

Passionate, articulate, and dedicated to making a real difference in people's lives, Noreen Clark is winding up a decade's work that has brought her into contact with public health professionals around the world.



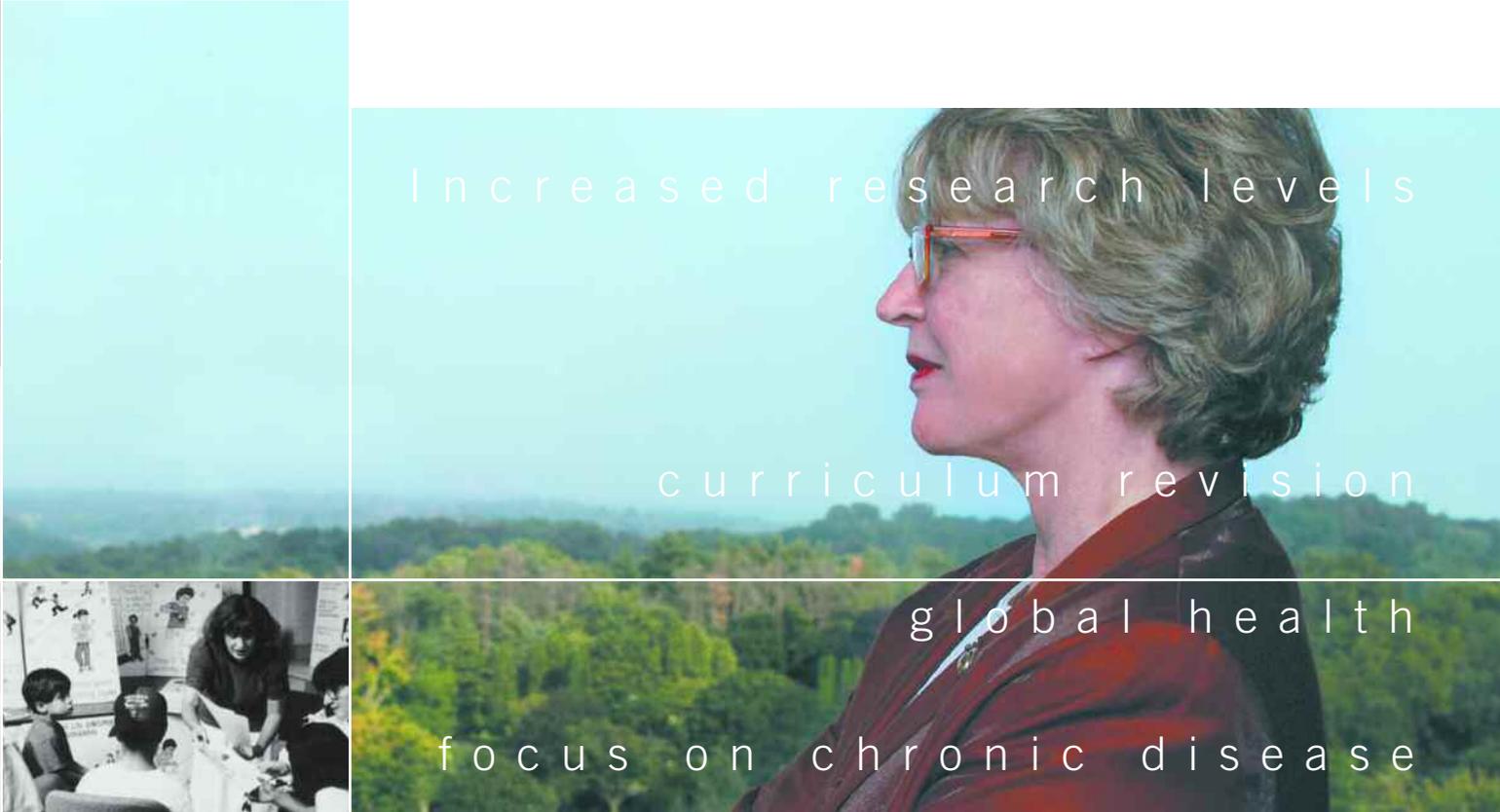
# THE LURE OF

Noreen Clark has never been one to stand still for long—even when she's fly-fishing. So it's no surprise that as her ten-year term as dean draws to an end, she's **focused** on the road ahead.

by Jeff Mortimer

**"Maybe it's part of being an immigrant,"** says Noreen Clark, "but I've always had this sense of wanting to see what's over the horizon."

The dean of the School of Public Health was eight years old when her family moved from Scotland to the United States. "My father had a classified job during World War II, and he finished the war believing that Britain wouldn't recover, so he decided that we would come to the States," she says. Clark lived in Utah, California, and Colorado before earning her first degree at the University of Utah and eventually going to Columbia University for graduate work.



# THE JOURNEY

Most of her relatives still live in England and Scotland, but her husband, George Pitt, a documentary film director, is a native New Yorker. Recently he sold his New York-based film production company “and now seems to wish to be a full-time tennis player,” Clark laughs. Their son, Alex, is a photographer working in the film industry, and he has had a number of photography exhibits around the country. His wife, Chris, is a director of animation. They live in Los Angeles. So Clark’s personal life would ensure that she saw plenty of horizons, even if her work as one of the world’s leading researchers in the management of chronic disease didn’t regularly require her presence in China, Kenya, or Australia.

But it isn’t just physical horizons that lure her. When she was appointed dean in April 1995, she outlined her objectives for the school in the *University Record*, including:

- increasing the level of research
- revising and restructuring the curriculum
- strengthening the focus on health problems of specific groups, such as the economically disadvantaged, minorities, women, infants, and children, as well as
- increasing attention to health problems that affect everyone nationally and internationally, such as infectious and chronic disease, substance abuse, and smoking.

“Since I had co-chaired the SPH review committee that recommended schoolwide reorganization and revitalization, I felt I knew what had to be done,” she remembers. “Although, I never planned to be a dean, the prospect was intriguing. I wasn’t interested in any other school. I felt that being dean here was a good way to make a contribution.”

It may border on the unfair to hold anyone responsible for her goals of nearly a decade ago, but as she nears the end of her term, Clark’s report card is exemplary. The School of Public Health now leads the University of Michigan in sponsored research per capita. The curriculum has been com-



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prehensively reorganized. Nineteen academic research centers established during her tenure are flourishing, among them the Michigan Academic Center for Public Health Preparedness (part of the university's Bioterrorism Preparedness Initiative). The education and training provided to the state's public health and emergency workers by this center are as applicable in responding to spontaneous outbreaks of infectious disease as they are to intentional ones.

"We had been discussing a center to focus on re-emerging infectious disease, and then September 11 occurred," Clark says. "We realized that we needed to broaden and reshape the discussion

Noreen Clark reviews construction progress on The Crossroads with UM Project Manager Larry Bowman.



sponsored research

academic research centers

bioterrorism preparedness

applied science

and successfully competed for a bioterrorism preparedness center supported now by the Centers for Disease Control and Prevention. There's been some very good research related to bioterrorism preparedness and a huge amount of training. We've reached every county in the state of Michigan and contributed significantly to the national effort."

That's what really excites Clark: when the rubber of research meets the road of public service.

"I love the School of Public Health because there are top-notch scientists here who want the fruits of their labor to make a difference," she says. "All of our centers are very interested in

extending what they learn scientifically to policy, to influencing programs, to communicating broadly with important groups who can bring about change. One of the reasons I have always loved public health is because it is so dynamic. It's not science in isolation—it's science in action. Often people speak about applied science as if it's somehow not as important. My notion is if it can't be applied, why are we doing it?"

Communication is also integral to that enterprise, she says. A case in point is the school's new Center for Risk Science and Communication. "There are other centers around the country that are focused on risk and exposure," she

admits, "but Michigan's strong point is adding a communication dimension, the idea being that unless we communicate broadly to policymakers, media people, and the general public about the levels and realities of threat and exposure, then we won't have been doing our job."

Clark's attitude is hardly surprising, considering that her first degree was in political science and her first public health job was as a community organizer. "Political science interested me enormously in undergraduate school," she says. "It's not that much of a reach from there to public health. If you want to solve a health problem, often...if not always...you have to change the social



and political structures that are holding that problem in place.”

She could well have added that if you want to maximize an institution’s ability to solve health problems, you have to change the structures that may be inhibiting its potential to do that. Under her leadership, the number of departments was reduced from eight to five, and three interdepartmental concentrations were established. The number of multidisciplinary research centers—agile and tailored to specific tasks—increased substantially.

“The idea was not downsizing but a true reorganization,” says Clark. “We have five core departments with broad mandates, and we have three interdepartmental concentrations—women’s and reproductive health, global health, and public health genetics. The idea is that

as long as these are important topics in society, the ICs will do their work. If they cease to be important, or other topics become important, we’ll form new ones.

“The research centers are built on the same idea. We didn’t create bricks and mortar for every center. We didn’t load them down with administrative structures. They were created to allow the greatest intellectual and operating flexibility and to support very good researchers in doing their work with seed money, space, and encouragement.”

Bricks and mortar have their place, though. Clark lists as one of her proudest achievements something that wasn’t even on the radar when she was appointed—a building and renovation project that will double the school’s research capabilities and provide extensive opportunity for multidisciplinary collaborations.

The 125,000-square-foot Crossroads addition will connect the two existing SPH buildings, and a new, seven-story research tower will contain modular laboratories. The buildings now under construction are scheduled for completion in 2006 and will be followed by a total renovation of the original SPH structure.

Clark cites the new buildings as the source of one of the challenges her successor will face. “I think a major task for the incoming dean will be to effect a smooth transition of faculty into different work space once the SPH complex is finished,” says Clark.

Needless to say, it’s far from the only item on that to-do list. “There are tremendous challenges in the field of public health,” she says. “New schools of public health are being created as we sit here. When I first became dean,

One of Clark's proudest achievements as dean is the school's 125,000-square-foot addition, The Crossroads, scheduled for completion in 2006.



## The dean of the School of Public Health was eight years old when her family moved to the United States from her native **Scotland.**

there were 22 or 23 in the country. Now there are 31, with at least 10 more in the pipeline. That means more attention to public health, which is great. But it also means more competition.”

And then there are the surprises. “The whole genomic revolution wasn’t a surprise, but the speed of it was,” Clark says, “as was the speed with which we had to become electronically sophisticated. In the last five years, we’ve gone from all of our student applications coming to us by paper to receiving virtually all of our applications electronically. Surprises come into public health and get placed on a dean’s agenda. For example, all of a sudden it becomes necessary to educate students in an area that wasn’t so important in the past. A dean needs to anticipate what the emerging issues of the day are and

how the school can respond or even anticipate and lead the way in research and teaching related to these topics.”

But whomever the torch is passed to will have plenty of resources to access. “The new dean is going to come into a vibrant school,” says Clark. “It’s in very good shape in all its dimensions. We will have beautiful new buildings. We’re in the midst of recruiting a significant number of junior faculty to ensure that the future leaders of the field will be here. There are 19 very lively research centers and five excellent academic departments, all among the highest-ranked in the country. The School of Public Health is a healthy and powerful machine that is flying high. The new dean will be able to take the plane to a higher altitude.”



Meanwhile, Clark will be piloting the new Center for Research on Managing Chronic Disease, a tool for enhancing both the depth and application of what she's learned from her years of research on asthma, heart disease, and other chronic conditions. In all her studies, self-regulation is a central concept, she says. It's the means that enables patients, families, and communities to control disease. These ideas push all her buttons.

"There's a lot of excellent work around the country in the design of health services for the chronically ill, and fine work exploring ways to finance

care," Clark says. "Our group is interested in something different, the social and behavioral aspects of disease management by people themselves. What are the barriers to management? How do families, clinicians, and communities organize themselves to help the patient control disease? What behaviors and social conditions ensure successful management? Since the day-to-day manager of disease is the person with the condition, we won't improve health outcomes unless we fully understand the challenges the person faces, and we put that person at the center of solutions. Our center will look for ways to

connect individuals, communities, and systems with the aim of controlling the pain, discomfort, disruption, and costs of chronic conditions."

While serving as dean, Clark has maintained a large research program, and her existing projects will form the initial work of the center. Eventually, these will expand to include new studies and colleagues around the university and indeed around the world. "Exciting research is happening across the globe, and 21st-century technology allows us to link researchers wherever they may be," she says. "This makes it possible for the new center to be truly international."

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Home away from home: the Grand Teton area in Wyoming provides Clark with ample opportunities to pursue her new hobby, fly-fishing, and to spend time with her family.

Clark points out that there’s more and more chronic disease in the world, even in places where infectious disease is still rampant. “So I want to see if we can shed some light on the subject. I’m trying to identify the constituents of self-regulation, and asthma and heart disease are really good models because people have to do something every day to manage these conditions. Our studies have shown that if you can keep people out of the emergency department, you can keep them out of the hospital, and they’ll have fewer symptoms and higher levels of functioning. It’s an arena of work where you can actually see success from applying the science to the prob-

lem. I’d like to take general principles of self-regulation and see if they work related to other conditions and populations. If my model of self-regulation is strong and valid, then it should hold up with different diseases and different types of people.”

Clark’s life outside the academy is comparably full. She loves going to the theater and classical music concerts and is an avid reader, especially of biography, but “the authors aren’t keeping up with my pace of reading,” she says, “and while I’m waiting for a few new biographies to appear, I’ve returned to reading fiction.”

She’s also taken up fly-fishing. “I enjoy it more than I can say. I’m not good at it and find the learning curve very steep,” she says, “but being on a beautiful river, seeing amazing mountains, and keeping track of all the interesting things—water flow, insects, birds, etc.—one must attend to is so much fun that I really don’t care if I catch fish... well, I care a little bit.”

More horizons. Always. ■

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