

Proposal for Transition of Duke-Margolis Center to University Institute

Duke University launched the Duke-Margolis Center for Health Policy in 2016 with a mission to improve health, health care, and health equity through targeted policy research and educational programming. This mission reflects the reality that a wide range of academic disciplines can and should inform health policies—the plans, decisions, and actions undertaken to advance health care and population health goals. In forming a university-wide program that supports such health policy research and educational programming, Duke and Duke-Margolis committed to leveraging the breadth of Duke expertise and perspectives to advance evidence-based health policy and to achieving better health and greater health equity at the state, national, and global levels. From its initial startup with a \$16.5M founding gift from the Robert and Lisa Margolis Family Foundation, amplified by annual Duke University budgetary support, Duke-Margolis has established a range of interdisciplinary research and educational programs while engaging in major policy reform efforts in Washington, DC, Raleigh, and around the world. As of FY23, the work of Duke-Margolis is supported by current external funding of over \$20 million, with a total inception-to-date value of projects awarded through Duke-Margolis exceeding \$48 million.

This document outlines the **proposed transition of Duke-Margolis from a center to a University institute.** Today, Duke-Margolis forges transformative conversations and collaborations among scholars, community partners, private enterprise, and public servants to advance evidence-based health policy. Conversion to Institute status would reinforce this strategic approach and reintroduce the distinctive opportunities we provide to both the broader Duke community and to outside partners and funders. Institute designation will reflect Duke-Margolis's status as an integral contributor to Duke University's vision, laid out in the President's Strategic Framework, [Toward Our Second Century](#), and the report of the [2030 Working Group](#). Aligned with those recent reports, transition of Duke-Margolis to a university institute would amplify interdisciplinary resources and opportunities for faculty and students through new avenues of support for research; deeper integration of our educational programs into curricular structures, and further expansion and support of opportunities for experiential learning.

As we discuss below, **Duke-Margolis has a demonstrated track record that meets the formal criteria for becoming an institute as established by the University.** It has achieved a critical mass of faculty engagement and a substantial educational footprint; cultivated deep linkages to external partners and constituents as well as core Duke units; developed a robust plan for furthering Duke's goals of diversity and inclusiveness; demonstrated strategic significance for Duke; and identified opportunities to widen external fundraising to support these aims.

In addition, transition to University institute status **will amplify Duke-Margolis efforts to address health policy challenges in two critical ways:**

1. **Elevating and extending our external reputation** – in furtherance of recruiting scholars, researchers, collaborators, and, crucially, donors that believe in the long-term impact of our mission and model
2. **Deepening Duke-Margolis' ability to recruit and retain dynamic faculty** who can sustain research and educational programs that address the most pressing health care challenges

Institute status will enable Duke-Margolis and Duke to meet **growing student demand** for health policy educational and experiential pathways, to contribute more extensively to **research priorities related to health reform** throughout the university, **and to deepen our impact on health policy.** The transition would provide Duke-Margolis with a nomenclature more in accord with that of its national and global peers. It would provide an opportunity to reengage Duke collaborators, external partners, and funders about how we can advance Duke's strategic goals and impact in health policy and health reform.

In this proposal, we describe the development and demonstrated impact of Duke-Margolis' research and collaboration model, and the comprehensive ways in which Duke-Margolis has met the seven key criteria for becoming an institute. We then discuss the tangible benefits of becoming an institute.

Meeting Institute Criteria

When Duke-Margolis launched in 2016, it employed 17 staff and had seven original core faculty members, with Mark McClellan, MD PhD, appointed as the founding Director of Duke-Margolis and as the Robert J. Margolis Professor of Business, Medicine, and Policy. Professor McClellan previously served as Commissioner of the U.S. Food and Administration and as Administrator of the Centers for Medicare & Medicaid Services, and had also been an Associate Professor with tenure in Economics at Stanford University.

Six years later, Duke-Margolis has expanded to 81 core and affiliated faculty members from across Duke; 59 researchers and staff housed in Durham and Washington, DC; 40 Margolis Scholars from schools across the university, including graduate, professional, and undergraduate students; 49 alumni of the Margolis Scholars program, most of whom are working to advance health policy in the public sector or health care reform in the private sector; and over 300 students currently engaging with Duke-Margolis through its education and research portfolios (See [Appendix A: Organizational Structure of Duke-Margolis](#)).

This growth occurred in the midst of the globally devastating COVID-19 pandemic, which saw remarkable progress in biomedical innovation but also laid bare systemic challenges to access, equity, and outcomes. Duke-Margolis **and its partnering faculty at Duke** mobilized to address numerous issues related COVID-19 and policy strategies to address it—engaging diverse experts and partners, conducting timely research, and developing evidence-based practical policy guidance in a very challenging environment (See [Appendix B: Duke-Margolis COVID-19 Pandemic Response and Strategic Leadership](#)).

Duke-Margolis' ability to respond to the COVID-19 challenge—supporting applied research and policy analysis as well as catalyzing major research initiatives at Duke, nationally, and globally—demonstrates the extent to which the Center has met Duke's criteria for institute status. Duke-Margolis has cultivated a nationally-recognized team of health policy researchers and experts; sustained a growing community of faculty, researchers, and scholars from across the University's schools, centers, institutes, and Health System; and connected these interdisciplinary scholars to state-based, national, and global networks of collaborators in academia and the public and private sectors ([Appendix C: Duke-Margolis Research Areas of Focus](#)). Rather than developing its own siloed educational programs, it has established interdisciplinary undergraduate and graduate programs for Duke students who are committed to improving health care and health, whatever their core area of studies. It has built trusted relationships with elected, appointed, and career government officials; provided a non-partisan capacity for developing and advancing cutting-edge policy reform proposals; and established a reputation as a nimble source of real-time, evidence-based and impactful solutions, reflected in a steady growth in grants, alongside regular inquiries from and dialogue with government agencies and other partners.

Through the refinement of its strategic model, **Duke-Margolis has met all seven institute status criteria:**

1. Achieving a critical mass of faculty engagement
2. Attaining a substantial educational footprint
3. Cultivating deep linkages to external partners and constituencies
4. Effectively partnering with core Duke units
5. Developing a robust plan for furthering Duke's goals of diversity and inclusiveness

6. Showing strategic significance for Duke
7. Identifying opportunities to widen external fundraising

Table 1 and the Appendices outline in detail how Duke-Margolis’ activities and track record meet each of these key criteria. **Tables 2** and **3** provide additional details regarding our faculty recruitment partnerships (**Table 2**) and growing student demand for health policy educational initiatives (**Table 3**).

Table 1. Overview of Duke-Margolis Activities Meeting Key Institute Criteria

Criteria	Duke-Margolis Accomplishments
<p>Achieved a critical mass of faculty engagement, as reflected in breadth of faculty affiliation across multiple Duke schools and depth/impact of interdisciplinary research that has been facilitated by the initiative/center.</p> <p>(See Appendix D: Faculty Engagement, Appendix E: Duke-Margolis Core and Affiliated Faculty Member Criteria, Appendix F: Duke-Margolis Non-Regular Rank Faculty Appointments, and Table 2)</p>	<ul style="list-style-type: none"> • Our 67 Core and 14 Affiliated faculty members reach across the schools of Medicine, Public Policy, Business, Nursing, Engineering, and Arts & Sciences, as well as the Duke Global Health Institute, the Social Science Research Institute, and the Initiative on Science & Society. The Center serves as an active community for these diverse faculty members with health policy interests. • Our support of faculty research through working groups, collaborations with our research team, and a highly attended bi-weekly work-in-progress seminar. We provide connections to excellent student research assistants; augment research with policy expertise; keep faculty members apprised of relevant funding opportunities; and provide extensive assistance with grant development, submissions, and post-award implementation. • Our role as a key collaborator on the successful joint recruitment of nine new interdisciplinary faculty to Duke (five Assistant Professors of Medicine, two Professors of Medicine, one Assistant Professor of Business, and one Professor of Public Policy at Sanford), contributing strategic funds and in-kind resources for their research, and providing an immediate vehicle for cross-school collaborations (Table 2). • Our professional staff’s ongoing work to translate faculty research for decision-makers, and to link faculty to public and private sector partners and collaborators
<p>Attained a substantial educational footprint, through creating a vibrant undergraduate program (as through a certificate, Bass Connections Theme, Focus Cluster, Duke Engage projects, major, and/or co-major), mentoring graduate and professional students from multiple disciplines and schools; and running interdisciplinary graduate programs.</p> <p>(See Appendix G: Educational Footprint, and Table 3)</p>	<ul style="list-style-type: none"> • Our creation of the Margolis Scholars Program, inclusive of 39 active Scholars: 28 graduate students from the schools of Public Policy, Law, Business, Medicine, Nursing, Population Health Sciences, Global Health, Bioethics and Science Policy, and 11 undergraduates. There are currently 49 Scholars alumni. • Our creation of a new undergraduate Health Policy Certificate Program with the Sanford School of Public Policy, launched in Fall 2022 and with 10 students already enrolled during its first semester. • Our training of over 100 undergraduate and graduate students (currently about 35 per year) from both Duke and beyond through intensive summer internships. • Our regular curation of Bass Connections teams and the launch of a new Health Policy and Innovation theme in Fall 2022 with 11 project teams accepted for the 2023-24 academic year. • Our training to-date of five postdoctoral scholars from the fields of nursing, pediatrics/epidemiology, public health, economics, and health economics and the 2022 launch of an expanded postdoc program. • Our sponsorship and cosponsorship of in-person and virtual events featuring Duke researchers and national and global experts, including an annual health

Criteria	Duke-Margolis Accomplishments
	<p>policy conference in Washington DC, to bring additional perspectives on health reform to campus and further visibility for our research findings.</p> <ul style="list-style-type: none"> • Our collaboration with undergraduate students to support a student-led health policy organization (Student Collaborative on Health Policy [SCOHP]) with over 300 members. • Our continued focus on educational initiatives that synergize – rather than compete – with existing schools to enhance their ability to support students with interests in health policy and health reform. • Growing demand and uptake of health policy education programs since the Center’s inception (Table 3)
<p>Cultivated deep linkages to external partners and constituencies; these linkages in most cases would include a track record of external funding and would reflect an external reputation for excellence.</p> <p>(See Appendix H: External Partnerships, Appendix I: Duke-Margolis Current Sponsored Project Portfolio)</p>	<ul style="list-style-type: none"> • The Center’s 2016 business proposal estimated that by FY21 the Center would have an annual portfolio of \$2.5 million in grant funding. Annual grant activity for the Center in FY2021 was \$6.2 million, and increased to \$7.35 million in FY2022. • Our current active project award portfolio value is \$20.4 million with a total inception-to-date value of awarded projects exceeding \$48 million. • Our presence has enabled the Center’s core faculty to enhance health policy research and analysis across the University, with Center collaboration playing a critical role (as reported by the grant’s PIs) in over \$49 million of additional grant awards housed in faculty members’ home departments. • Our researchers have continually identified opportunities for leveraging connections to public and private sector collaborators: <ul style="list-style-type: none"> • U.S. Federal and Congressional Partners, including the U.S. Department of Health and Human Services, Food and Drug Administration, Centers for Medicare and Medicaid, the White House Office of Science and Technology Policy, and the Centers for Disease Control and Prevention • State and Local Government Partners, including the North Carolina Department of Health and Human Services, National Academy for State Health Policy, National Governors Association, and the Association for State and Territorial Health Officials • Private Sector Partners, including a wide array of leading health systems, national insurance providers, pharmaceutical companies, professional societies and associations, and major employers • Global Health Partners, including ministries of health, regional regulatory bodies, the World Health Organization, and global philanthropic groups such as the Bill and Melinda Gates Foundation, Rockefeller Foundation, and Wellcome Trust • Our development of the following multi-contributor initiatives: <ul style="list-style-type: none"> • The Value of Medical Products Consortium, which includes 24 organization members and focuses on assessment of new products and develops approaches to payment reform that support better outcomes for patients and better value across the system. • The Real-World Evidence Collaborative, which includes 40 organization members and addresses how to make full use of anonymized routinely collected health care data, including claims, electronic health records (EHRs), and digital tools. • The Coalition for Advancing Clinical Trials at the Point of Care (ACT@POC), which was developed during COVID-19 in collaboration with health system leaders to drive implementation of large-scale clinical trials

Criteria	Duke-Margolis Accomplishments
	<p>that address priority questions for population health through community clinical settings, and facilitate equitable research in more diverse populations in community settings.</p>
<p>Effectively partnered with core Duke units – multiple schools, departments, and other institutes, where appropriate – that show a commitment to integration rather than turf/silo creation.</p> <p>(See Appendix K: Letters of Support)</p>	<ul style="list-style-type: none"> • Our Center faculty represent faculty members of all levels across the schools of Medicine, Nursing, Business, Law, Public Policy, Engineering, and Arts & Sciences. • Through our partnerships, we combine our institutional policy insights and stakeholder engagement capabilities with the expertise of researchers from the broader Duke community to develop policy-relevant evidence and translate research conclusions into policy and care reforms • We have been an active partner in the recruitment of nine new faculty members (Table 2), and are integral partners in the support of their development, their mentoring, and the success of their career trajectories. • As noted above, our core faculty members partner with the Center to conceptualize and implement a growing number of cross-campus research projects housed within the lead faculty member’s home department, school, or institute. • Our educational initiatives strengthen the opportunities available to students interested in becoming leaders in health policy within their chosen discipline and align with degree-granting programs within schools and units. Students across campus benefit from the teaching and mentoring given by the Center’s faculty and staff, while a growing number of young alumni shaped by their Margolis experiences are expanding our external networks and partnerships. • The work of these talented students from across Duke simultaneously enriches and amplifies the research portfolios of health policy faculty at Duke.
<p>Developed a robust plan for furthering Duke’s goals of diversity and inclusiveness with regard to faculty, students, and staff, whether through recruitment of/professional development for faculty, investment in diversifying the population of students exploring relevant fields of inquiry, or otherwise.</p> <p>(See Appendix J: Diversity and Inclusiveness)</p>	<ul style="list-style-type: none"> • We have stressed health equity as a core feature of the Center’s mission, which seeks “to improve health, health equity, and the value of health care through practical, innovative, and evidence-based policy solutions” • We established an Anti-Racism and Equity Committee that assesses the Center’s research practices and priorities; academic programming and education initiatives; staffing, recruitment, and retention policies; and our communication and operations practices. The recommendations from this committee have been integrated into the management and research policies of the Center. • We have integrated health equity into each major project area in our research portfolio. In doing so, we draw on the expertise of Duke faculty and researchers who focus on dimensions of health equity, bringing their insights to diverse health care stakeholders and linking their analyses to Margolis experience and expertise related to health care institutions and policy processes. • We have also increased health equity expertise at Duke-Margolis through the creation of the Health Equity Policy Team, which includes a senior team member (Health Equity Policy Fellow) and a Health Equity Policy Analyst. In 2022 we jointly supported a Health Equity Policy and Primary Healthcare Fellow and also expanded our team to include a Research Assistant in Child Health Equity.

Criteria	Duke-Margolis Accomplishments
	<ul style="list-style-type: none"> • We view moving to Institute status as a major opportunity to reintroduce and collaborate more deeply with a larger number faculty members who undertake community-engaged research involving health and health equity • We have become a leading partner in Duke’s National Clinical Scholars Program (NCSP), which furnishes excellent professional development for a select group of clinicians who focus on issues of health equity. NCSP scholars have been leads on several Duke-Margolis curated Bass Connections projects; one has become a Duke and Center faculty member. • We have incorporated a strategy for integrating anti-racism and equity knowledge into our educational programs, through a toolkit that synthesizes key literature and activities for integrating health equity in health policy curriculum and specification of core health equity competencies specific to health policy to increase knowledge among all learner levels. • We have expanded our Advisory Board membership to include more diverse members and members with a specific focus on health equity and community engagement. • We have worked to make Duke-Margolis an equitable and inclusive work environment by: performing a job classification reorganization and compensation review for our research roles, increasing our salary transparency and ensuring pay equity across the team; expanding our recruitment strategies, outreach, and hiring practices; and enhancing our HR infrastructure.
<p>Shown strategic significance for Duke – a clear opportunity to: address insufficient intellectual infrastructure in a crucial arena of inquiry/teaching/outreach; or build on an emerging set of cross-school capacities/strengths.</p> <p>(See Strategic Priorities Callout Box)</p>	<ul style="list-style-type: none"> • Through the mechanisms described above, we have established a vibrant community that links faculty research, experiential learning opportunities for students at all levels, and ongoing, two-way interactions and public events with interested groups and decision-makers in local, national, and global contexts • In line with Duke’s focus on activating our global network, we have cultivated ongoing interactions among Duke-Margolis alumni who are applying their health policy learning to their chosen career paths • We have strengthened Duke’s active presence in Washington, DC with our DC physical space and DC-based team – allowing Duke-Margolis to set itself apart from almost every other academic-based health policy team through on-the-ground connections to federal and congressional partners that enable Duke students, staff, and faculty to engage with policymakers and national and global health care leaders. • Through our responses to the COVID-19 pandemic and follow-on public health challenges, both domestically and internationally, we have significantly increased our policy footprint and that of our collaborating faculty, as indicated by media appearances, op-eds, and expert interviews across a number of traditional and new media outlets.
<p>Identified opportunities to widen external fundraising through the signaling of a more substantial university-wide commitment to the enterprise.</p>	<ul style="list-style-type: none"> • In addition to the original \$16.5 million founding gift, the Robert and Lisa Margolis Family Foundation has donated an additional \$2 million expendable gift, matched by a \$2 million institutional commitment. An MOU for an additional \$10 million endowment gift was signed in January 2023. This new gift is matched by a commitment by Duke to raise an additional matching \$10 million endowment through philanthropy.

Criteria	Duke-Margolis Accomplishments
	<ul style="list-style-type: none"> Beyond the gifts from the Margolis Family Foundation, Duke-Margolis has been successful in raising an additional \$6.1 million in cash and pledges supporting the Center and partner schools through 31 unique donors. These gifts have primarily included financial support going directly to our collaborating schools, including scholarships and funds supporting health policy within the schools of Business, Public Policy, and Medicine. The April 2022 Duke-Margolis 5th anniversary celebration and inaugural Annual Health Policy Conference event provided an opportunity to raise awareness of the Center’s impact among top Duke donors. Invitees included current Duke-Margolis donors; current Duke donors and parents; donors and alumni with industry connections, demonstrated interest in health policy, and capacity to make a major gift; and current and former Duke trustees in the DC area. In addition to policymakers, industry partners, and Duke leaders, 32 donors and Duke-Margolis Advisory Board members attended either the dinner, conference, or virtual conference portion of the event. Feedback, especially from donors who attended the dinner, was very positive. Subsequent engagement with potential donors continues, reflecting a multi-pronged strategy with Duke’s fundraising team and development staff from our partner schools. The Center is launching in 2023 a corporate giving group to engage and inform the venture capital community in health policy, expand the pipeline of potential Center funders, and ensure sustainable support for Duke-Margolis educational priorities. The Center’s ongoing development activities have been mapped to the Duke Campaign planning and alignment with our completion of the Center’s 2019-2024 strategic plan. With this process we have identified funding priorities; developed a case for support; expanded a prospective list of potential donors; and raised the visibility of Duke-Margolis and engaged many funders through our 2022 national conference.

Table 2. Duke-Margolis Joint Faculty Recruitments

Faculty Member	Primary Appointment	School	Year
Charlene Wong	Associate Professor of Pediatrics	School of Medicine	2017
Deborah Kaye	Assistant Professor of Surgery	School of Medicine	2019
Brystana Kaufmann	Assistant Professor of Population Health Sciences	School of Medicine	2020
Frank Wharam	Professor of Medicine	School of Medicine	2021
Kate Bundorf	J. Alexander McMahon Distinguished Professor of Health Policy and Management	Sanford School of Public Policy	2021
Whitney Robinson	Associate Professor of Obstetrics and Gynecology	School of Medicine	2021
Rushina Cholera	Assistant Professor of Pediatrics	School of Medicine	2021
Michelle Franklin	Assistant Professor in Psychiatry and Behavioral Sciences	School of Medicine	2022
Henry Eyring	Assistant Professor of Business Administration	Fuqua School of Business	2022

Table 3. Growth in Student Demand for Duke-Margolis Educational Initiatives Since the Center’s Inception

Year	Number of Summer Interns (Number of Applicants)	Number of Margolis Scholars (Number of Applicants)
2017	NA	5 (Law, MPP graduate students selected from 23 applicants)
2018	17 (28 applicants including 3 graduate and 25 undergraduate applicants)	14 (4 returning Scholars and 10 new Scholars – MPP, Law, Nursing, MBA, and EMBA – selected from 38 applicants)
2019	16 (34 applicants including 8 graduate and 26 undergraduate applicants)	19 (10 returning Scholars and 9 new Scholars – MPP, Law, Nursing, MBA, and MD selected from 55 applicants)
2020	28 (149 applicants including 37 graduate and 112 undergraduate applicants)	32 (8 returning Scholars and 24 new Scholars selected from 55 applicants including 33 graduate [MPP, Law, Nursing, MBA, MD, Population Health, Global Health, S&S] and 22 undergraduate applicants)
2021	40 (329 applicants including 77 graduate and 252 undergraduate applicants)	39 (19 returning Scholars and 20 new Scholars selected from 104 applicants including 63 graduate [MPP, Law, Nursing, MBA, MD, Population Health, Global Health, S&S] and 41 undergraduate applicants)
2022	37 (363 applicants including 119 graduate and 244 undergraduate applicants)	37 (20 returning Scholars and 17 new Scholars, selected from 102 applicants, including 75 graduate [MPP, Law, Nursing, MBA, MD, Population Health, Global Health, S&S] and 27 undergraduate applicants)

Strategic Alignment with Duke Priorities

Aligning with the priorities articulated in the Provost’s academic strategic plan, *TogetherDuke*; the President’s strategic framework, *Toward Our Second Century*; and the update to both in the recent 2030 Report, Duke-Margolis enables Duke to:

- **empower the boldest thinkers** in health policy, health care, and biomedical innovation;
- **transform teaching and learning** through a model interdisciplinary approach;
- **revitalize commitment to equity** by improving health equity solutions through all Duke-Margolis major projects and initiatives;
- **partner with purpose** to reform health and social care systems to improve the health and well-being of our communities, in collaboration with the North Carolina government, state stakeholders, and the diverse North Carolina community
- **engage Duke’s global network** to advance population health and innovative health care

In **Table 4**, we offer comments from faculty members and students that provide examples of what the cross-school community established by Duke-Margolis has meant for them.

Table 4. Example Collaborations Made Possible Through Interdisciplinary Structure of Duke-Margolis

Collaboration Type	Duke-Margolis Example
Connects collaborators across schools and units	<p>“There are three important ways in which the Duke-Margolis Center has been a critical partner in the success and growth of my own center, The Center for Policy Impact in Global Health (CPIGH), based in the Duke Global Health Institute. First, it is through the Duke-Margolis Center that we connected with Professor David McAdams at the Duke Fuqua School of Business, who is also a Margolis core faculty member. With Prof McAdams, we launched a new research collaboration using game theory to improve pandemic preparedness, which just received \$500,000 in funding from the Carnegie Corporation. Second, every summer we host a wonderful group of highly motivated Margolis interns who conduct summer research projects; many have gone on to publish their studies in peer-reviewed journals. Third, the Duke-Margolis Center has provided valuable professional and career mentorship to Dr Osondu Ogbuoji, CPIGH’s Deputy Director and an Assistant Research Professor at DGHI.”</p> <p style="text-align: right;">Gavin Yamey MD, MPH <i>Hymowitz Family Professor of the Practice in Global Health Director, Duke Center for Policy Impact in Global Health Duke-Margolis Core Faculty Member</i></p>
Provides pilot funding allowing new research development with interdisciplinary teams	<p>“During my post-doctoral fellowship I had the opportunity to participate in leading a Bass connections class through Duke-Margolis focused on informing the NC Early Childhood Action Plan, a roadmap to improve statewide early childhood outcomes by 2025. Over the three years of this project, our interdisciplinary group of faculty, students, and community organizations was able to develop creative questions and solutions related to early childhood health. This experience was pivotal for me as both a researcher and mentor. I gained invaluable teaching and mentoring experience and also developed new areas of research focus, particularly related to food insecurity in childhood. This work also led to ongoing collaborations across schools and programs at Duke, breaking down the superficial siloes that sometimes preclude the development of impactful policy solutions which inherently require the innovation of interdisciplinary teams.”</p> <p style="text-align: right;">Rushina Cholera MD, PhD <i>Duke Assistant Professor of Pediatrics and Population Health Sciences Duke National Clinical Scholar 2019-2021 Duke-Margolis Core Faculty Member</i></p>
Supports grant development and implementation across schools and units	<p>“Duke-Margolis has been instrumental in bringing the NC Integrated Care for Kids (NC InCK) to North Carolina. Our grant application built on the Center’s expertise in whole person health and pediatric care redesign, including insights from recent pediatric payment innovation convenings that we hosted with experts from across the country. Since 2019, Margolis staff, faculty and students have been part of the core NC InCK team, from conceptualizing the model in the grant application to launching and refining the care delivery and payment models in our implementation phase. Duke-Margolis has been a wonderful partner in identifying opportunities for students to participate on the NC InCK team. We’ve worked with Margolis scholars, summer interns and Bass Connection groups hosted by Margolis faculty – and the students have worked on all aspects of the model from food insecurity to equity, integrated care plans for children and performance measures in our novel APM.”</p> <p style="text-align: right;">Charlene Wong MD, MSPH</p>

Collaboration Type	Duke-Margolis Example
	<p style="text-align: right;"><i>Associate Professor of Pediatrics Assistant Secretary for Children and Families at NC Dept of Health and Human Services Executive Director, NC Integrated Care for Kids (NC InCK) Duke-Margolis Core Faculty Member</i></p>
<p>Connects faculty and students in diverse schools and units to decision makers</p>	<p>“The Duke-Margolis Center was an incredible place to launch my career, and continues to be a source of research inspiration and collaboration. As a Margolis post-doc, I learned how to use my research to inform policy with high-quality, timely and pragmatic evidence. The mentors and advisors I met through the Margolis center also connected me with decision-makers in NC DHHS and nationally, through a fellowship in Washington D.C, where I can have an even greater impact on policies to improve the value of health care”</p> <p style="text-align: right;"><i>Brystana Kaufmann PhD Duke Assistant Professor of Population Health Sciences Duke-Margolis Post Doctoral Fellow 2018-2020 Duke-Margolis Core Faculty Member 2022 Health and Aging Policy Fellow</i></p>
<p>Amplifies student experiences through interaction with faculty across schools and units</p>	<p>“The Duke-Margolis Center for Health Policy has undoubtedly shaped the trajectory of my educational curriculum. When I first arrived at Duke, I initially planned to major in Biomedical Engineering and conduct biological research on autism. However, by engaging with Margolis-affiliated professors, upperclassmen, and staff, I soon learned that I could maximize my impact by pursuing a career in health policy. The Duke-Margolis Center then helped me capitalize on this interest by connecting me to researchers at Duke and policymakers at the state and federal level. The mentorship from the Center has been pivotal to my academic journey and I hope to continue my work here even as I continue my studies at Oxford.”</p> <p style="text-align: right;"><i>Shreyas Hallur, BA/BA Statistical Science and Public Policy, '23 Duke-Margolis Scholar 2021-2023 2023 Rhodes Scholar</i></p>
<p>Helps recruit and support interdisciplinary faculty across Duke</p>	<p>“Duke-Margolis was a key factor in my decision to join Duke. Health policy is inherently interdisciplinary. Duke-Margolis complements Sanford’s deep expertise in policy by allowing me to interact with faculty and students across the University who focus on health. By drawing on expertise from around the University, the Center creates a truly interdisciplinary community of faculty and students who are committed to health policy.”</p> <p style="text-align: right;"><i>M. Kate Bundorf PhD, MBA J. Alexander McMahon Distinguished Professor of Health Policy and Management, Sanford School of Public Policy Duke-Margolis Core Faculty Member Duke-Margolis Faculty Executive Committee Duke-Margolis Scholars, Director</i></p>

The Benefits of Institute Status

Building on this strong foundation, a transition to institute status would further establish Duke as a prominent voice in health policy and the national leader in interdisciplinary health policy educational programs for both undergraduate and graduate school communities. Importantly, it would do so at a time of growing demand from students interested in health policy across these learner levels (illustrated in [Table 3](#)) – interest that reflects the pressing nature of health policy problems, underscored by the COVID pandemic and growing concerns about health equity, and recognition of how those challenges intersect with other pressing societal and economic issues. **It would also be an opportunity to re-introduce Duke-Margolis to a broader range of Duke faculty, to collaborate with, learn from, and support these faculty and their research, and to augment Duke’s collective ability to impact health policy locally, nationally, and across the globe.**

Tactically, institute status would enable Duke-Margolis to meet these demands by providing two key benefits:

- 1. elevating and extending our name recognition and reach** – in furtherance of recruiting scholars, **including current Duke faculty with relevant expertise in Sanford and Trinity**, collaborators, and, crucially, donors that believe in our mission and model
- 2. deepening Duke-Margolis’ ability to recruit and retain dynamic faculty who can enhance research and educational programs that address the most pressing health care challenges**

First, the designation as an institute rather than a center would **elevate Duke-Margolis’ standing to be equal to peer institutes across the country, and signal Duke’s commitment for a major interdisciplinary leadership role in advancing health, health equity, and health care reform.** Duke-Margolis is one of the fastest growing and increasingly prominent health policy organizations within the US, and none of these peer organizations are “Centers.” Rather, all of Duke-Margolis’ peer academic health policy groups are Institutes:

- the [Georgetown University Health Policy Institute](#),
- the [Dartmouth Institute for Health Policy and Clinical Practice](#),
- the [University of Michigan Institute for Healthcare Policy and Innovation](#), and
- the [University of Pennsylvania Leonard Davis Institute of Health Economics](#).

There are also several non-academic, not-for-profit organizations that conduct significant health policy analyses and applied research, none of which are centers, including the [Brookings Institution](#), the [American Enterprise Institute](#), the [Kaiser Family Foundation](#), and the [Pew Charitable Trust](#).

Duke-Margolis is currently on par or larger than these (and other) health policy research institutes in terms of faculty, academic output, educational programs, and financial support. Further, unlike Duke-Margolis, most of our peer institutes (e.g., Georgetown, Dartmouth, University of Michigan Institutes) are not truly integrated, university-wide programs. Health policy research and education at these units are housed within a medical school or school of public health, with their own primary faculty and some joint faculty appointments. Their research funding generally involves only faculty appointed directly in the institute and/or the host school, not faculty whose appointments and research span a broader range of schools in the university. Our competitors often offer their own graduate and sometimes undergraduate degrees and concentrations; but they do not have structured partnerships across multiple schools to support integrated, interdisciplinary educational support for the other schools’ degree programs. The University of Pennsylvania’s Leonard Davis Institute (LDI), established in 1967, comes closest to Duke-Margolis in breadth of ambition, as it does bring together researchers from across the University and has affiliated educational programs spanning several schools.

In addition, the increased visibility and peer-to-peer standing with other health policy institutes **would widen external fundraising opportunities, particularly philanthropic gifts aiming to support Duke’s long-term leadership in research and education related to health policy and health reform.** Institute status would give Duke-Margolis additional strategic opportunities to align with our academic partners across the university, re-introduce potential donors to our work through a re-launch as an Institute, reinforce our aspirations to deepen and expand our collaborative research and education work, and mobilize additional development resources to benefit Duke-Margolis and our partnering units and schools. For example, strong opportunities exist to deepen our links in the following areas:

- **Pratt**, with regard to medical device innovation;
- **Trinity**, with regard to payment reform and regulation, culture change, trust and misinformation;
- **Duke Clinical Research Institute**, with regard to innovative and more representative clinical trials; improved real-world evidence that results in more effective, equitable outcomes for common chronic conditions; advancements in artificial intelligence that improve care, protect patients, and support provider decision-making; and integration of nutrition and other programs into health care to address social determinants of health;
- **Nursing**, with regard to innovative approaches to address workforce gaps and advance health equity;
- **Fuqua**, with regard to new research and student opportunities to engage with innovative startup and disruptive companies, including new “public benefit” corporations in health care.
- **Sanford**, with regard to community-engaged analysis of health inequities and community assets for addressing them.

In addition, the transition to institute status would **improve our capacity to provide and sustain excellent educational offerings at scale.** Our efforts in this regard would continue to identify and address gaps in university offerings, thereby creating truly interdisciplinary experiences for students. Duke-Margolis since its inception has pursued educational programs that complement, rather than compete with existing schools that have offerings related to health policy and health reform. That orientation will continue to guide our efforts as an institute.

Our primary recruitment of faculty members and top recruitment priority will continue to be through joint recruitments of tenure track faculty with our partner schools and departments. If eventually authorized downstream to make regular rank, non-tenure track appointments, Duke-Margolis would use such faculty appointments to target specific gaps in our educational portfolio for high priority classes not easily covered by faculty members with appointments in a Duke School. **The judicious use of regular-rank, non-tenure track appointments would enable Duke-Margolis to meet the accelerating student demand from schools across the university.** It is possible that such faculty appointments could complement our partner schools’ strategic hiring priorities, enabling us to expand key health policy research areas at Duke.

The Duke-Margolis Institute: Advancing Duke University’s Impact

Duke University and Duke-Margolis are uniquely positioned to lead health policy efforts that address the most important and timely challenges of the “biomedical century,” a time when the world is expected to see unprecedented scientific and technical advancements. At the same time, we confront massive, persistent gaps between what should be possible through improving technologies and the reality of current public and population health, which reflect enduring, and in many contexts, widening disparities in access to care and health outcomes. **We need health policies and reforms to reduce inequities in health outcomes, improve the affordability and value of health care, maintain the pace of equitable biomedical innovation, and address the**

global demographic shifts associated with population aging. But such reforms are challenging to develop and implement effectively.

The strategic positioning of Duke-Margolis faculty members and research teams as a university-based research hub with a presence in both Durham and Washington, DC, has laid a strong foundation for a distinctive university-wide approach to address these challenges. In just six years, we have developed an increasingly recognized interdisciplinary model that leverages the talents and scholarship of Duke faculty, students, and research staff, while constructively engaging the public and private sectors and the broader health policy community in advancing innovative, evidence-based solutions.

In progressing to Institute status, Duke-Margolis intends to build on the strategic approach outlined here and in greater detail in the full proposal. The progression to Institute status offers a strategic opportunity for a reset and renewal with members of our Duke and external communities. This renaming will put Duke-Margolis on par with other leading university health policy institutes around the nation, while allowing Duke-Margolis to connect our activities to a broader range of faculty, amplify our research portfolio and educational programs, and extend our impact on health policy locally, nationally, and across the globe.

Appendices

Appendix A: Organizational Structure of Duke-Margolis

Appendix B: Duke-Margolis COVID-19 Pandemic Response and Strategic Leadership

Appendix C: Duke-Margolis Research Areas of Focus

Appendix D: Faculty Engagement

Appendix E: Duke-Margolis Core and Affiliated Faculty Member Criteria

Appendix F: Duke-Margolis Non Regular Rank Faculty Appointments

Appendix G: Educational Footprint

Appendix H: External Partnerships

Appendix I: Duke-Margolis Current Sponsored Project Portfolio

Appendix J: Diversity and Inclusiveness

Appendix K: Letters of Support

- Mary Klotman MD (Dean, School of Medicine)
- Chris Beyrer MD, MPH (Director, Duke Global Health Institute (DGHI))
- Bill Boulding PhD (Dean, Fuqua School of Business)
- Vincent Guilamo-Ramos PhD, MPH, LCWS, RN, ANP-BC, PMHNP-BC, FAAN (Dean, School of Nursing)
- Kerry Abrams JD (Dean, School of Law)
- Jerome Lynch PhD (Dean, Pratt School of Engineering)
- Gary Bennett PhD (Dean, Trinity College of Arts & Sciences)
- Nita Farahany JD, PhD (Director, Initiative for Science & Society)
- Adrian Hernandez MD, MHS (Director, Duke Clinical Research Institute (DCRI))
- Judith Kelley PhD (Dean, Sanford School of Public Policy)

Appendix L: Duke-Margolis Budgetary Overview