colleges and universities through the current epidemiological minefield will sooner or later need to return to their "day jobs."

Michigan State University

University Physician David Weismantel, left, and Tony Avellino, chief medical officer for Michigan State University's HealthTeam, discuss the school's mental-health services during a 2018 radio interview.

A healthy in-state rivalry

If reporting lines were the sole criterion for comparison, the University of Michigan's chief health officer might be most akin to a health-centered administrative post at Michigan State University (MSU) in East Lansing: university physician.

In fact, the news release that announced the appointment of the current university physician, David Weismantel, MD, noted that, "as MSU's chief health officer," the administrator would "provide oversight of health and safety issues for the entire university."

MSU's university physician reports to the institution's president and directs the Office of University Physician.

"The mission of the Office of the University Physician is to oversee areas at MSU where there is a requirement or need for specific programs or policies that impact the health and safety of the people who work, learn, and live at MSU," the office's website says. "Simply stated, the mission is to facilitate compliance with existing state and federal statutes in occupational health, as well as to optimize the public health environment."

MSU's Office of the University Physician comprises five divisions: the institution's travel clinic, its occupational health service, its employee assistance program, its food and water sanitation operation, and its Health4U Program, which offers coursework, coaching, and counseling in subjects such as nutrition, exercise, and mental health.

Weismantel became MSU's university physician in April 2014, succeeding Beth Alexander, who had served the institution for a quarter-century. At the time of his appointment, Weismantel was an associate professor in the Department of Family Medicine in MSU's College of Human Medicine and program director of the Sparrow/MSU Family Medicine Residency.

Since assuming the university physician role, Weismantel has helped secure a campus-wide ban on tobacco use, expanded crisis counseling services for victims of sexual assault, and beefed up mental-health resources for all MSU students. One of the highlights: a phone app enabling students to get help 24 hours a day, seven days a week.

When COVID-19 emerged as a serious health threat earlier this year, Weismantel was front and center in MSU's response, working closely with President Samuel L. Stanley Jr., MD, and Executive Vice President for Health Sciences Norman J. Beauchamp Jr., MD, MHS, who oversees the colleges of Human Medicine, Nursing, and Osteopathic Medicine.

"Although none of us know exactly when this will end, it will not last forever," Weismantel wrote in a May 8 email to the MSU community. "True, it is likely that the road ahead will be different than before the COVID-19 pandemic, but the current circumstances will end eventually. Although you may be physically separated, you are not alone. As Spartans, we will continue to be here for one another."

The question is by no means academic: Many public-health experts caution that social distancing and other prophylactic measures will need to remain in place for 12 to 18 months, owing to the protracted, multiphase testing that any vaccine must go through before it is cleared for wide-scale use.

Michael A. Stoto, PhD, an oft-quoted professor of health-systems administration and population health at Georgetown University, has further pointed out that approval of a vaccine won't, in and of itself, signal an immediate return to normality for U.S. residents.

"The logistics of vaccinating 350 million people," he said, "is no mean feat."

The second question that every colleges and university will have to address is even more complicated — and therefore even more sensitive: Who will be responsible for helping the institution prepare for the inevitable *next* pandemic?

Some perspective: Between the conclusion of the H1N1 outbreak of 1918, known broadly, if erroneously, as the "Spanish flu," and the outset of the current crisis, the world has endured dozens of epidemics and no fewer than three full-blown pandemics: the H2N2 outbreak of 1957-1958; the H3N2 outbreak of 1968; and the H1N1/pdm09 outbreak of 2009.

In deference to American higher education's collective blood pressure, we won't dwell on a *third* logical question that most every institution will have to address eventually. We will, however, raise it: Once COVID-19 is but a memory, who will be charged with leading the never-ending war against *non-epidemiological* tragedies such as opioid overdoses, campus shootings, and natural disasters — not to mention other, less-visible (but no-less-daunting) challenges such as racism?

Business is taking care

If American higher education were to embrace the chief health officer, or some iteration thereof, it wouldn't be the first economic sector to buy into the concept. Government began employing, and empowering, chief health officials decades ago — at the federal, state, county, and municipal levels.

The corporate sector also has seen the value of such positions. In recent years, several of America's most innovative companies have seen fit to hire a chief health officer (CHO), a chief wellness officer (CWO), or a chief medical officer (CMO) — a move formerly reserved for businesses directly involved in the development or delivery of health-related products and services. The list includes Amazon, Google, and Microsoft.

Forbes magazine addressed the trend in a 2017 article titled, appropriately enough, "Why Tech Companies Hire Chief Medical Officers."

"As more companies approach the intersection of technology and health," David Shaywitz, MD, PhD, wrote, "many have adopted the CMO model, looking for an authoritative voice to represent healthcare inside the company, as well a credible voice to represent the company to the external healthcare community."

Medical educator, author, and CBS News contributor David B. Agus, MD, founding CEO of the Lawrence J. Ellison Institute for Transformative Medicine at the University of Southern California (USC), was an early advocate of the chief health officer role in nonmedical corporate settings.

Agus first made the case for such hires in 2016, arguing in a *Wall Street Journal* commentary that his "uncomplicated solution" for curbing health-related absenteeism would boost U.S. productivity and save employers "tens of billions annually." In the intervening years, his enthusiasm for the corporate CHO has only intensified, fueled by global health threats such as COVID-19.

In a recent think piece produced for Salesforce, a cloud-based software company specializing in customer-relationship management, Agus predicted that the position will become a vital component of the corporate C-suite.

"I want companies to have a program where they think about their employees' productivity and health every day," he wrote. "And, then, if they're customer-facing, how do they convey that same message to the individual customer? We have to think differently in that way, and I think it's going to be critical going forward. It's a new era."

Agus, a professor of medicine and engineering at USC's Keck School of Medicine and Viterbi School of Engineering, maintains that the hiring of a CHO is a natural next step for the growing number of companies that recognize the value of corporate social responsibility.

David B. Agus

"Many large companies now have a chief environmental officer," he wrote. "They look at the buildings. Are they LEED certified? Are we throwing away our paper and our waste? I think it's been fantastic, and the same is true with health. Is the airflow in the building optimized to reduce the spread of a virus — or is it stagnant air? Do the windows open to the outside or not? Is there a place for people to eat in UV sunlight when the weather is good, so they can actually get exposed to green in nature and then come back into a safe environment?

"I want someone to think through those elements, as well as everything else we're going to talk about here regarding health and cleanliness."

Higher education, of course, is under no obligation to follow the lead of corporate America — and maybe it shouldn't. After all, with some obvious exceptions, our nation's colleges and universities are not commercial enterprises; their mission transcends the drive to maximize net earnings.

Still, from time to time, nonprofit academic institutions have benefited from the adoption — or at least the *adaptation* — of strategies and practices developed and/or tested by their counterparts in business. To varying degrees, for example, schools have embraced data-based decision making, recognized the importance of "customer" feedback, and acknowledged the value of clearly defined performance metrics — both institutional and individual.

Perhaps the role of chief health officer will have similar "crossover" appeal.

Dollars and sense

No college or university, of course, should look at the appointment of a chief health officer as an institutional cure-all. Even with such an administrator in place, the campus would continue to battle disease, faculty and staff would continue to age, and at least some students would continue to, well, do what 18- to 22-year-olds are wont to do, risk be damned.

Another certainty is that any proposal to create such a position would bring forth scores of skeptics, if not out-and-out critics, each armed with a long list of potential pitfalls or at least a litany of pointed questions. But that's as it should be. A vigorous examination of the likely risks and potential rewards is, in a word, healthy.

Any such *premortem* would undoubtedly touch on the position's price tag.

For all of the reasons outlined above, any individual worthy of the role wouldn't come cheap. Based on compensation data for related roles, a top-tier research university could expect to pay a salary approaching the mid-six figures.

The cost of a support team, meanwhile, would vary widely. If, for example, a university "imported" an intact, ready-made department, the investment could be sizable. If, on the other hand, a school built a team largely from existing personnel, the cost would be considerably less — presuming, of course, the school didn't have to "backfill" the positions vacated by the reassigned staff members.

Programming costs would be another wildcard. In theory, institutions that already have robust student-health services and/or employee-wellness programs wouldn't take much of a budgetary hit. Schools without such offerings, however, would have to come up with additional funding.

All of these financial considerations can be distilled into a single question: How can we afford to create such a position?

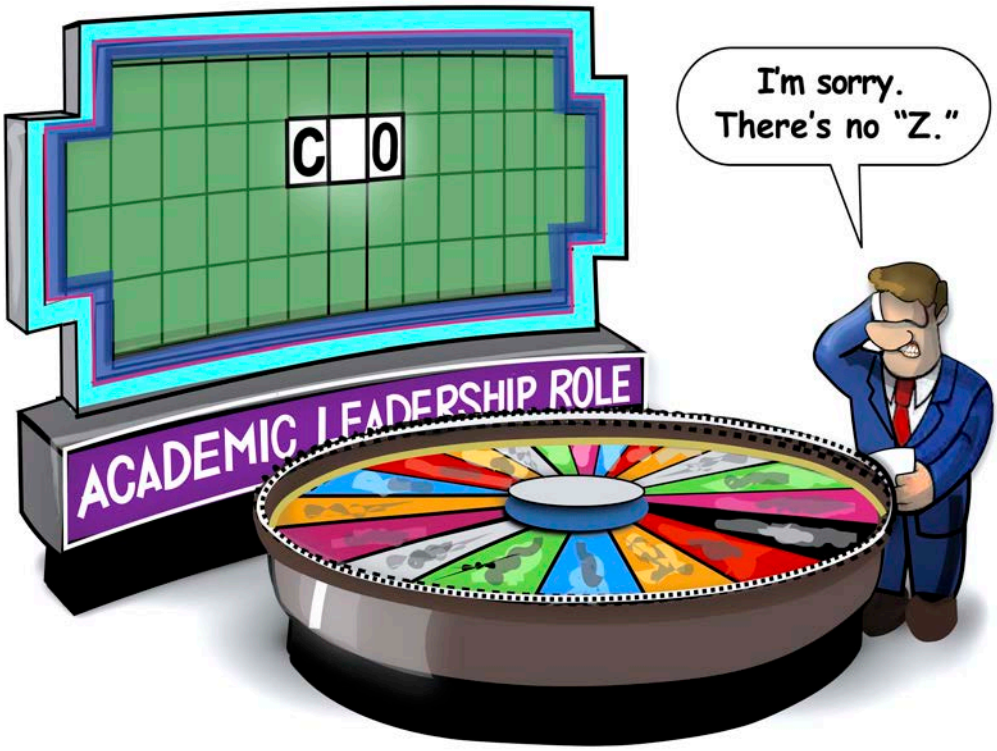
The admittedly flippant (but largely serious) response: How can we afford *not* to?

The COVID-19 pandemic has dealt a devastating financial blow to government agencies, healthcare facilities, and educational institutions that lacked the foresight or good fortune to build sufficient stockpiles of vital medications, devices, and supplies. Amid widespread shortages, the cost of latex gloves immediately shot up 267 percent, according to an analysis by the Society for Healthcare Organization Procurement Professionals (SHOPP). The study found even bigger price hikes for other badly needed products, including face shields, up 900 percent; N95 masks, up 1,513 percent; and isolation gowns, up a whopping 2,000 percent.

SHOPP co-founder Ari Stawis, director of professional services and development at Zimmet Health Care, gave *McKnight's Long-Term Care News* a cut-to-the-chase assessment of the situation: "It's mind-blowing."

Presumably, one of the chief health officer's primary responsibilities would be to keep his or her institution on the right side of the law — the law of supply and demand, that is — by acquiring, maintaining, and safeguarding adequate supplies for an emergency. First, of course, the administrator would have to determine what, precisely, constitutes "adequate supplies" for his or her particular institution. Trustees at Purdue University, for example, have approved a plan that, among other things, calls on the school's administration to "order, acquire and maintain at least a 90-day supply of critical equipment and supplies for reducing the risk of transmission of COVID-19 on campus."

Pandemics aside — *how did you enjoy the play otherwise, Mrs. Lincoln* — research suggests that programs dedicated to the promotion of campus health and wellbeing usually end up *saving* money. A landmark 2010 study by researchers at Harvard University determined that for every dollar an employer spends on wellness, medical expenditures decrease by $3.27 and absenteeism drops by $2.73 — an overall 6-to-1 return on investment.



Other studies on the subject — more than 100 have been published — have yielded a hodgepodge of sometimes-conflicting findings. Some analyses have put the overall ROI even higher — 10-to-1, in one case — while others have pointed to a more modest return. A 2014 study by the Rand Corporation, for example, estimated the employers get back the equivalent of $1.50 for every dollar spent on wellness programs.

(It's not difficult to understand why definitive statistics are elusive. All health benchmarks — short of the biggie, *alive vs. dead* — are inherently arbitrary, and the corresponding measures of relative success are inherently subjective. Similarly, no two wellness programs are identical in every way. Finally, studies on the effectiveness of wellness programs require an extended timeframe — not unlike the health-improvement regimens they are set up to encourage. As they say, you won't see results overnight.)

Developing a resistance

Any university or college administrator willing to propose the creation of a C-level heath and wellness position — with or without benefit of an identity-obscuring N95 mask — also could expect pushback over the considerable clout that would be concentrated, by design, in the occupant of the post.

Higher education leadership is, in the eyes of some, the epitome of the zero-sum game theory, in which no one can win unless someone else suffers a commensurate loss. Subscribers to this belief might conclude, understandably, that the appointment of a new health and wellness overload would slice into — if not gut — the authority of other administrators, especially those who presently bear responsibility for such matters.

What if, instead of eliminating departmental barriers that limited efficiency and accountability, the incoming CHO erected new ones — namely, operational barricades meant to solidify his or her power base? What if the incoming powerbroker ignored — or explicitly rejected — input from his or her new colleagues, including experienced, dedicated professionals with well-honed institutional memories and extensive, highly leverageable professional networks both on and off campus? What if resentment among the aggrieved parties manifested in newfound indifference or, worse, active subversion of the perceived interloper's every move?

Such an outcome would be tragic, of course, especially if one of the primary imperatives behind the position's creation was a desire to *improve* coordination and collaboration across the enterprise.

Although the foregoing scenario is exaggerated for effect and unlikely (fingers crossed) to materialize, rejecting it as an *impossibility* would be foolish. College campuses, after all, are no stranger to turf wars — real or imagined — and the resulting damage, both reputational and operational, can take years to mend.

The fact is, the investment of power in the wrong individual — regardless of his or her position, mission, or field of endeavor — can produce unintended and entirely unwelcome results. Indeed, the risk is present each and every time a college or university moves to fill an executive opening.

However, when things go terribly wrong and unchecked hubris is unleashed on an unsuspecting (or even fully girded) administration, it's seldom the result of some inherent flaw in the structure of the position. The failing almost always lies

with a search committee, recruiting firm, or governing board that failed to recognize a wholly impudent — not to mention *imprudent* — bull before it was allowed to run amok in the academic china shop.

Put another way: *right job, wrong hire.*

Other critics might argue (with a degree of justification, if not sincerity) that health and wellness should be a universal — or at least campus-wide — concern. These individuals are likely to express concern that concentrating authority and accountability in a single individual would give everyone else on campus the license to disengage — to wash his or her hands of the issue, so to speak.

No one, however, is likely to make the same argument against a position such as chief diversity officer or chief data-security officer — even though everyone on campus has (or should have) an equally large stake in diversity and data security.

Bottom line: Even a cause that enjoys a broad-based, thoroughly dedicated following needs a highly visible, or at least easily heard, signal-caller — not unlike competitive rowers need a coxswain to steer their boat toward the finish line or members of a military color guard need a unit commander to keep their movements synchronized.

Among opponents of the CHO position, a third potential line of defense — or attack, as the case might be — wends back to the opening of this analysis and the perception that higher education's C-suite is already far too crowded.

They've no doubt seen polls showing that many Americans think of colleges and universities, especially elite research institutions, as bloated, bureaucracy-laden bastions of insularity, self-indulgence, and questionable judgment. They know that many detractors, including some who control governmental or philanthropic pursestrings, have come to view academia not as a towering monument to enlightenment and discovery so much as a Leaning Tower of Pretense, a top-heavy structure that could (or should) topple to the ground with any expansion of its palatial uppermost floor.

Why, they might ask, would institutions want to risk finding that tipping point?

For some longtime denizens of higher education's C-suite, of course, opposition to a CHO might be far more prosaic — or at least far more personal. Metaphorically speaking, the introduction of yet another high-powered campus executive into already-close quarters would cost them elbow room, boost their wait times for the executive washroom (just think of all the extra hand-washing), and maybe even boost the likelihood that someone could step on their chronically tender toes.

Alas, such thinking overlooks the potential upside of carving out space for a CHO. After all, if nothing else, there's a decent chance that this new addition to American higher education's penthouse would show up bearing much-sought-after goodies for his or her new officemates: gloves, face masks, and, maybe, if they're really lucky, a few bottles of high-octane hand sanitizer. ■

About Harris Search Associates

Harris Search Associates is a leading higher education executive search and talent advisory firm. Established in 1997 by Jeffrey G. Harris, the firm focuses on the recruitment of senior leaders to support the growth of universities, research parks, institutes, national laboratories, academic health centers, hospital enterprises, and other organizations driving global innovation and discovery. Based in Dublin, Ohio, a suburb of Columbus, Harris Search Associates maintains regional offices in Dallas and San Francisco. The firm is a shareholder member of IIC Partners, one of the largest global retained executive search organizations, with 47 offices in 32 countries.

About Jeffrey G. Harris, MBA

Jeffrey G. Harris is founder and managing partner of Harris Search Associates. He is an active member of CUPA-HR, the American Council on Education (ACE), the American College of Healthcare Executives (ACHE), and the Executive Search Roundtable, an association of professionals dedicated to the development of best practices in higher education talent recruitment. Mr. Harris holds a bachelor's degree from Ithaca College and an MBA from the University of Dayton.

About Richard A. Skinner, PhD

Richard A. Skinner is senior consultant at Harris Search Associates. He formerly served as president of Clayton State University in Atlanta and as president and vice chancellor of Royal Roads University in Victoria, British Columbia. Dr. Skinner also was senior vice president for programs at the Association of Governing Boards of Universities and Colleges. He holds a PhD and a master's degree in Government and International Studies, both from the University of South Carolina.