



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Vice President for Health Sciences Affairs  
432 Morrill Hall  
Minneapolis, Minnesota 55455

July 18, 1978

To: Members of Committee to Update Health Sciences Master Plan

From: C. Perlmutter *CP*

For your information -

The three committee recommendations regarding:

1. vacated clinic space (and related moves)
2. interim use of Powell Hall
3. location of inpatient admissions and related moves

were discussed and approved by the Health Sciences Planning Council July 13.

DIEHL HALL REMODELING

The purpose of this paper is to summarize the status of the Diehl Hall remodeling project and those events that have lead up to its present status.

Based upon a number of factors, the architects were directed on April 24, 1975, to separate the Diehl Hall interior remodeling work from the Unit B/C project and to develop separate contract documents for a single prime contract award at a later date. A major consideration for this decision was to delay the construction activity in Diehl Hall second floor until certain areas in Building B/C could be occupied by the displaced Medical School Diehl Hall users. Although the contract document phase for this remodeling was well underway when the project was placed on "hold" in December, 1975, the Vice-President for Finance stated at that time that he would furnish the additional construction funds for the remodeling created by the delay in schedule and escalation of construction costs. In view of the June 1, 1978, construction schedule, this amount would be \$1,163,294 at the present rate of escalation. We currently have \$462,617 established in the Building B/C budget for this remodeling, which leaves a deficit of approximately \$700,000.

The project scope in April, 1975, was based on the 1974 grant application; however, the Vice-President for Finance directed that the size of the Learning Resources Center be reduced by approximately 6,000 + square feet in order to maintain the Scientific Apparatus Shop of 6,770 square feet. This proposed reduction has not been submitted to H.E.W. for their review and approval.

The following outlines the history of the space allocation on second floor Diehl Hall and the proposed change.

Diehl Hall Floor 2 - (current space allocation)

A. Medical School laboratory space	9,187 sq. ft.
B. Library space	18,723 sq. ft.
C. Scientific Apparatus Shop	<u>6,770 sq. ft.</u>
Total	34,680 sq. ft.

Diehl Hall Floor 2 - (as it appeared in the approved B/C grant)

A. Learning Resource space	18,630 sq. ft.
B. Library space	<u>21,831 sq. ft.</u>
Total	40,461 sq. ft.

Diehl Hall Floor 2 - (as it was changed from the grant documents on April 21, 1975, per direction from Vice-President for Finance)

A. Learning Resource Center	12,991 sq. ft.
B. Library space	19,504 sq. ft.
C. Scientific Apparatus Shop	<u>6,770 sq. ft.</u>
Total	39,265 sq. ft.

CENTER FOR HEALTH SERVICES RESEARCH  
University of Minnesota

FUTURE SPACE REQUIREMENTS

November 9, 1977

Recognizing the need for a more systematic approach to health services research, the Deans and Directors of the Health Science schools working through the Vice President's office established a Center for Health Services Research during this past July. The development of the Center was a response to a Regental charge that within the University Health Sciences ". . . special and increased emphasis should be given to research on and development of innovative systems for delivering optimum health care." It was also a response by the Deans and the Vice President's office to a perceived need for a Health Science Center that would act to integrate existing health services research efforts and expand that research in accordance with the new Health Science mission statement. The Center for Health Services Research is therefore designed to function as an interschool unit, bridging the Health Sciences with other relevant disciplines such as Public Affairs, Economics, Business Administration, Sociology, Law, etc. to stimulate and develop interdisciplinary research efforts focusing on issues surrounding the organization and delivery of health services. Policy studies dealing with the provision of health services which affect the state of Minnesota will play a major role in the Center's activities.

The development of the Center for Health Services Research represents an important new thrust in the Health Science Center aimed at increasing collaborative relationships among the Health Science schools and between those schools and other academic and research units both on and off campus. More importantly, it represents a major commitment to the development of mechanisms that will link the Health Sciences more closely to the community and will facilitate a closer working relationship between the faculty, policy makers, such as the state legislators, and practitioners in the health care field. The goal of this collaborative effort is to conduct research and develop programs that will increase the

effectiveness and efficiency of the health care delivery system.

In accordance with this philosophy, the mission of the Center for Health Services Research is to facilitate and conduct collaborative interdisciplinary studies focusing on (a) the health status of population groups in the prevention of illness and disability, (b) the planning, organization, distribution, accessibility, acceptability, utilization, quality and cost of health services, and (c) the education, supply, distribution, organization, and cost of health manpower.

Primary efforts will be devoted to studies dealing with health services which affect the state of Minnesota and the development and analysis of policies guiding health and health services on the state, regional, and national levels. The Center will carry out this mission through the following goals and objectives:

Objective 1:

To create an environment that will facilitate cooperative interdisciplinary studies dealing with health maintenance and the organization and distribution of health services as outlined above.

- Goal 1. Develop a critical mass of full time health service researchers and supportive staff to conduct studies and assist researchers from other schools, departments and the community to design projects and obtain funding.
- Goal 2. Develop linkages between this core staff and other university and non-university researchers through part-time appointments in the Center and through research seminars to develop a collegial group who will exchange ideas and collaborate on projects.
- Goal 3. Provide organizational, administrative, financial and technical support to assist health service researchers in the development of research projects, securing of competitive research funds and the provision of organizational support when the projects are initiated.
- Goal 4. Collaborate with other research units at the university, state, regional and national levels to develop and conduct health services research projects.

- Goal 5. Provide an organizational setting for scholars from other universities and research settings and practitioners from the field to spend leaves of absence or sabbaticals pursuing their research interests in the Center.
- Goal 6. Provide physical facilities and research technology (i.e., data processing, etc.) for interested health services researchers to support their efforts and facilitate interdisciplinary collaboration.

Objective 2:

To maximize the potential contributions of research efforts by providing graduate coursework, consultation, technical assistance and continuing education programs for communities, health care providers, legislative bodies, planning groups and University students.

- Goal 1. Develop a policy analysis relationship with the state legislature to identify public policy issues associated with health maintenance and the delivery of health services in the state of Minnesota, to conduct studies focused on these issues and provide health and health services policy analysis for these legislative bodies.
- Goal 2. Disseminate information gained from health services research through seminars, consultation services, TV and radio spots, and a Newsletter to
- . . . assist official health agencies, health service agencies, and professionals in the field in the formulation of policies and solutions to health services problems.
  - . . . assist faculty in the development of educational and research strategies to fit the changing needs of the health system.
  - . . . assist the students within the health sciences to obtain the most appropriate information to augment their careers.
  - . . . assist the public to use the health care system more effectively and to modify their own health behaviors toward more healthful ends.
- Goal 3. Develop a relationship with health care practitioners to identify potential research projects focused on the practical problems of planning, organizing, financing, and managing health services and to expedite the transfer of research findings into actual practice.
- Goal 4. Relate the practical and theoretical knowledge gained from the Health Services Research program to the teaching efforts at the Health Science Center by linking the faculty in the Research Center to specific teaching programs in each of the participating schools.

### Organizational Linkages

The Center is linked to the other academic units at the University through several mechanisms:

- a) The Center reports to a Policy Board made up of the Deans of the Health Science schools and other schools that participate in the funding of the Center's activities, and the Director of the University Hospitals.
- b) The Center will support researchers in schools and other academic units within the University on a part-time basis so they may focus their research efforts on the health care delivery system. Initially, this will take the form of summer support for faculty on 9-month appointments with the understanding that in return for their summer support they participate in the Center's research and educational activities during the entire year.
- c) The Center will jointly fund key faculty with other schools and departments when those faculty members bring unique attributes to the Center and are able to devote 50% or more of their time to health services research.
- d) The Center will conduct research seminars to bring health services researchers from the various academic units together to exchange ideas and to stimulate the development of research projects.
- e) The Research Center faculty will participate in the teaching programs of the associated academic units.

At the next level of interaction the Center will be linked to research units outside the University through joint research projects, research seminars, and faculty exchange. Initial efforts are being devoted to the development of

these relationships with the Mayo Clinic health services research group, the University of Minnesota Medical School at Duluth, the health services research group at the St. Louis Park Clinic, and InterStudy. Linkages with the field of practice will be developed by orienting the research staff toward specific programmatic thrusts with the research agenda and the resultant education and consulting programs in each of these areas guided by a joint researcher/practitioner committee. An advisory board consisting of individuals from these agencies and other community agencies and groups interested in health services research will be established in order to broaden the Center's constituency.

#### Staffing Patterns

The Deans and Directors charged the Center to develop a health services research effort of sufficient magnitude to impact the University environment, contribute substantively to the improvement of health services, and gain recognition for the Center at the University, state, and national levels. To carry out this charge, we will need a core staff of 15 to 20 full time researchers linked to 10 to 15 part-time researchers from other academic units on campus. This core group will need to be supported by 8 to 10 secretaries and 6 to 8 research assistants. Since the Center will encourage scholars and practitioners to spend sabbaticals with the Center's faculty we anticipate having two to three Visiting professors in the Center each year. We also anticipate having one or two members of the legislative research staff spending some time physically located at the Center studying health policy issues with the research staff.

#### Space Requirements

Based on the goals and objectives outlined above and the projected staffing pattern, the Center for Health Services Research will need approximately 3,000

square feet of space by Spring, 1978 and 5,000 square feet by January, 1979.

This space will be allocated as follows:

Spring, 1978

1. 10 offices for full-time researchers (1,000 sq ft)
2. 8 offices for part-time researchers (800 sq ft)
3. Conference room (450 sq ft)
4. Library (150 sq ft)
5. Computer terminal and card sorting area (100 sq ft)
6. Commons for 5 research assistants (250 sq ft)
7. 5 secretaries (400 sq ft)
8. 3 offices for Visiting scholars and legislative research staff (300 sq ft)

Total = 3,450 sq ft

January, 1979

1. 18 offices for full-time researchers (1,800 sq ft)
2. 10 offices for part-time researchers (1,000 sq ft)
3. Conference Room (450 sq ft)
4. Library (150 sq ft)
5. Computer room (100 sq ft)
6. Commons for 8 research assistants (400 sq ft)
7. 10 secretaries (800 sq ft)
8. 3 offices for Visiting scholars and legislative research staff (300 sq ft)

Total = 5,000 sq ft

Physical Location

The physical location of the Health Services Research Center will be an important factor in determining the working relationships with the participating

schools. In addition, the location of the Center should be used to further the integrative functions serving to link interdisciplinary research efforts and relating those efforts to Health Science Center programs. I would, therefore, suggest that consideration be given to locating the Health Services Research Center in a central spot in the Health Science complex with easy access to the participating schools. Accessibility to the schools on the West Bank will be important, but I believe that these linkages will develop without a great deal of difficulty once the Health Sciences linkages are established.



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November 22, 1977

TO: Dr. Lyle A. French, Vice President  
FROM: Dr. N. L. Gault, Jr., Dean *NLB*  
SUBJECT: Ronald McDonald House

The Faculty Advisory Council met on Friday, November 18, 1977, to discuss with Dr. William Krivit and Dr. Mark Nesbitt their proposal that a Ronald McDonald House be developed in support of the Children's Oncology Services at the University of Minnesota Health Sciences Center. This was the first opportunity this office or the Council has had to discuss and review this proposal.

It was clear from the discussion that Drs. Krivit and Nesbitt had continued their very effective collaboration with citizen's groups in the Twin Cities and Minnesota regarding the support for maintaining an active service program for the citizens of this state. It was the judgment of the Council that they are to be commended for their effective liaison with these citizens. Certainly, the continuation of an effective liaison will ensure a continued flow of patients to this Center which will support our educational, research, and service missions.

It is our understanding that a not-for-profit corporation has been formed by a local group of citizens who are negotiating with the McDonald Corporation of Minnesota (?) to establish a Ronald McDonald House in close proximity to the University of Minnesota Health Sciences Center. It is our understanding that the McDonald Corporation will be responsible for securing the physical facilities and that the not-for-profit corporation will be responsible for its management. The House will not have any legal ties to the University of Minnesota. In our discussion, it seemed clear that the type of facility that is envisioned could not be provided for in the proposed hotel that may be developed on campus. The provision for housing of parents and children who have common, serious health problems such as malignant disease will provide the setting for ideal supportive services for the patients and the families.

The proposed use of four lots in the 600 block of Oak Street SE does not impinge upon space that is presently projected for the Medical School's use. Apparently,

Vice President French  
November 22, 1977

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the not-for-profit corporation has been working with an architect who is an active member in the Southeast Citizen's Group; therefore, he should be able to swing an acceptance for this venture. Furthermore, it was cited that the concurrence of the University in permitting a private, not-for-profit corporation to invest in this area would encourage the citizens of the south-east that the University did not have designs on displacing the inhabitants of the land east of Oak Street within the next decade, at least; this would be a consolation we were told.

One question arose as to what the University's medical/legal liability would be concerning the housing of outpatients in this facility. It was suggested that legal advice be procured to definitely establish that the families and patients housed in the facility would not be the responsibility of the University. The question arose as to what liability the University might have for providing emergent medical care to the inhabitants of the House in case of an emergency? If a patient housed in the facility died in the facility, what would be the University's responsibility? It seemed to the Council that this question should be resolved before the University concurred in releasing property, or concurred in cooperating in the use of the Ronald McDonald House that is proposed.

With this one question resolved, the Council recommends to your office that the Long-Range Planning Council of the Health Sciences act favorably in supporting this proposed project.

NLG:sam

cc: Mr. John Westerman  
Members, Faculty Advisory Council  
Dr. William Krivit  
Dr. Mark Nesbitt

School of Public Health  
Space Status Report  
December, 1977

Introduction

The School of Public Health is one of only nineteen fully accredited such schools in the United States. This is a small number of such schools when one considers that President William Folwell, the first President of the University of Minnesota, said, in his inaugural address, December 1, 1869, "The University in organizing colleges of medicine and law owes it to the people not merely to instruct the few how to heal diseases and manage suits at law, but to teach the many how to keep well and out of litigation." He went on to add, "The time is not distant when a Department of Public Health will be established in all universities..."

President Folwell may have been prophetic in seeing the need for additional public health and health promotion services. His words of over 100 years ago have striking application to some of our current dilemmas.

There is increasing concern about the cost of medical technology as applied to advanced stages of illness. There is increasing public and legislative concern with the services of the existing medical care system and its escalating costs. There is increasing realization that the continued technological emphasis of medicine will lead, probably, to more costly approaches to smaller fractions of the population, those ill or at very high risk. There is increasing realization that the overall burden of medical cost can only be effectively attacked by reduction of the disease burden and the prevention of the major disabling and prematurely fatal illnesses including cardiovascular disease, cancer, cirrhosis of the liver, accidents, and trauma. These realizations and these attitudes are being translated into new directions in legislation, in funding, in research, services and manpower training.

From the vantage point of the School of Public Health, there will likely be a progressive expansion of the concept and technologies of prevention, with the development of prevention services and health promotion services, with the research and manpower backing up those services. Emphasis will increase on public health, public health nutrition, health education, health behavior and communications, environmental health, public health nursing, and hospital administration. There will also be growth in the basic disciplines which support these public health efforts, such as epidemiology and biometry.

Since we firmly believe that the demands for preventive and community intervention services will accelerate in the next two decades, it would be retrogressive for Minnesota to postpone plans to unify the housing of one of the best of the 19 schools of public health in this country. It is surely unrealistic to consider that a school in which research funding has more than doubled and whose total resources have nearly tripled in the last seven years will not continue to expand, particularly in view of the changing emphasis on prevention and public health. If additional suitable space cannot be provided, however, Minnesota will surely slide from the leadership position it has held for many years.

As prophetic as President Folwell's inaugural comments were, it was May 7, 1914, before reference to, and authorization for, a school of public health first appeared in the Board of Regents' minutes. Had that authorization been implemented, this would have been the first School of Public Health in the United States. Its real inception was in 1936, making it among the very first, in any event. The school ranks fourth in all-time graduates and has always been among the most prestigious of the schools. Today, the school ranks fourth in yearly enrollments, and has managed, in spite of diverse and fluctuating support sources, to offer a balanced education and research program.

At the time of the school's last accreditation, in 1975, the site visit team said, as part of its summary, "It has been the intention of the site visit team that this report reflect an overall very favorable impression of the University of Minnesota School of Public Health at this stage in its career. Even though, or because, there are only eighteen schools of public health in the country, each cannot be all things to all students and communities. The team members were therefore gratified to find how far the Minnesota school has gone toward the ultimate and elusive objective."

The site visitors came to that conclusion even though one of the "weaknesses" in the school was identified as follows:

"4. Space limitations and dispersed facility locations create problems of several kinds. Library and laboratory facilities appear adequate but utilization may present problems for students having class, laboratory sessions, and reading assignments in scattered locations. Interdisciplinary teaching and collaboration, and student/faculty cross-program pollination, are also constrained by separated facilities."

The space issues identified by the site visitors are crucial ones for the school. From its inception the school's mission, faculty, and student body mix have emphasized inter and cross disciplinary teaching, research, and service. The school's growth in recent years, and dispersal to nine separate on-campus and off-campus locations, have severely hampered our efforts to enhance the team teaching and learning in the school.

This fall, 1977, there are 476 students registered in the school in graduate level study in one or another of thirteen formal programs, each of which has several sub-specialties or tracks within it. The significant growth in student numbers, research effort, and service commitments of the school in the past few years, coupled with the increasing fragmentation of the school's space, has made it difficult to implement the planned interdisciplinary teaching, research, and service which is at the core of the school's mission.

The growing emphasis on prevention and health promotion, the reawakening interest in health issues associated with environmental protection, and increasing demand for more and better educated managers in the health care system will all tend to increase demand for the school's graduates and research in the future, we believe.

Any continued expansion, however, will clearly aggravate the current fragmentation of programs in the school. We believe the current situation

to be very serious, creating noticeable problems in faculty communication and student interaction and hampering our research growth. Recentralization of some of the school's space would permit us to locate supportive programs contiguously to strengthen our faculty and educational resources.

The specific information regarding our space needs and deficits is as follows:

The School and its Programs

1. School Programs

The school now offers a wide range of educational programs to public health practitioners through thirteen programs of study. As previously mentioned, there is a great amount of sub-specialization possible within almost all of the programs.

Programs of Study in the School

Biometry  
Dental Public Health  
Environmental Health  
Epidemiology  
Health Education  
Hospital and Health Care Administration  
Interdisciplinary Studies  
Maternal and Child Health  
Physiological Hygiene  
Public Health Administration  
Public Health Nursing  
Public Health Nutrition  
Veterinary Public Health

In addition, the faculty of the school are grouped together into six major disciplines in the graduate school, offering graduate school degrees in:

Biometry and Health Information Systems  
Environmental Health  
Epidemiology  
Hospital and Health Care Administration  
Physiological Hygiene  
Public Health

## 2. Student Enrollments

The growth of student enrollments (head counts) at the post-baccalaureate and graduate levels since 1967 has far exceeded the estimates made in the Master Plan projections.

### School of Public Health Student Enrollments

1966-67	270	1972-73	356
1967-68	261	1973-74	375
1968-69	242	1974-75	389
1969-70	256	1975-76	473
1970-71	305	1976-77	475
1971-72	322	1977-78	476

Similarly, the total teaching load of the school, as expressed in "Full Year Equivalent" student data, has continued to increase. FYE student data for four of the past six years, together with estimates of the loads for the two most recent years from the last legislative request are as follows:

### "Full Year Equivalent" Student Data

	<u>70-71</u>	<u>72-73</u>	<u>74-75</u>	<u>75-76</u>	(est) <u>76-77</u>	(est) <u>77-78</u>
Medical School	2,393	2,867	3,694	4,083	4,380	4,446
Dentistry	529	706	824	912	928	940
Public Health	422	491	531	571	557	589
Pharmacy	189	262	339	336	333	346
Nursing	119	173	208	214	234	258

The nature of the student body has changed rather dramatically in the past few years. More of our students are enrolled in programs of two years or longer as indicated in just the past two years' statistics:

### Students Enrolled in One and Two Year Programs

	<u>1976-77</u>	<u>1977-78</u>
1 year	151	122
2 year (or more)	309	354

The rapid growth in the school's enrollments has come almost entirely from the increasing numbers of Minnesota students coming to the school. This may be due in part to the rapid rise, nationally, in non-resident tuition rates, making it more difficult for non-residents to come here, and making the home university more attractive to Minnesotans.

Percent of Enrolled Public Health  
Students with Minnesota Residence

<u>70-71</u>	<u>71-72</u>	<u>73-74</u>	<u>75-76</u>	<u>76-77</u>	<u>77-78</u>
48.2	52.5	56.0	70.1	63.0	66.1

### 3. National Comparisons

The numbers of masters and doctoral level students enrolled in the 1975-76 academic year for the nineteen schools of public health are shown below. As may be seen from the table, Minnesota is fifth highest in student enrollments, and, on an all-time basis, ranks fourth in graduates.

1975-76 Enrollments  
Schools of Public Health

1. Michigan	775	11. Columbia	291
2. Johns Hopkins	565	12. Loma Linda	241
3. University of North Carolina	501	13. Washington	223
4. UCLA	493	14. Puerto Rico	221
5. Minnesota	473	15. Yale	215
6. Pittsburgh	408	16. Hawaii	200
7. Berkeley	396	17. Oklahoma	178
8. Harvard	381	18. Illinois	113
9. Texas	372	19. Massachusetts	105
10. Tulane	306		

### 4. Demand for Education and Research in Public Health

While there have been no definitive studies by the Federal government on the number of vacant public health positions since 1967, a 1973 study, conducted by the University of North Carolina, projected continued market demand in excess of numbers of public health personnel produced. (See Table 1, next page.) The recent Milbank Memorial Fund Commission study, Higher Education for Public Health, validated those needs and stated, as their first recommendation, the following:

Table 1  
 Estimated Supply of and Requirements for  
 Selected Categories of Professional Health Manpower

Occupational Category	Base Year Supply (1973 unless specified)	1980 Supply, Assuming		Possible 1980 Require- ments <sup>3</sup>
		Constant School Output <sup>2</sup>	Reduced School Output <sup>2</sup>	
Environmental Health	2,200	4,300	3,800	5,000
Epidemiology	1,000	1,800	1,500	2,000
Health Education	2,000	3,600	3,100	6,000
Health Services Administration	8,500	18,200	15,300	25,200
Health Statistics	1,100 (1971)	1,700	1,500	2,500
Maternal Health, Family Planning & Child Health	800	1,800	1,500	2,000
Mental Health	200	400	350	1,100
Public Health Dentistry	300	550	500	550
Public Health Nursing	2,500 (1950)	5,200	4,500	5,700
Public Health Nutrition	1,000	1,800	1,500	2,600
Public Health Veterinary Medicine	200	350	300	550

<sup>1</sup> Numbers over 1,000 are rounded to nearest 100; below 1,000, to nearest 50.

<sup>2</sup> "Constant school output" is based on the size of the average graduating class in the early 1970s. "Reduced school output" assumes that the Administration's proposed FY 1974 budget was implemented according to plan, resulting in a 35 percent reduction in the combined school output from the 1973/74 academic year on.

<sup>3</sup> The projected requirements do not take into consideration the continuing demands being made on American schools of public health to train foreign students in connection with the U.S. foreign assistance program, and the requirements of the World Health Organization. Foreign student enrollments have averaged over 15 percent in recent years.

"1. A concerted national effort should be undertaken to develop a larger and better qualified cadre of professional personnel capable of coping with the complex and changing health problems of the nation. Because higher education for public health is a national concern, the responsibility for this endeavor should be shared by federal and state governments, educational institutions, and operating health agencies." Because of the recommendations of this Commission, certain specific language in support of schools of public health was written into the Health Manpower Educational Assistance Act of 1976.

Perceived employment opportunity in public health appears to be a strong motivation on the part of students seeking admission to the school. Placement of students leaving the school would seem to support the students' perceptions, as most students find employment in their area of interest without difficulty.

In the area of Hospital and Health Care Administration there is continuing demand for well-trained, high-level administrators and the unique alternative studies programs developed in this area for hospital, patient care, and mental health administrators are strongly sought after.

Our award of one of the few Occupational Safety and Health Educational Resource Centers in the country will provide an impetus for much growth in this area at both the graduate and continuing education levels.

The continuing demand for the nurse practitioner tracks in the school, as well as new initiatives in occupational health nursing and nursing administration, creates growth needs in the public health nursing sector.

As has been mentioned, the school's research support has more than doubled in the past seven years and the growing interest in prevention research would predict even more growth in the near future. We have recently been awarded major grants in areas such as: a) the study of hypertension in school age children and its health-related behavior, b) the effect of habitual physical activity on adult diabetes, and c) an expansion of the "Study of the Health Status of American Men." Our growing stature and ability in the coordination of nation-wide clinical trials makes us both attractive and sought after for such research collaboration, but we are now severely limited in what we may pursue. We believe we will shortly be awarded two or three additional studies for which there is no apparent space at the present time until the space in Mayo is made available. We are now severely and perhaps absolutely constrained from further research competition.

In addition to the student demand for education in public health obtained through enrolling within the school, the demand for public health subject matter continues strong on the part of students registered in other University colleges and units. For fall quarter 1975, 40.6% of the students registered for School of Public Health courses were from other academic units within the University. Currently (1977) 663 students are registered through extension or independent study in programs for Chemical Dependency Counseling and Hospital and Health Care Administration.

## 5. Quality Assessment of School Programs

The School of Public Health was site visited by the Council on Education for Public Health in February, 1975. Full, five-year continuation of its accredited status was awarded by the Council in March, 1975. As has been mentioned, in the report of the accrediting team, space limitations and the dispersed nature of the school's facilities were noted as a "weakness." These were not, however, apparently viewed as sufficient to outweigh the efforts of staff and faculty to mount successful, high-quality programs in spite of this weakness. Mention was made of concern by the site visitors of a tendency toward isolation within programs in the school, which we believe is fostered by the physical separation of school facilities. Re-integration of faculty and programs in physical proximity would do much to overcome the weakness noted by the accreditation team.

In addition to the general school accreditation, the Program in Hospital and Health Care Administration is separately accredited by the Accrediting Commission on Education for Health Services Administration, the Public Health Nursing Program is accredited by the National League for Nursing, and the Adult and Geriatric Nurse Practitioner track in the Public Health Nursing Program is accredited by the American Nurses Association.

In view of the fact that approximately 85% of the school's total resources come from more than 140 fund sources, the school may be said to be constantly undergoing successful peer review from the funding sources.

### Existing School of Public Health Space

The School presently occupies space in nine locations (assigned by the University or rented space) totalling 68,694 square feet. When the present space occupied is compared to that occupied in 1966-67, it may be seen that the school has made partial progress toward meeting the 82,215 sq. ft. space needs projected for 1973 by the 1970 update of the master plan which was a refinement of the 1967 Health Sciences Master Plan projections:

<u>Building</u>	<u>1967 Existing</u>	<u>1975 Existing</u>	<u>1977 Existing</u>
Mayo		17,218	20,973
Unit A		15,864	15,798
Stadium		10,378	9,897
Park Plaza		9,168	11,521
Health Service		7,789	7,057
Frontier		4,537	756
Ford		1,177	1,177
Powell		827	827
720 Washington		688	688
Total	<u>40,520</u>	<u>67,646</u>	<u>68,694</u>

The principal changes since 1967 are the acquisition of space in Health Sciences Unit A and the Park Plaza Building (rented) which account for 27,319 square feet of the total increase of 28,174 square feet since 1967. Internal reassignments within other spaces account for the balance of the space added

since 1967. (It should be noted that the 11,521 square feet of space in Park Plaza are basically research and continuing education space, and have contributed virtually nothing to support necessary for the increased student loads.)

Existing school space, in its several locations, creates serious problems for our educational programs:

a. Six of the school's thirteen programs have faculty and staff in more than one building, hampering communication, administration, and student services for these programs.

b. Research activities are not well integrated with teaching functions because of physical separation from the main teaching sites.

c. Operating costs are increased because of the requirement for faculty and staff travel from building to building.

d. There are no physical facilities, such as student lounges or reading/study spaces, which allow students to foster interaction with faculty and students from school programs (other than their own) or which enhance an interdisciplinary educational approach within the school.

Present and Projected Space Deficiencies

The 1967 plan for Health Sciences physical facilities was developed as a result of an intensive study and review process which projected a School of Public Health requirement for 85,680 net square feet of space by 1973. Subsequent review by TAC in 1970 (with some reclassification of space by type) slightly lowered this 1973 estimate to 82,215 net square feet. For purposes of comparison, the 1977 space needs and 1975 space needs have been calculated using the same assumptions as the original 1967 Master Plan and the 1970 update of that plan.

School of Public Health  
Present and Future Space Requirements

	<u>1970</u>	<u>1975</u>	<u>1977</u>
Space required based on Master Plan criteria	82,215 sq. ft.	103,360 sq. ft.	127,160 sq. ft.
1977 existing space	<u>68,694 sq. ft.</u>	<u>68,694 sq. ft.</u>	<u>68,694 sq. ft.</u>
Existing deficit	13,521 sq. ft.	34,566 sq. ft.	58,466 sq. ft.

These figures would indicate that the school's present space meets only 54 percent of present needs, even if future expansion is disregarded.

Current space figures were obtained from all the other schools, with the exception of Puerto Rico, and provide us some basis of comparison of Minnesota's relative deficits.

Schools of Public Health, Ranked by Space

<u>School</u>	<u>Students, 1975-76</u>	<u>NASF</u>	<u>Sq. ft./Student</u>
Michigan	775	251,548	325
Johns Hopkins	565	214,262	379
Harvard	381	199,855	521
Texas	372	177,000	475
U. of North Carolina	501	109,255	218
Loma Linda	241	106,810	443
Pittsburgh	408	90,358	221
Oklahoma	178	80,212	450
Minnesota	473	68,694	145
UCLA	493	63,671	129
Yale	215	61,864	288
Illinois	113	60,000	531
Berkeley	396	59,290	150
Washington	223	57,738	259
Columbia	291	49,216	169
Tulane	306	30,000	98
Hawaii	200	29,864	149
Massachusetts	105	18,700	178

It is important to note that while Minnesota is fifth in total numbers of enrolled students, we rank sixteenth in space available per enrolled student. Only Tulane and UCLA have less space per student.

The average for all the schools is 258 square feet per enrolled student, while Minnesota has 145, only 56 percent of the national average. If we were to provide only the average space per enrolled student for Minnesota our current enrollment of 476 would dictate a current need of 122,808 square feet of space.

Need based on average student space	122,808
Current space	<u>68,694</u>
Current deficit	54,114

The Master Plan utilized a faculty student ratio of 1:6.3. The plan states that, "This accords with prevailing practice in most collegiate schools of public health and is essential to enable faculty to provide high quality instruction at the same time that they, themselves, can engage in the requisite study and research that is required to extend public health knowledge." Were we to utilize that figure, plus the planning figure of 1,360 square feet per FTE faculty person we have another measure of our deficit. The current estimate

of 589 FYE students in the school, divided by 6.3, would indicate a need for 93.5 FTE faculty in the school.

Need based on 93.5 FTE faculty (x 1,360)	127,160
Current space	<u>68,694</u>
Current deficit	58,466

Quite apart from the faculty we need, the school does have 80.47 FTE faculty at the present time. Thus, our actual current minimal need could be expressed as follows:

Need based on current FTE faculty	109,439
Current space	<u>68,694</u>
Current deficit	40,745

The figures we have just collected from the other schools indicate that the national average of faculty of professorial rank to enrolled students is 1:4.25. Were we to achieve that average ranking, our current enrollment of 476 would indicate a need for 112 faculty of professorial rank. Were we to apply the planning figure of 1,360 square feet per faculty the deficit would be as follows:

Need based upon 112 faculty (x 1,360)	152,320
Current space	<u>68,694</u>
Current need	83,625

While certain questions could be raised about any of these figures, they all indicate that on any criterion one might select, Minnesota is well below the average of the other schools, and shockingly below the other few major state universities with whom we are commonly equated.

The minimum estimate derived above would indicate that our current faculty numbers and student loads require 40,000 additional square feet of space now, quite apart from expansion space for future activities.

In addition to existing space meeting only 54 percent of that presently required, the matter of the dispersion of school facilities needs to be considered. While it is difficult to compare schools, because of the number and type of programs in each school and their mix of students by type, it is possible to look at their physical centralization by facility. Of nineteen schools reporting for 1973-74, eight reported only one building for their programs. Of the remaining eleven schools, only Minnesota, Berkeley, and Tulane have more space located in auxiliary buildings than in their "main"

building. For these three schools, the distribution of space between types of facility is shown below:

	<u>Space by Type of Building</u>	
	<u>Main Building</u>	<u>Auxiliary Buildings</u>
Minnesota (1977)	30%	70%
Tulane (1974)	37%	63%
Berkeley (1974)	39%	61%

As may be seen from the table above, Minnesota is the most decentralized, by physical facility, of any of the nineteen schools of public health.

#### Plans for Meeting Present and Projected Space Requirements

##### 1. 1967 Health Sciences Master Plan

To achieve the 85,000 square feet of space for Public Health, as estimated for 1973, a phased program was recommended. This called for interim occupancy of space vacated in Nursing in Powell Hall, location of some laboratories in the lower floors of Building A, and the eventual construction of a new building to centralize school facilities. The proposed School of Public Health building was designated as Unit G, and tentatively was projected for the northeast corner of Harvard and Delaware Streets (east of the present Unit A and the proposed Unit F).

##### 2. Events Since 1967

The major event has clearly been the successful campaign to complete the Health Sciences Master Plan through Building F. In the deliberations with the legislature, it became apparent that additional new academic buildings in the near future were most improbable. The facilities report to the legislature in January, 1977, states, in part:

"A review of the projects still in the planning stages in the master plan, indicated that a modification of the existing plan could be achieved by providing new construction in a combined facility for Pharmacy and Nursing, eliminating new construction for the School of Public Health by reassigning the vacated clinic area to that school."

Thus, it is apparent that the immediate and mid-range options of the school to meet our immediate needs for a minimum of an additional 40,000 square feet of space must be somehow accommodated by approximately 26,000 in the clinic area soon to be vacated.

Other pressures that have and are constraining the school's options on our own best reallocation of space since 1967 include:

a. Frontier Hall: The school had been advised that the approximately 4,500 square feet of space occupied by school faculty and staff would have to be vacated by August 1, 1976, to allow uses of those spaces for dormitory purposes. At that time the School of Public Health vacated 3,781 square feet. Frontier Hall must now be completely vacated by fall of 1978. It was our understanding that replacement space would be arranged by the University but that an on-campus location may not be possible. The move of the programs in Frontier Hall to off-campus locations have further decentralized and dispersed school functions. These should be brought back to Mayo if at all possible.

b. Hospital Motel Unit: If, as has been discussed in preliminary fashion, a commercial organization should be permitted to develop a motel unit for University Hospitals in the block immediately east of Unit A, the site of Unit G (School of Public Health) would not be available as proposed in the 1967 plan.

c. Student Enrollment Increases: In August of 1974, the school estimated, based on enrollment trends at that time, that the estimate of 92,000 square feet of space then estimated as necessary would have to be revised upward by 1977 to 127,160 square feet--using the same basis of estimation.

d. Federal Funding: Since 1967 the school has been increasingly successful in obtaining federal support for research and training. For fiscal 1976 the school was third among all individual University units in expenditures for sponsored programs and was fourth in the dollar amount of grants submitted. Of the Health Science units, only the Medical School exceeds the school in obtaining such federal funding. These federally supported activities (particularly research) have required the augmentation of University provided space with rented space which is concentrated in the Park Plaza building (11,521 square feet). These present activities are projected to continue for at least the next five years, and the space is now inadequate. Given the school's successful track record in research funding it is anticipated that space for at least the present scope of activities should be integrated with other school spaces for effective long-range coordination of all school functions, and continued plans must be made for expansion and growth.

Data showing the increase in research money and total resources is given below for five of the past seven years:

	<u>SPH Research Money</u>	<u>SPH Total Resources</u>
1970-71	\$1,466,922	\$3,657,440
1973-74	2,858,097	5,160,937
1974-75	2,962,790	6,292,904
1976-77	3,429,098	8,342,190
1977-78	3,487,361 (current)	9,377,706 (current)

Summary Conclusions and Their Underlying Assumptions

1. Conclusion:

Student enrollments, the school's service teaching load, and federally funded research activities have grown at rates faster than anticipated at the time the 1967 master plan for Health Sciences facilities was prepared. Thus, the school's space needs and problems have become more accentuated and acute in the past eight years. This trend is projected to continue.

Assumptions:

a. Student demand for public health education and market employment opportunities in public health will continue to expand and, thus, numbers of students currently estimated for 1980 are higher than those previously estimated for 1986.

b. It is assumed that some form of direct federal support for schools of public health will be continued whether on formula grant or capitation basis.

c. School research activities, funded from federal or other external sources, will, at least, maintain their present level (or, more likely, expand) given present national emphasis on disease prevention, health promotion, and consumer education directed toward wellness.

d. It is further assumed that state support for the school will, of necessity, increase proportionally faster than other educational support sources. Thus, it will not be necessary to establish a moratorium on student enrollments as was recommended by the Council on Education for Public Health in its 1975 accreditation report.

2. Conclusion:

Physical facilities for the School of Public Health should be integrated in one location, or in as few locations as possible.

Assumptions:

a. It is desirable to meet the demand for education in public health to the maximum degree possible for the benefit of Minnesotans seeking such education and for the benefit of all those who are the recipients of services provided by those trained in public health.

b. It is assumed that the school will need to demonstrate (at the minimum) well-developed plans for meeting space deficiencies in order to continue its accredited status at the time of the next site visit in 1980. (The alternative would be to establish constraints to reduce its programs and make existing space acceptable.) Given the growing federal and state initiatives, we do not feel this is wise or feasible.

c. New opportunities for Health Sciences physical development, new concepts, and potentially altered timetables of the 1967 master plan, now make the status of previously planned space for public health less than certain.

d. It is further assumed that while review and refinement of space requirements should be made, the attached estimates of space requirements are adequate for planning purposes at this time.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Department of Pediatrics  
Medical School  
Box 284 Mayo Memorial Building  
Minneapolis, Minnesota 55455  
(612) 373-4314

December 1, 1977

TO: Cherie R. Perlmutter

FROM: Dr. William Krivit, Professor of Pediatrics  
Dr. Mark E. Nesbit, Professor of Pediatrics

RE: McDonald House

1. The Children's Oncology Services, Upper Midwest, is a non-profit corporation organized and operated by a parent group. These parents have or have had children with cancer or leukemia. The parent's group has been functional for the past 20 years.
2. One of the recent plans of this corporation will be to provide housing for parents. These parents have children who are undergoing bone marrow transplantation or intensive chemotherapy. At no time will the children receive therapy in the planned premise. In essence, the house will function strictly in a domiciliary sense. The house will provide shelter and a "home away from home" atmosphere over a period of weeks and months for parents.
3. The enclosed brochure describes the activities of a similar organization in the Chicago area. These supportive groups and houses have been organized in Philadelphia, Chicago, and Denver and are in the process at Los Angeles, Atlanta, and Washington, D.C. They are individual self sustaining corporations. A central theme is that support for initial purchase is guaranteed by McDonald Associates is a confederation of owners and operators of McDonald's restaurants.)
4. The corporation plans to utilize a house in the 600 block of Oak Street. Only renovation is planned in Phase I. This will accommodate 8 families.
5. Financial support for initial purchase will come from the McDonald's Association. A bank loan on the basis of this support has been arranged.
6. Specific statements concerning the fact that this is a non-University function will be affixed to all registration and document forms.
7. In the next 5 years the present house will need to be enlarged. This Phase II will consist of an additional building planned to fit in with the present architectural design.

8. Information relative to this idea has been submitted to the Dean of the Medical School and the Faculty Advisory Council. Dr. Lyle French, Vice President of the University Health Services has been appraised of our plans. The local civic organizations in this area have been notified. All of these different organizations are receptive and understand the opportunities this offers for parents and for children and for public acknowledgement of our caring for needs of families.

9. Dr. James Moller, Acting Chairman of the Department of Pediatrics, and the Executive Council of Pediatric Professors have reviewed our plans and encourage pursuit of our goals.



UNIVERSITY OF MINNESOTA

Office of the Vice President for Health Sciences Affairs  
432 Morrill Hall  
Minneapolis, Minnesota 55455

December 1, 1977

N. L. Gault, Jr., M.D., Dean  
Medical School  
145 Owre Hall

Dear Dean Gault:

This letter concerns your memo of November 22, 1977 relative to a Ronald McDonald House which you propose being located in the 600 block of Oak Street SE. I, personally, know nothing about the Corporation and its Ronald McDonald House program. I gather from your memo that you and the Council were also unfamiliar with it. I believe the concept of the Ronald McDonald House is a very good one and I agree with the Council that Drs. Krivit and Nesbitt should be commended for their efforts. I am especially impressed with the societal concepts associated with the development of involvement of the family in the total care of the patients.

The few questions I have relate to the extent of studies of the land need for a possible Veterans Administration Hospital and whether the Ronald McDonald House would impinge on it? The second relates to the impact the displacement of these patients from the University Hospitals might have on the Hospitals' census and the significance of that impact. I will send a copy of this letter to Mr. John Westerman so that such a study can be made. The third relates to what I consider to be an ambiguity in your letter concerning responsibility for patient care and liability within the McDonald House. As I understand it, it will be a not-for-profit corporation of citizens not related in any way to the University or to the McDonald Corporation. As I understand your memo, parents of University Hospitals' patients, obviously staying there only because of the hospitalization of their child at University Hospitals, and likely at the suggestion of University Hospitals' staff, raises questions regarding liability. The liability question is more complex when the child, as an outpatient, is also housed there. The fourth question that arises in my mind concerns whether or not such a unit could be built into the motel that has been planned for the last year or so. I do think there is a very excellent possibility that such a motel will be built. I wonder if you have had contact with individuals planning the motel so that the impact of the construction of a McDonald House can be discussed.

I will forward your letter, along with a copy of this letter, to Mr. Clint Hewitt and Ms. Cherie Perlmutter for consideration by the Committee to Update the Health Sciences Master Plan. I would suggest that when answers to the above questions are resolved by you that you could contact the Committee directly.

cc: Mr. Clint Hewitt  
Dr. William Krivit  
Dr. Mark Nesbitt  
Ms. Cherie Perlmutter  
Mr. Joel Tierney  
Mr. John Westerman  
Members, Faculty Advisory Council  
Dr. H. Mead Cavert  
Dr. Wayne Drehmel

Sincerely,

  
Lyle A. French, M.D.  
Vice President

HEALTH SCIENCES



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Space Programming and Management Division  
Physical Planning  
N-363 Elliott Hall  
Minneapolis, Minnesota 55455  
(612) 373-2996

January 18, 1978

TO: Cherie Perlmutter  
Assistant Vice President for Health Sciences

FROM: John T. Byrd, Director

SUBJECT: Health Sciences Bookstore

The Health Sciences Bookstore is experiencing space problems in its present location in Unit A. To partially relieve the present space problems, it has been requested that Room 2-533 in Unit A be assigned to the Health Sciences Bookstore. The University Bookstore is willing to compensate the Health Sciences for the loss of Room 2-533 by providing funds to create similar space elsewhere in the Health Sciences complex.

Please advise this office as to the procedure to use (who to contact, who approves, who designates the space to be used as the replacement for Room 2-533, and etc.) to bring this matter to a close.

JTB/MEO

CC: Clinton N. Hewitt  
Gerald R. Klement, Chairman  
Student-Faculty Bookstore Advisory Committee  
James Duffy, Director, University Bookstores



UNIVERSITY OF MINNESOTA

Office of the Vice President for Health Sciences Affairs  
432 Morrill Hall  
Minneapolis, Minnesota 55455

January 19, 1978

TO: John T. Byrd

FROM: Cherie Perlmutter *CP*

SUBJECT: Your memo of January 18th - Health Sciences Bookstore

The subject of the Unit A Bookstore has come up in the past. In fact, at the last Master Planning meeting, a letter to Don Brown from the Bookstores which had been referred to me, was discussed, and referred to Dr. Holland's subcommittee.

Despite the fact that Room 2-533 is space assigned to our office, since it is a seminar room we can not arbitrarily negotiate the exchange of this particular room without examining the impact on the educational programs of all the users. For that reason, it seemed appropriate to refer it to the subcommittee now reviewing the over-all Health Sciences space for lectures and seminars.

Our response to this same request in the past has been simply that Room 2-533 can not be considered for Bookstore use until Units B/C and F are on line to ease the pressure on the seminar rooms. It seems that the time is right to move toward a satisfactory resolution.

I believe, and it is only my opinion at this point, that there is general agreement on the need to provide more Health Sciences Bookstore space. The problem relates to the loss of seminar room space, particularly on that floor of Unit A where the design was created for the express purpose of meeting the curricular needs of large group lectures in the auditoria which immediately divide into as many as 20 small group follow-up sessions. We have only 17 rooms for that purpose on floor 2 (counting a converted cloak room). I have been told that accomodating the small groups in rooms that have been converted for the over-flow on another floor, works to the detriment of the planned program.

The current problem is compounded by the fact that 2 Unit A 2nd Floor seminar rooms are lost (as planned) to corridor connections into Units B/C and F, further reducing the available number and adding to the pressure until B/C and F are occupied.

John T. Byrd

- 2 -

January 19, 1978

P.S. One idea that came to my attention, that I'm passing on to you for comment or other discussion, is the possibility of locating the bookstore somewhere else in the new buildings and in fact making the existing bookstore into needed seminar rooms.

CP/kg

cc C. Hewitt  
Dr. Holland

The University of Minnesota School of Nursing has been and continues to be a "School On The Move." The rapid transitions, growth, and progress inherent in a developing profession and changing health care delivery system have caused the School to develop far more rapidly than the projections and subsequent recommendations made by the 1967 Committee for the Development of a Masterplan for the Health Sciences. This Committee's 1967 projections and recommendations were re-evaluated and revised in 1974 when the Unit F grant proposal which included nursing was written and submitted to HEW. The 1974 projections and plans have now been reviewed and revised. Again, the projections for space requirements for the School of Nursing had been greatly underestimated. The following brief presentation will attempt to portray: 1) a historical perspective of the evolving space needs inherent in this growing dynamic School of Nursing; 2) the immediate (interim) space requirements and 3) the long range space requirements in addition to the space to be provided in Unit F.

In 1967 the document "Future Planning for the Health Sciences - Part III" indicated that the School of Nursing occupied 12,482 net square feet of space. They projected a need for 29,918 net square feet of space, which would provide 67 net square feet/student. This document also indicated that if the USPHS space standards which were set forth for use by educational units seeking construction grants under the terms of the 1964 Nurse Training Act were used in preparing the projections, the immediate space requirement for the School of Nursing would have been 52,038 net square feet. This projection would have met the space standard of 118 net square feet per student.

The 1974 Unit F proposal indicated that the School of Nursing occupied 17,455 net square feet of space. At that time the projected space requirements were determined to be 37,457 net square feet. This projection again underestimated the School's growing space requirements. It was underestimated in terms of the 1974 programmatic and research needs and fell far short of the 1967 Masterplan space projections. This underestimation was due in part to the subsequent rapid expansion of research within the School, the continued growth of the educational programs, and the growth of required supportive services which paralleled these two major developments.

Today the School of Nursing continues to be housed primarily in Powell Hall. Additional space was obtained in 1975 in Centennial Hall to house the Research Center, the Continuing Education program and additional faculty offices. The School also has additional faculty office space in Frontier Hall. The total net square feet of space currently occupied by the School is 19,297. This space houses the educational and research programs for 457 undergraduate students, 120 graduate students, 72 faculty members, and 19 secretarial/support staff.

Seventy-eight percent of the faculty currently share offices with either another faculty member, a research assistant, a project staff member, a secretary, or, in one instance, with audio-visual equipment belonging to the School of Nursing and the Learning Resources Center. A limited number of faculty have private offices. This condition is dictated by the programmatic needs inherent in their area of teaching. Therefore, within the confines of the present space allocation and given that no additional sharing can take place, the School has no additional space available for the currently unfilled funded faculty positions (4), new faculty and research positions currently under funding review (15), or secretarial/project support personnel. Thus, additional office space is required to meet these present and urgent needs.

Compounding this dilemma, is the fact that the office space in Frontier Hall must be relinquished during the summer of 1978. This eliminates eight currently utilized and definitely essential office spaces. Additional space is thus urgently required to meet and relieve this need.

Translating these immediate needs into net square footage involves obtaining an adequate amount of space to meet these urgent and mushrooming space needs.

As was previously identified the research emphasis within the School has grown tremendously since 1974. Currently, only space designated as "research space" in the School is the Research Center in Centennial Hall. This area (1,842 net square feet) includes four offices for support staff, an office for the Director of Research, a small conference room and a small library, which also houses a secretary. There are no facilities in which faculty can conduct research, even though it is a requirement of their appointment, much less space for students to conduct the research required in their graduate programs.

Plans for Unit F include two small research areas. One area will contain two labs for physiologic/animal research while the other is designed to accommodate behavioral/environmental research endeavors. These areas are designed to serve the needs of the total faculty and students during the actual data collection stages or experimentation period. Thus, space is needed to house the on-going activities which accompany any research endeavor. This includes project support staff, data, equipment, etc. appropriate for individual endeavors and for grants. This need is identified and presented as an immediate requirement for currently funded and non-funded research and as a long range need after the completion of Unit F.

Today there are 9 research projects currently funded. The research support personnel and equipment are housed in various and sundry places. In most instances, they are in offices with faculty as was previously discussed. There are three research grants currently being reviewed and at least six more grants are in preparation for the March 1st submission deadline.

It is obvious that the research emphasis within the School has changed and has grown far beyond even the 1974 projections. Now we are desperately in need of space to house the research that is finally coming into focus.

The School of Nursing has been and continues to grow. As such, it requires additional space to meet both immediate and long term needs. The space needs which were discussed in this document, are summarized, to the best of our knowledge, in the table below:

Immediate space needs:

Office space:	17 faculty offices x 150 sq. ft.	= 2,550
	2 Research Assistant office spaces x 100 sq. ft.	200
Storage for AV:	1 room	400
Grant support staff:	3 office spaces x 100 sq. ft.	300
		<u>3,450</u>

Other space requirements for grants/funding revisions (currently being reviewed):

Office space:	11 Research Assistant office spaces x 100 sq. ft.	1,100
	6 Faculty offices x 150 sq. ft.	750
Secretarial/Work space:	3 secretaries x 100 sq. ft.	300
		<u>2,150</u>

Interim Research space needs:

Space for project support and secretarial space included in grants being submitted between 3/1/78 and Unit F occupancy 1,500

Long-Range research space needs:

Specifics yet to be identified. Determined by final configuration of square feet and floor plans of Unit F.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

February 20, 1978

TO: ✓Cherie Perlmutter  
Clinton Hewitt

FROM: Paul J. Maupin *Paul*

SUBJECT: Health Sciences Materials Handling

The Task Force assigned to study Health Sciences tunnel movement has studied the receiving, circulation and refuse problems that have been pointed out in recent months. The following recommendations are made as a result of the Task Force's findings.

The loading dock located on the east side of Unit A will be removed. A new loading dock will not be considered in the design of Unit F. All refuse generated within the Health Sciences complex will be routed through the Unit K/E compactor facilities.

Mr. Lee Schultz and Mr. Joe Leverone voiced their concerns relative to the capability of the Unit K/E compactor facilities in handling all of the refuse generated by the entire Health Sciences complex. The Health Sciences Planning Office will therefore investigate the possibility of providing an interim enclosed compactor dock behind Diehl Hall and remodeling of the current freight elevator located in Diehl Hall.

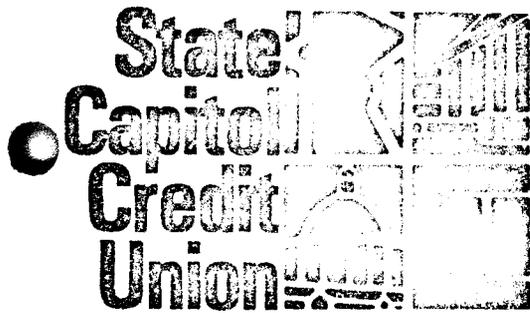
The Task Force also recommends that Unit J be designed to include an adequate increase to the Unit K/E receiving dock to accommodate Materials Services, as well as an additional trash compactor.

New Super-T compactor units are recommended for installation in each of Units A, B/C and F.

An evaluation of the total Health Sciences refuse removal system is needed to assist the University in determining whether the cost of purchase and installation of the proposed pneumatic trash system would in fact be more economical than the method currently in use.

I am in agreement with the architects' suggestion that the single most important step which the University could take would be the establishment of an Administrator of Support Services for the Health Sciences.

PJM:rt



95 Sherburne Ave., St. Paul, Mn. 55103

Loans  
General Information 291-3716  
Line of Credit 291-3717  
Real Estate 291-3719

Savings  
Balance Information 291-3727  
Withdrawals 291-3734  
Other Account Inf. 291-3733

Other Services  
Accounting 291-3727  
Advertising-Marketing 291-3707  
Collections 291-3726  
Field Services 291-3709  
Insurance Services 291-3705  
Membership Services 291-3708  
New Members 291-3735  
Payroll Deduction 291-3726  
Share Draft Accounts 291-3735

Metro Square Serv. Ctr. 291-3737

April 3, 1978

Merle McGrath  
Associate Director of Hospital Administration  
Box 607 VCHH  
Minneapolis, Minnesota 55455

Dear Mr. McGrath:

As we discussed in your office, the Credit Union's Hospital Office has undergone extensive changes since we initiated it to a full-time operation in December, 1968. We are very proud of the growth of this facility and of its acceptance by the employees that it serves. We are equally proud that many of the employees consider us one of the best fringe benefits offered by the University.

Because of the growth that this office has experienced, we are now confronted with our current predicament. How do we continue to provide the members with good, business-like service? Our volume has increased to such an extent that it is now exceedingly difficult to do so. It is a rare occurrence if one were to pass by the Credit Union without seeing a line up of members waiting to be served. Not only is this embarrassing to the Credit Union, but it must also cause the hospital a corridor traffic problem.

In order to offset the shortcomings that the current location presents, we have taken many positive steps, some of which were:

We have increased our staff to two and one-half employees.

We have added and updated all physical equipment to utilize all of the limited space.

In January of 1977 we installed an on-line terminal equipped with a high speed printer.

All of these steps temporarily stabilized our growth; however, once again we are experiencing a need for an addition to our staff.

DISCOVER YOUR CREDIT UNION. WE'RE DOING MORE FOR YOU.

Four full-time metro area service centers. Representatives and area service centers statewide.

Let me illustrate some examples of the office growth mentioned to you:

1. While we do not have a record of the number of members signed up between December, 1968 and May, 1970, we have, since May, 1970 signed up over 5700 new members at this office. This is an average of 60 new members per month. This figure contrasts to the 84 new members who signed up during February, 1978.
2. The average number of transactions handled per day:

January, 1975	-	97
January, 1976	-	125
January, 1977	-	285
January, 1978	-	415

The above two items show the steady growth we have experienced and emphasizes the spectacular rise the past two years.

3. During the year 1977 we processed 1500 personal loans for the employees, totaling over \$2,000,000.
4. The total payroll deductions coming from the Hospital, miscellaneous, and University payrolls attributable to the Hospital Office also indicates the same growth pattern:

February, 1975	-	752 deductions	-	\$ 32,849.00
February, 1976	-	939 deductions	-	\$ 47,711.00
February, 1978	-	1716 deductions	-	\$120,743.00

The current services that we are offering the hospital employees are:

- Check cashing - personal and payroll
- Money Orders - (\$.15 per item)
- Travelers Checks (1/2 normal bank charge)
- Personal loans of all types
- Real estate loans
- Savings - daily dividends - 1/4% higher than Savings and Loans
- Savings withdrawals
- New auto purchase plan discount
- Drafts (daily dividend earning checking accounts)
- Notary service (free)

We are now back to the reason for our personal visit and this letter. We are most grateful to the Hospital for allowing us the privilege of conducting business within its confines. We hope that we have repaid this through services that benefited

Page 3

Letter-M. McGrath

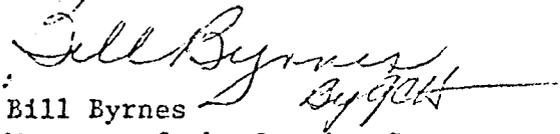
April 3, 1978

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If the hospital could provide us with adequate office space (750-1,000 square feet) we would be able to properly staff and equip this office so that the members would have more punctual service and also a greater degree of confidentiality. Many of the staff have expressed strong dis-satisfaction to the lack of privacy we now have.

We would welcome the opportunity to sit down with you and discuss whatever opportunities may be available to us.

Sincerely,



Bill Byrnes  
Manager of the Service Centers

BB/sp



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

May 16, 1978

To: Mr. Thomas Jones, Associate Director  
From: Mr. Merle P. McGrath, Associate Director  
Re: State Capitol Credit Union Space Request

Early in February I met with representatives from the State Capitol Credit Union and discussed with them a request for additional space.

I asked them to send a formal request and the attached letter is dated April 3rd, although I received it much later, as they presented it to their Board for approval.

I raised the question at our last Patient Services Committee and the suggestion was that I forward this request to you, as it was apparent that this really becomes a Health Sciences matter rather than Hospital.

The Patient Services recommended, that through you, the request be channeled to the Perlmutter-Hewitt Committee for consideration.

They have operated in the elevator shaft since 1968 and their services have provided an excellent fringe benefit for the Health Sciences staff and faculty.

I serve as the Hospital Liaison with the SCCU and meet periodically with them. I endorse their request and am hopeful some arrangements for expansion can become a reality.

MPM:dl

Enclosure



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

**RECEIVED**

May 18, 1978

JUN 26 1978

**UNIV. OF MINN.  
HEALTH SCIENCE  
PLANNING OFFICE**

TO: Cheri Perlmutter  
FROM: Tom Jones   
SUBJ: Space Request - State Capitol Credit Union

I have attached a request from the State Capitol Credit Union for assignment of 750-1000 square feet of space to be located somewhere within the Health Sciences complex.

Since the Credit Union serves all the Health Sciences units, I am forwarding the request to you for Master Plan Committee consideration.

cc: Merle McGrath



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

May 16, 1978

To: Mr. Thomas Jones, Associate Director  
From: Mr. Merle P. McGrath, Associate Director *Merle P. McGrath*  
Re: State Capitol Credit Union Space Request

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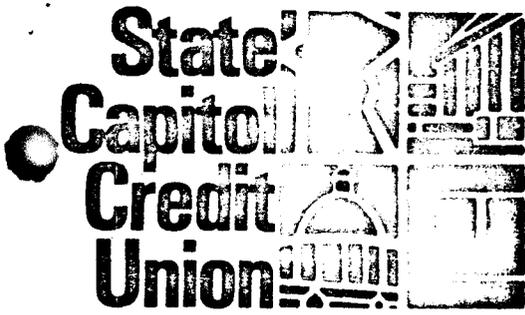
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I serve as the Hospital Liaison with the SCCU and meet periodically with them. I endorse their request and am hopeful some arrangements for expansion can become a reality.

MPM:d1

Enclosure



95 Sherburne Ave., St. Paul, Mn. 55103

Loans  
General Information 291-3716  
Line of Credit 291-3717  
Real Estate 291-3719

Savings  
Balance Information 291-3727  
Withdrawals 291-3734  
Other Account Inf. 291-3733

Other Services  
Accounting 291-3727  
Advertising-Marketing 291-3707  
Collections 291-3720  
Field Services 291-3709  
Insurance Services 291-3705  
Membership Services 291-3708  
New Members 291-3735  
Payroll Deduction 291-3726  
Share Draft Accounts 291-3735

Metro Square Serv. Ctr. 291-3737

April 3, 1978

Merle McGrath  
Associate Director of Hospital Administration  
Box 607 VCHH  
Minneapolis, Minnesota 55455

Dear Mr. McGrath:

As we discussed in your office, the Credit Union's Hospital Office has undergone extensive changes since we initiated it to a full-time operation in December, 1968. We are very proud of the growth of this facility and of its acceptance by the employees that it serves. We are equally proud that many of the employees consider us one of the best fringe benefits offered by the University.

Because of the growth that this office has experienced, we are now confronted with our current predicament. How do we continue to provide the members with good, business-like service? Our volume has increased to such an extent that it is now exceedingly difficult to do so. It is a rare occurrence if one were to pass by the Credit Union without seeing a line up of members waiting to be served. Not only is this embarrassing to the Credit Union, but it must also cause the hospital a corridor traffic problem.

In order to offset the shortcomings that the current location presents, we have taken many positive steps, some of which were:

We have increased our staff to two and one-half employees.

We have added and updated all physical equipment to utilize all of the limited space.

In January of 1977 we installed an on-line terminal equipped with a high speed printer.

All of these steps temporarily stabilized our growth; however, once again we are experiencing a need for an addition to our staff.

DISCOVER YOUR CREDIT UNION. WE'RE DOING MORE FOR YOU.

Four full-time metro area service centers. Representatives and area service centers statewide.

Let me illustrate some examples of the office growth mentioned to you:

1. While we do not have a record of the number of members signed up between December, 1968 and May, 1970, we have, since May, 1970 signed up over 5700 new members at this office. This is an average of 60 new members per month. This figure contrasts to the 84 new members who signed up during February, 1978.
2. The average number of transactions handled per day:

January, 1975	-	97
January, 1976	-	125
January, 1977	-	285
January, 1978	-	415

The above two items show the steady growth we have experienced and emphasizes the spectacular rise the past two years.

3. During the year 1977 we processed 1500 personal loans for the employees, totaling over \$2,000,000.
4. The total payroll deductions coming from the Hospital, miscellaneous, and University payrolls attributable to the Hospital Office also indicates the same growth pattern:

February, 1975	-	752 deductions	-	\$ 32,849.00
February, 1976	-	939 deductions	-	\$ 47,711.00
February, 1978	-	1716 deductions	-	\$120,743.00

The current services that we are offering the hospital employees are:

- Check cashing - personal and payroll
- Money Orders - (\$.15 per item)
- Travelers Checks (1/2 normal bank charge)
- Personal loans of all types
- Real estate loans
- Savings - daily dividends - 1/4% higher than Savings and Loans
- Savings withdrawals
- New auto purchase plan discount
- Drafts (daily dividend earning checking accounts)
- Notary service (free)

We are now back to the reason for our personal visit and this letter. We are most grateful to the Hospital for allowing us the privilege of conducting business within its confines. We hope that we have repaid this through services that benefited

Page 3  
Letter-M. McGrath  
April 3, 1978

the Hospital employees. Because of the growth our business has experienced and the confines of our present location, it is imperative that we ask for additional space. We are aware of the Hospital's acute need for space; however, we would like to believe that better housing would allow the Credit Union to be of more service to your employees. We can curtail certain phases of our business and remain where we are, but that would mean fewer employees can participate in this fringe benefit.

If the hospital could provide us with adequate office space (750-1,000 square feet) we would be able to properly staff and equip this office so that the members would have more punctual service and also a greater degree of confidentiality. Many of the staff have expressed strong dis-satisfaction to the lack of privacy we now have.

We would welcome the opportunity to sit down with you and discuss whatever opportunities may be available to us.

Sincerely,

  
Bill Byrnes  
Manager of the Service Centers

BB/sp



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Office of the Assistant Vice President

Physical Planning  
340 Morrill Hall  
100 Church Street S.E.  
Minneapolis, Minnesota 55455

June 7, 1978

TO: Cherie Perlmutter  
FROM: John Waldron  
RE: Duplicating Services' Request for Space

I spoke with Gary Olson of Duplicating Services on Tuesday, June 6th. He made the following points concerning the request he submitted in May.

1. Duplicating Services has been interested in obtaining space centrally located in the Health Sciences for some time. In 1974 they considered space in Unit A but, at the time, considered it too expensive. They also attempted to obtain space in Unit B/C. They currently have approximately 400 s.f. in Unit K/E.
2. Duplicating Services' current health sciences customers and annual billings break down as follows:  
  
Medical School - approximately \$100,000/year  
Dental School - approximately \$34,000/year  
Pharmacy - approximately \$25,000/year  
Nursing - approximately \$25,000/year  
School of Public Health - approximately \$25,000

Most of the work for the Medical School and Dental School is laboratory manuals and other instructional materials.

3. Duplicating Services would like to expand its services in the health sciences to include smaller jobs, in the 20 to 50 copies range, where substantial savings are possible. This proposed service is similar to that offered in Morrill and Johnston Hall

where twice-daily pickup and delivery service is provided. Messenger service of this type requires a central location and is the reason that the K/E space is not entirely adequate. A central location will reduce turnaround time, improve the economics of the messenger service, and is important from an "image" standpoint. People feel they can better control a centrally located and visible duplicating services. If they don't know where the duplicating center is they are more likely to say "let's run it on our own machine".

4. Potential savings: As an example of the savings to be realized on smaller sized printing orders, consider 50 copies of a 10 page document

- Departmental cost (Xerox 3300 and Savin machine)	\$22.00*
- Commercial (Kinko's, Crane's)	17.50**
- Duplicating Services	13.50**

\*Does not include labor or collating costs.

\*\*Includes labor and collating.

5. Duplicating Services also sees student duplicating work as a potential market. The coin-operated machines in Unit A are among the busiest on campus. Duplicating Services would consider operating during evening hours to serve students, and to provide backup to evening classes and lectures.
6. Duplicating Services is looking for approximately 400 s.f. of space. If space is made available in a central location (Diehl, Unit A or Unit B/C) they will consider giving up their Unit K/E space.



UNIVERSITY OF MINNESOTA

Office of the Vice President for Health Sciences Affairs  
432 Morrill Hall  
Minneapolis, Minnesota 55455

June 20, 1978

TO: Health Sciences Planning Council

FROM: Cherie Perlmutter *CP*  
Clint Hewitt *CH*  
Co-Chair, Committee to Update the Health Sciences Master Plan

RE: Space Proposals - Mayo Hospital  
- Centennial and Powell Halls

Attached are two proposals for space allocation that the Committee to Update the Master Plan is recommending for Planning Council approval.

The Mayo proposal affects the department of Laboratory Medicine and Pathology, the department of Radiology, the School of Public Health, various Hospital Support Units, and certain departments of the Medical School. The Powell and Centennial Hall proposal affects several Health Sciences programs, the School of Nursing, and Hospital Admissions. The recommendations represent solutions to immediate problems but are based on interim and long range needs.

Following resolution of these immediate issues, the Committee will address Health Science facilities planning for the next decade as information on program planning is formulated by the Planning Council.

We have forwarded floor plans of the proposed changes to the chairman of the Planning Council. In addition several members of the Planning Council are also members of the Master Plan Committee and are familiar with the details of the proposals. Thank you for consideration.

CP/CH/kg

Enc.

MAYO PROPOSAL

The Committee to Update the Health Sciences Master Plan makes the recommendation contained in the proposal column in the following chart for the 1st, 2nd, and 3rd floors of the Mayo Building. A (+) indicates an increase in net square feet. A (-) indicates a decrease in space.

		<u>Existing</u>	<u>Master Plan</u>	<u>Proposed</u>
School of Public Health	Mayo 1	-0-	+8,920	+2,711 <sup>2</sup>
	Mayo 2	-0-	+8,868	+6,921
	Mayo 3	-0-	+8,123	+12,371
			25,911 <sup>1</sup>	22,003
Radiology	Mayo 2	16,000	+0	+7,252
*Lab Medicine & Pathology	Mayo 2	27,606	+4,856	-6,626
				+10,739
				+4,113 <sup>3</sup>
Medical School	Mayo 3	-	-	-4,856
Hospital Central Sterile Processing and Inpatient Pharmacy	Mayo 1	-	-	+6,209

The Committee recommends that the above changes be made immediately following the move of the outpatient clinics to Unit B/C.

---

<sup>1</sup>The 1969 Master Plan allocated this space to Nursing.

<sup>2</sup>Available approximately 1981.

<sup>3</sup>Net change.

\*Contingent upon new space allocation. Feasibility of 7th Floor Unit B/C being completed.

MAYO, CENTENNIAL AND POWELL HALL PROPOSAL

Background

1. Hospital Inpatient Admissions needs approximately 2,300 square feet of space. The third floor of Mayo is an ideal location due to its proximity to the elevators and its proximity to the patient entrance off Delaware Avenue.
2. In the Master Plan, the Vice President for Health Sciences has allotted 3,010 square feet on the third floor of Mayo. If this space is relinquished to Hospital Admissions, a future location for that space must be identified in order to provide space for existing Health Sciences programs.
3. While Unit F is under construction, the School of Nursing desires to consolidate some of its offices now located in dormitories.
4. The Housing Office is requesting that Health Science units move out of Frontier Hall at the end of the 1978-79 school year, so that the 25 rooms being rented to the Health Sciences can become dormitory rooms once again.

Proposal

A. Mayo, Third Floor

-Existing: Vice President for Health Sciences	301 s.f.
Outpatient Clinics	2,709 s.f.
-Master Plan: Vice President for Health Sciences	3,010 s.f.
-Proposed: Vice President for Health Sciences	727 s.f.
Hospital Admissions	2,283 s.f.

B. Powell Hall, Third Floor

-Existing: Ob-Gyn Clinic	2,905 s.f.
-Master Plan: School of Public Health	2,905 s.f.
-Proposed: School of Nursing	2,905 s.f. <sup>1</sup>

C. Centennial Hall

-Existing: Nursing	1,942 s.f.
Pediatrics	863 s.f.
-Master Plan: - -	
-Proposed (Interim): Pediatrics	863 s.f.

---

<sup>1</sup>In addition the hospital has agreed to provide 6 additional offices, totalling 804 s.f. on the 5th floor of Powell Hall for Nursing. The Vice President for Health Sciences is relinquishing 670 s.f. on the seventh floor of Powell Hall.

Mayo, Centennial and Powell Hall Proposal

C. Centennial Hall (continued)

- Proposed (Interim): Vice President for Health Sciences 1,942 s.f.
- Proposed (Long Range): Vice President for Health Sciences 2,805 s.f.

This proposal will partially permit the Health Sciences to act on the request from the Housing Office to vacate Frontier Hall dormitory space as follows:

	<u>Frontier</u>	<u>New Location</u>
Rural Physicians Program	945 s.f.	unknown
Nursing	756 s.f.	to Powell
Minority Program	1,512 s.f.	Centennial
School of Public Health	1,134 s.f.	*
Student Personnel	378 s.f.	Centennial

\*Public Health will be unable to determine the future location for these programs until their program planning for Mayo space is completed.

The Frontier space is available until July 1, 1979.



UNIVERSITY OF MINNESOTA  
TWIN CITIES

School of Public Health  
1360 Mayo Memorial Building  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

June 21, 1978

Memorandum

To: Cherie Perlmutter and Clint Hewitt, Co-Chairmen, Ad Hoc Committee  
to Update the Health Sciences Master Plan

From: Lee D. Stauffer, Dean, School of Public Health *LS*

Subject: Response to Minutes of the May 18, 1978, Meeting

This memo is perhaps more formal than the content deserves, but since staff absences and conflicting commitments will make it impossible for the School to be represented at the June meeting, I did want to share some of my reactions with you, for the record of that meeting.

1. Regarding Mr. Drehmel's comment on page 2, first paragraph of item C: I wish to reiterate that I do not consider the School of Public Health's request or proposal as falling into the simple category of "unfulfilled needs." Every other unit in the Health Sciences has new facilities, has them under construction, or has plans underway to provide them, in accordance with the Master Plan criteria. I ask the same opportunity for the School of Public Health. After we have had that opportunity, I would see our "unfulfilled" needs being addressed and prioritized along with every other unit's needs, but until then I believe the School has the right to have its design needs addressed without being in competition with the constantly expanding list of "unfulfilled needs."

2. Paragraphs D and IIA on page 3 deal with reallocation of Powell Hall space until Powell Hall is demolished. Frankly, I am at somewhat of a loss to know how to judge the wisdom of these allocations in the abstract. While we have not tried to make a case for permanent space for the School in Powell, since it presumably will soon be torn down, the materials sent us with the minutes show that the School was allotted the use of nearly 47,000 square feet of space in Powell by the Master Plan. Those same materials also show that the main proposed beneficiaries are the Hospital, which will continue to occupy 17,600 square feet, and the Medical School, which will continue to occupy nearly 12,000 square feet, which would presumably not have been available to them in the normal course of events.

The proposed uses may well be the best of all possible plans. I suggest, however, that we have developed no criteria that permit us to weigh the merit of one request against another.

June 21, 1978

Since in the proposed use of Powell, the School does not participate, I can only view the 46,700 square feet of space previously allotted to us as new space in the pool for interim allocation. Generally, the proposed use goes along with continuing current occupancies. If the committee agrees that is an appropriate criterion, then the proposal for continued occupancy is as rational as any.

If, however, the 46,700 square feet that will not be occupied by the School is considered open for reviewal and reassignment, perhaps a case for better use could be made for many current space needs which fall into the area of "unfulfilled needs."

I would particularly make a case for the Center for Health Services Research. This is a Health Sciences wide activity, identified as high priority by all the Health Sciences units, which has been brought into being by the units in response to the recognized planning process in effect during the early and mid 1970's. I believe it has at least equal claim to have its space needs met as does reallocation to continuing activities. Other items on our list of unfulfilled needs may also have a high Health Sciences priority.

3. Regarding paragraph B, page 4: If, from this proposal, one is to assume that assignment of the 15th floor of B/C is open to competition, I do believe the School of Public Health has more of a claim to new permanent space than do the other units. While assignment of the School to such space would probably not make the most sense over time, I do not believe the current proposal of the Medical School necessarily justifies itself as the best possible use. I would hope the committee would not take definitive action without weighing this proposal against other "unfulfilled needs."

4. As regards paragraph C, page 4: I am generally against providing Health Sciences space to University Duplicating Services.

Since I am not able to be at the meeting, I would like to share a few more observations about the process to date. Were I able to, I would offer these in a semi-serious manner, and I hope they will not be taken as seriously as they sound. Still, they do represent serious concerns I have about the planning process, and they may be shared by more than one of you. I might refer to the following list as "emerging planning principles."

1. Units that cannot afford full-time staff to work on space planning are at an obvious disadvantage at space "trade-off" time. (An obvious corollary is that units cannot afford not to have full-time space planners.)

2. There are no apparent University mechanisms to reclaim space from one unit to reallocate to another, and there are apparent massive disincentives to ever give up any space once it's been occupied, either rental or "permanent."

3. New space can be obtained much more easily for new activities than for worthy, or at least equally worthy, on-going existing programs.

4. Programs or units that have or can generate construction money have a higher priority than other programs.

June 21, 1978

These are at least some of the apparent principles that seem to be emerging. We might hope to do better, but we may have to wait until more definitive planning objectives are identified by the Planning Council.

LDS:me

cc: Master Plan Committee  
SPH Program Directors



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

January 31, 1979

TO: Clint Hewitt  
FROM: Paul J. Maup *Paul*  
SUBJECT: Diehl Hall Cost Estimate

The attached cost estimate for the Diehl Hall Project was arrived at using the following method:

1. The June, 1976 cost estimate was examined. Those costs related to the 1st floor portion of the project were eliminated.
2. The construction cost as estimated in June, 1976 and after the elimination of the 1st floor portion was \$490,770.00. Construction costs were escalated by 10% per year through June, 1980 or 40% in total.
3. Non-building costs were looked at and those that will not pertain to this project were excluded. An example of this would be "sitework".
4. A/E fees were figured on the percentage sliding scale taken from the Unit B/C Shell Space Completion Owner Architect Contract.

The figure of \$900,000 total funds available was provided to this office from Physical Planning. We do not imply by the attached cost estimate that this project can be completed for \$900,000 and satisfy the requirements of H.E.W., inasmuch as we are required to meet new code requirements such as fire management, handicapped codes, etc., which were not factors when the project was originally conceived.

It would be more appropriate to submit a revised cost estimate at the time the project is through design/development. At that time we will have all the information and can prepare a cost estimate with greater accuracy.

cc: Gary Summerville

PJM:jm

January 31, 1979

DIEHL HALL COST ESTIMATE

SECOND FLOOR REMODELING

CONSTRUCTION COST:

based on 1976 cost estimate of \$490,770  
plus 10% escalation for four years (40%) \$687,078.00

10% bidding contingency 68,708.00

Total Construction Cost \$755,786.00

» NON-BUILDING COSTS:

1. A/E fees @ 7.6% \$ 57,440.00  
Reimbursables @ 1% 7,558.00

2. Construction Supervision @ 2% 15,116.00

3. H.S.P.O. @ 1.25% 9,447.60

4. Miscellaneous Engineering @ 1% 7,558.00

5. Building Activation @ .40% 3,023.00

6. Testing & Balancing @ .90% 6,802.00

7. Contingencies @ 4% 30,231.00

8. Permits @ .20% 1,512.00

9. SAC Charge @ .50% 3,779.00

10. Builders Risk Insurance @ .135¢  
per \$100 of construction dollars 1,047.00

Total Non-Building Costs 143,513.00 143,513.00

TOTAL PROJECT COSTS \$899,299.00

6/21/1978

Questions from V.P. office  
regarding Diehl Hall

- 1) Needs 8 1/2 x 11" drawing as per  
the grant Done 6/21/78 PD.
- 2) Needs 8 1/2 x 11" drawing of floor 2  
Diehl Hall removing the shops &  
including the existing labs to  
remain. Done 6/22/78 PD.  
see attached  
copy
- 3) Was any part of the Diehl Hall  
construction completed under the  
Unit B/C - Phase I contracts  
No - field verified  
6/22/78 PD.
- 4) Does the 1979-81 capital request  
include the air-conditioning of the  
first floor & second floor spaces  
of the Diehl Hall / Unit B-C construction  
project. No - only for the exist. lab.  
not the B/C remodelled portion  
6/22/78 PD as per memo 6/22/78
- 5) Verify if the Nov. 1977 cost estimates  
can be reduced in any way.  
No - reduction possible since  
work is in construction will  
actually increase the costs.

- 6) Have Warren verify the movable equip. & furnishings budgets. to include any funds spent to date (provide & list)



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

July 13, 1978

TO: Paul Maupin  
FROM: Robert M. Swanson *RS*  
SUBJECT: Unit B/C - Phase I  
Diehl Hall  
Cost Estimate Comparison

Per the direction I received at our July 10, 1978 meeting with Cherie Perlmutter, I have reviewed the architects' December 2, 1978 Diehl Hall Project Status Report, to verify the estimated cost reduction to the Diehl Hall project, on the basis that the first floor remodeling is deleted from the overall project scope. Below is a complete breakdown of my findings, including the cost increase required to purchase and install the Group I study carrels.

1. Cost Comparison:

A. Original Grant Participation (based on 52.9% of \$736,860)	\$ 390,000
B. Architects' Cost Estimate (dated December 1, 1976 - based on the April, 1975 revised program)	\$ 915,600
1. Cost reduction by removing the first floor remodeling (see attached breakdown)	\$ - 116,900
2. Increased study carrel cost including installation (based on \$83,000 X 10% escalation per year to June 1, 1979)	\$ 34,156
3. Temperature control/fire manage- ment system (based on \$1.71 per square foot)	\$ 58,140
TOTAL CONSTRUCTION COST	\$ 890,996

C. Architects' Cost Estimate \$ 1,257,663  
(as revised in item B above, and  
escalated to June 1, 1979; based on  
10% per year)

2. Total Project Cost:

A. Total Construction Cost \$ 1,257,663  
B. Non-Building Cost 314,415  
(computed on 25% of \$890,996 X  
10% escalation per year)

---

TOTAL PROJECT COST \$ 1,572,078

(Minus movable equipment,  
furnishings, carpet and  
graphics costs)

RMS:rt

Attachments



TAKEN FROM THE HEALTH SCIENCES  
1979 - 1981 CAPITAL REQUEST

DIEHL HALL AND BIO-MEDICAL LIBRARY AIR CONDITIONING

Justification

Curricula changes have increased the enrollment of students in summer self-learning programs which require increased student use of the library which is not presently air conditioned.

Description

Funds are sought to accomplish two related goals. A portion of the request is to provide necessary energy reclamation hardware for the existing supply and exhaust systems serving the research areas on the first floor and second floor Learning Resource Center. This work will effect an anticipated fuel cost savings of approximately \$15,000 per year based on 1976 coal prices in Minneapolis.

6/22/78 THIS REQUEST, WAS PREPARED TO AIR COND. THE

EXIST. LIBRARY STAIR IN DIEHL, NOT THE ENTIRE LIBRARY

The remainder of the request is to provide chilled water coils in the ventilating unit serving the Bio-Medical Library.

PORTION  
IN B/C.

PS

AS PER  
ML RZ.  
6/22/78

Previous Appropriations

- 1971 - \$300,000 requested for air conditioning; no appropriation.
- 1973 - \$90,000 requested for air conditioning; no appropriation.
- 1976 - \$291,500 requested for air conditioning and energy conservation measures; no appropriation.

Cost Estimate

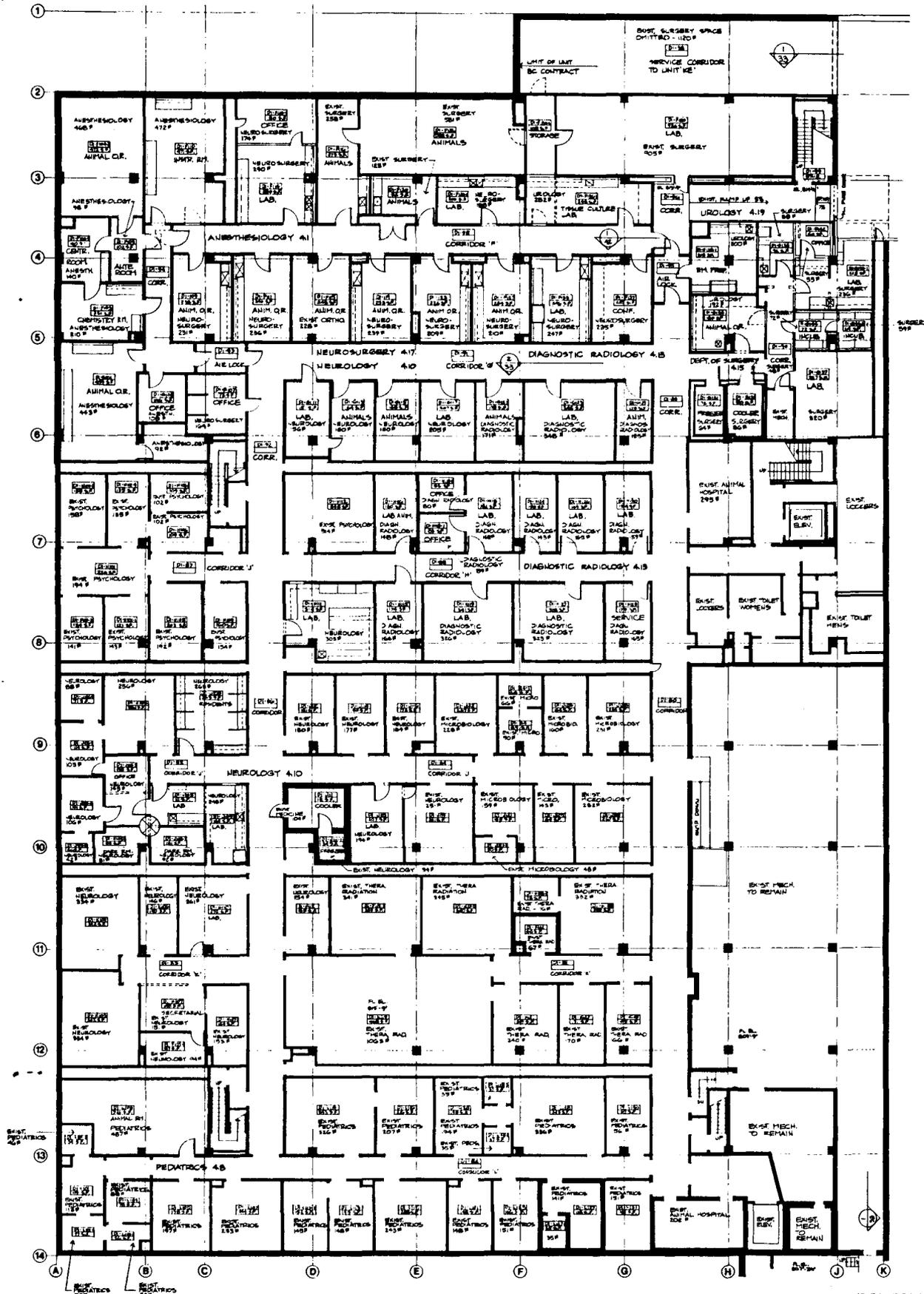
Construction		\$260,000
Non-building costs		58,000
Engineering fees	\$19,000	
Contingency	35,000	
Supervision, permits	4,000	
Total this request		\$318,000

Space Released for Other Use

Not applicable.

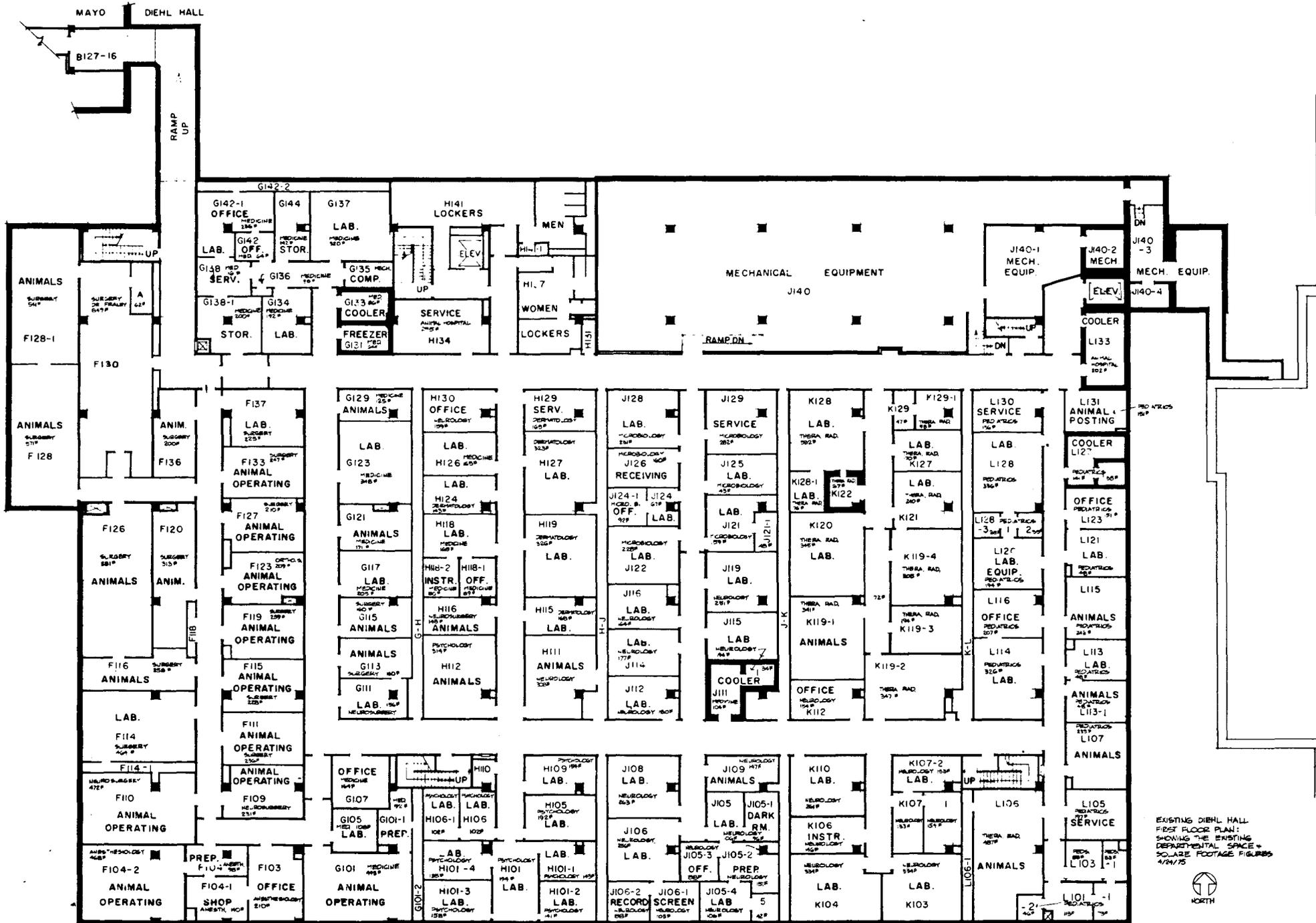
New or Additional Annual Operating Costs

Maintenance           \$24,000



BUILDING BVC REMODELING  
 OF DEHL HALL - SHOWING  
 THE DEPARTMENTAL SPACE  
 & SQUARE FOOTAGE  
 FIGURES 4/24/75





EXISTING DIEHL HALL  
 FIRST FLOOR PLAN:  
 SHOWING THE EXISTING  
 DEPARTMENTAL SPACE +  
 SQUARE FOOTAGE FIGURES  
 4/24/75





UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

June 23, 1978.

LEARNING RESOURCES (19.01/01 DIEHL)

Purchases on #0320-2422-02	\$ 42,442.50
Purchases on #9309-9593-04	8,031.50
Purchase on #9309-9593-04 (Film Processor)	12,730.00
	<hr/>
Total Equipment Purchases to Date	\$ 63,204.00
Additional Estimated Equipment Needs	47,542.00
Estimated Furniture Needs	38,000.00
	<hr/>
Total Estimated Needs	\$148,746.00
Less Funds Budgeted (\$98,000) and Funds from Contingency (\$50,000) involved in Family Practice Department Fund Switch	139,000.00 148,000.00
	<hr/>
Additional Funds Required	\$ 746.00



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

June 23, 1978

CLINICAL AUDITORIUM AND SHARED CLASSROOMS (17.01/01)

Total Equipment Purchases to Date	\$ 39,968.00
Additional Estimated Equipment Needs	35,260.00
Additional Equipment and Installation Requirements in Question from Media Resources	1,350.00
Estimated Furniture Needs 4th Floor/5th Floor/Auditorium	5,000.00
	<hr/>
Total Estimated Needs	\$ 81,578.00
Less Funds Budgeted	55,000.00
	<hr/>
Additional Funds Required	\$ 26,578.00

## 2. TOTAL PROJECT COSTS

A. TOTAL CONSTRUCTION COST. 1,175,597

B. NON-BUILDING COST. 293,899

(Computed at 25% of 2,32,856  
X 10% for other building)

TOTAL PROJECT COST \$1,469,496  
(minus 4 months  
equipment & furnishings  
cost, etc.)

(fire management.) systems

temp. control & misc. equip. 24,293.00

bracket equipment on walls & fls

		42,215	46,050	
10th fl.	"	"	"	
		25,000	24,200	84,293
13th fl.	"	"	"	120,521
		3,000	7,200	148,451
bracket equipment		17,820	22,900	353,069
fls 1-5		19,000	24,700	
6-9		6,400	2,000	
11-14				

Management  
 fire management

fire alarm control, installation 17,110  
 442,110

	71,100	10,000
	<del>25,230</del>	<del>2,000</del>
Control unit	111,030	
W&P	104,673	
Special services	17,110	

elec. connections 22,000  
 to fire alarm system

11,000  
 11,000 \* 1.71 = 18,810

40,230  
 61,500  
 111,030  
 104,673  
 17,110  
 22,000

456,543

11,000  
 18,810

711,611 ÷ 80% for phase I

633,289 or

634,000 ÷

201,800 \* 1.71

RECOMMENDATION OF THE COMMITTEE TO UPDATE  
THE HEALTH SCIENCES MASTER PLAN ON  
ALLOCATION OF SPACE ON LEVEL 2 OF DIEHL HALL

Background

Four different departments have been seeking permanent allocation of space on level 2 of Diehl Hall - - Scientific Apparatus Shops, the Bio-Medical Library, the Learning Resources Center, and the Medical School (for research labs). Remodeling of Diehl Hall in accordance with the funded B/C project has been delayed pending resolution of the space assignment. The funded project assumed all space on Floor 2 for a LRC and expanded Library.

The library needs space for expansion of stacks. The library is currently pressed for shelf space and is considering putting more material in storage and installing mechanical stacks. Additional pressure to finalize the library plans is being created by the need to absorb the College of Pharmacy Library into the Bio-Med Library.

The Learning Resources Center has been planned for Level 2 space in order to tie the LRC into the main library and the classroom concourse of Units A, B, and C. Despite the immediate short range problems, the original planning for the interrelationships of these functions and student access remains valid.

The Scientific Apparatus Shops provide services to the hospital and to medical school research labs. A review of the shops work is attached.

The Medical School has been desirous of retaining the research laboratory space on level 2 of Diehl Hall. In particular, space is needed for

research in two departments; Dermatology and Orthopedic Surgery that were not considered in the earlier Master Plan.

Recommendation

The Committee has unanimously concluded that the Learning Resources Center and the Medical School Laboratories should have priority over the Scientific Apparatus Shops for Diehl Hall space.

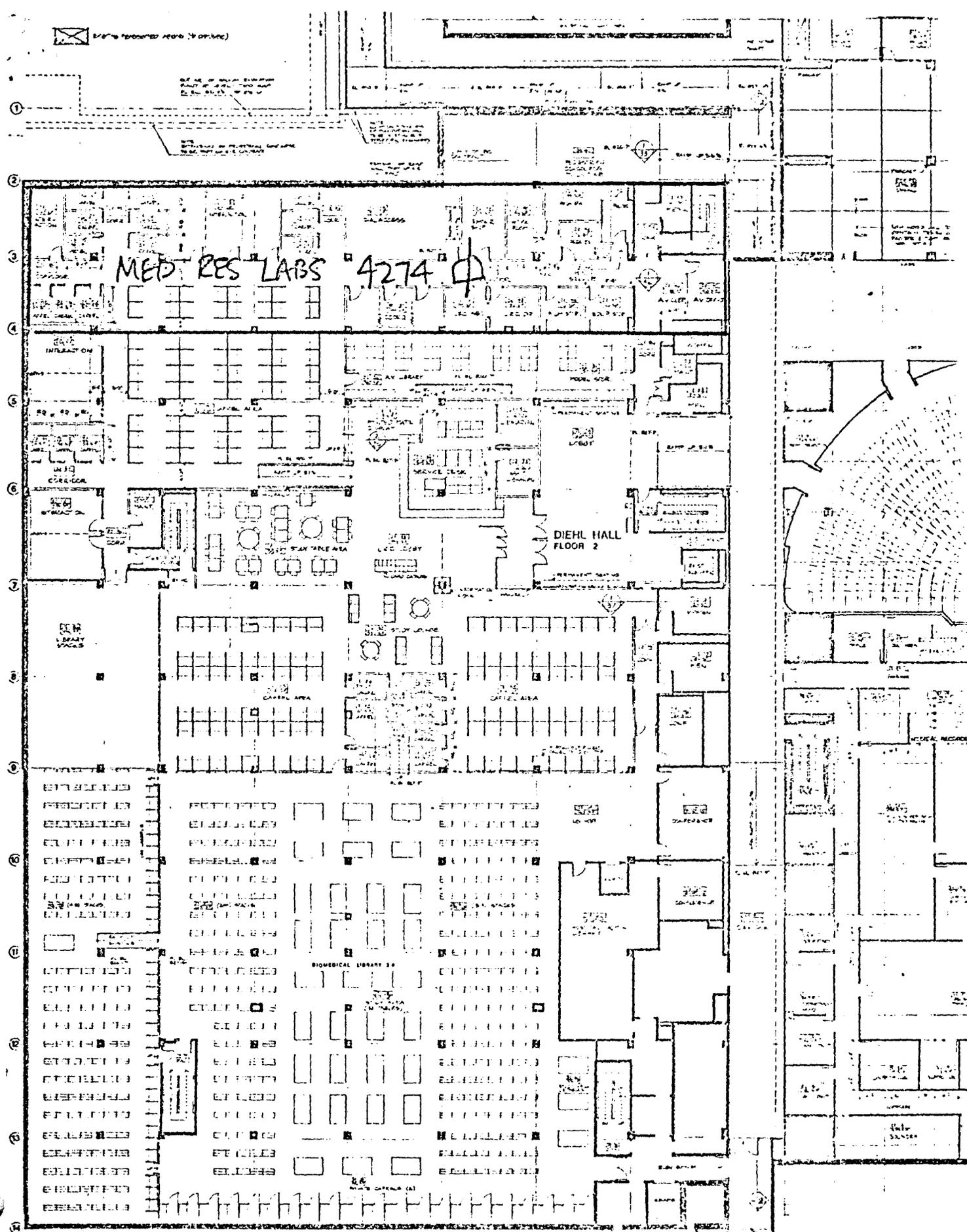
Given the need for laboratory space for Dermatology and Orthopedic Surgery, the Committee has recommended an interim compromise until such time as B/C shell space or other space can be made available to the medical school research labs. The compromise provides approximately 4,200 nsf to medical research labs, 21,800 nsf to the Library, and 11,400 nsf to the Learning Resources Center. The committee recommends that the University request HEW acceptance of this interim solution with the University's commitment to expand the Learning Resources Center to full size when funds to provide space for the Medical School laboratories become available.

The committee made no recommendation as to where the Scientific Apparatus Shops should move or how such a move should be paid for. At one point in the deliberations, space in the Space Science Center was under consideration as a location for Apparatus.

<u>Approximate Space Figures</u>	<u>Existing</u>	<u>B/C Grant Application</u>	<u>Proposed Short Range</u>	<u>Propo- Long Ra</u>
Shops	6,770			
Library	18,723	21,831	21,831	21,831
Medical Research Labs	9,187		4,274	
Learning Resources Center		18,630	11,395	18,630
Totals	<u>34,680</u>	<u>40,461*</u>	<u>37,500**</u>	<u>40,461</u>

\*Increase in space is due to elimination of hallways and walls in laboratory area.

\*\*This figure, intermediate between 34,680 and 40,461, is based on the assumption that the increase in net assignable square feet due to elimination of walls and hallways will only be half of what it might have been if all laboratories had moved.



UNIVERSITY OF MINNESOTA  
 HEALTH SCIENCES EXPANSION  
 MINNEAPOLIS MINNESOTA

THE ARCHITECTS COLLABORATIVE, INC. CAMBRIDGE, MASS. &  
 THE HEALTH SCIENCES ARCHITECTS & ENGINEERS, INC.  
 MINNEAPOLIS, MINNESOTA

UNIT FLOOR  
**B-C** **2**



UNIVERSITY OF MINNESOTA  
TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

June 22, 1978

TO: Paul Maupin  
FROM: Robert Swanson   
SUBJECT: Unit B/C - Phase I  
Diehl Hall  
Cost Estimate Comparison

*730,260 / 07/78  
to amount*

A. Original Grant Participation	\$ 462,617
B. Architects' Cost Estimate (Dated December 1, 1976 - Based on the April 1975 Revised Program)	915,600
C. Architects' Cost Estimate (Dated December 1, 1976 - Escalated to June 1, 1977 - based on 10% per year)	1,057,540
D. Architects' Cost Estimate (Dated December 1, 1976 - Escalated to June 1, 1978 - based on 10% per year)	1,163,249
E. Architects' Cost Estimate (Dated December 1, 1976 - Escalated to June 1, 1979 - based on 10% per year)	1,279,623

RMS:rt



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TWIN CITIES

Health Sciences Planning Office  
Physical Planning  
4103 Powell Hall, Box 75  
500 Essex Street S.E.  
Minneapolis, Minnesota 55455  
(612) 373-8981

June 22, 1978

TO: Paul Maupin  
FROM: Robert Swanson   
SUBJECT: Unit B/C - Phase I  
Diehl Hall Cost Estimate

Per your request, I have updated my November 15, 1977 estimated cost breakdown for Diehl Hall as follows:

1. CONSTRUCTION COST: (Based on the April, 1975 design development drawings.)

A. Contractor's Direct & Indirect Expenses	\$ 147,100
B. Demolition & Removal	53,570
C. Cutting & Patching	35,100
D. New Work - General	214,030
E. Plumbing	87,750
F. Heating & Ventilation (Not included in the 1979-1981 capital request.)	189,250
G. Electrical	<u>105,560</u>
Sub-Total	\$ 832,360
H. Contingency @ 10%	<u>83,240</u>
Sub-Total	\$ 915,600

I. Escalation to June 1, 1978 (Based on 10% per year)	\$ 247,694
J. Escalation to June 1, 1979 (Based on 10% per year)	<u>116,329</u>
TOTAL CONSTRUCTION COST	\$ 1,279,623

2. TOTAL PROJECT COST:

A. Total Construction Cost	\$ 1,279,623
B. Non-Building Cost (Computed @ 25% of \$832,365 X 10%)	210,170 <u>          </u>
TOTAL PROJECT COST (Minus Movable Equipment & Furnishings)	\$ 1,489,793

RMS:rt



*Health Sciences*

PARTIAL ROUGH DRAFT  
3/22/79

B. Resource-Related Goals

3. PHYSICAL RESOURCES

Premise a. Changing program space needs will require a continuing review of space utilization, with the establishment of priorities and reallocation of physical resources.

Goal: IDENTIFY AND MEET PHYSICAL RESOURCE NEEDS AND DETERMINE PRIORITIES FOR ALLOCATION.

Obj.: (1) Develop Health Sciences master plan for utilization of physical resources. Establish criteria for cost effective use and formulae for reallocation and sharing with other units. Implement plan by 1982.

Obj.: (2) Through the Health Science Master Plan Committee establish a system for the monitoring of the physical resource needs and establish criteria for allocation and reallocation among Health Sciences units.

*Further planning considerations: maintenance, replacement, or acquisition of facilities as appropriate.*

Premise b. Response to changing program needs will require more effective space utilization.

Goal: ENSURE APPROPRIATE UTILIZATION OF PHYSICAL RESOURCES.

Obj.: (1) Develop and implement a plan for assessing space needs and for reassigning space to better meet unit needs.

Obj.: (2) Develop and implement a plan for determining most appropriate use of existing physical resources in light of identified and prioritized needs.

*Further planning considerations: reallocation; sharing of physical resources.*

EDL/bsy  
3/22/79

# Health Sciences

## III. STATEMENT OF MISSION AND GOALS

**Mission:** THE MISSION OF THE HEALTH SCIENCES IS TO ENHANCE THE HEALTH OF THE PEOPLE THROUGH TEACHING, RESEARCH AND SERVICE. WHILE THE PRIMARY FOCUS IS ON CITIZENS OF THE STATE, THE HEALTH SCIENCES ALSO CONTRIBUTES AS FULLY AS RESOURCES PERMIT TO BOTH NATIONAL AND INTERNATIONAL HEALTH.

The Health Sciences shall continue to be responsive to the health needs of the society through its educational, research and service goals and activities. It shall foster availability and accessibility of quality health services to all segments of the population and promote cost-effectiveness in their delivery. To ensure continuing responsiveness to the people it serves, the Health Sciences shall maintain a continuing dialogue with consumers, health care providers, and educators.

### A. Mission-Related Goals

#### 1. EDUCATION

The Health Sciences shall educate individuals to serve the health needs of the people. The Health Sciences faculty shall provide education to students at the undergraduate, professional, graduate and postgraduate levels; it also shall provide continuing education to health practitioners and health education to consumers.

- a. As the primary training center for health professionals within Minnesota, the Health Sciences is committed to preparing appropriate health practitioners for meeting the needs of the people, in order to facilitate accessibility to quality health services at acceptable costs.

**Goal:** PREPARE HEALTH PROFESSIONALS IN APPROPRIATE NUMBERS AND DISCIPLINES TO MEET THE HEALTH NEEDS OF THE PEOPLE AT THE STATE AND, AS RESOURCES PERMIT, THE REGIONAL, NATIONAL AND INTERNATIONAL LEVELS.

- Obj.:** (1) During the next two years, conduct a needs assessment survey to determine the need for selected health professionals, both in terms of types and numbers. The study is to take into consideration state and regional needs, as well as national projections for those areas where the University may serve as a national resource. Results of such survey are to be incorporated in H.S. planning, acknowledging national trends and resources.

*Further planning considerations: supply/demand; enrollments; undergraduate and graduate programs; state/national/regional resources; state/regional/federal coordination; licensure/accreditation; quality control; competency-based curricula; basic sciences needs of health sciences units.*

- b. With the rapid expansion of scientific knowledge and technology, it is critical for practicing health professionals to keep abreast of the latest advances. The Health Sciences has a responsibility to assist health practitioners in the maintenance and upgrading of their skills and knowledge.

Goal: ENHANCE THE COMPETENCY OF PRACTICING HEALTH PROFESSIONALS.

Obj.: (1) Coordinate efforts of H.S. units, to assess trends in recredentialing of health personnel, investigate CE needs of practitioners, and to assure that a plan is developed to respond to these needs by fall of 1981.

Obj.: (2) To determine, during the coming year, mechanisms by which continuing education responsibilities can be incorporated into the regular work load of Health Sciences faculty, including the establishment of position responsibilities and salary and promotion guidelines.

*Further planning considerations: continuing education; peer review; recredentialing.*

- c. The Health Sciences encourages the changing of existing programs and the development of new programs so as to prepare health professionals for assuming new health care roles in accord with changing societal health needs.

Goal: ANTICIPATE, IDENTIFY AND RESPOND TO NEEDS OF A CHANGING SOCIETY THROUGH CURRICULAR EMPHASES.

Obj.: (1) Support the development and expansion of interdisciplinary team experiences through the establishment of Health Sciences requirements for core interdisciplinary offerings by 1983, and through the maintenance of "time windows" common throughout the Health Sciences.

Obj.: (2) Within the coming year, review the University outreach report and develop recommendations for implementing those aspects relevant to the Health Sciences.

Obj.: (3) During the next academic year, provide staffing for the College of Pharmacy to develop a model for identifying and validating professional competencies, and to devise mechanisms for dissemination of ideas and processes to other H.S. units.

*Further planning considerations: core curricula; primary care and specialty orientation; geographic and specialty distribution; off-campus educational experiences; new roles; expanded professional role models; interdisciplinary team experiences; experiences with selected population groups; comprehensive health care experiences; special population needs, i.e., gerontology; health care economics and cost containment.*

- d. There is clear evidence that people's life-styles have a direct effect upon their health and a growing acknowledgment of the need for individuals to assume greater responsibility for their own health care. Health professionals need appropriate preparation in public education so that they can take a more active role in health promotion.

Goal: EMPHASIZE HEALTH PROMOTION, HEALTH MAINTENANCE AND PREVENTION OF DISEASE.

- Obj.: (1) During the coming year, through the leadership of the School of Public Health, assess the need for and develop courses and other appropriate programs of a Health Sciences-wide nature which incorporate the principles of health promotion, maintenance, and prevention of disease into the educational process of health sciences students.

*Further planning considerations: health maintenance and prevention of disease; patient and public education*

- e. The health professions do attract a varied student body, and the number of qualified applicants far exceeds program openings. Students admitted to health sciences programs should reflect the needs of society, and the selection process should afford equal educational opportunity for a broad variety of students.

Goal: PROVIDE EQUAL EDUCATIONAL OPPORTUNITY FOR A BROAD SPECTRUM OF STUDENTS WITH DIFFERING NEEDS AND INTERESTS.

- Obj.: (1) Through the mechanism of Health Sciences Council of Deans and Directors, review the recommendations of the Health Sciences Minority Program Review Committee and implement elements of the program as resources permit during the next academic year.

*Further planning considerations: pre-Health Sciences advising; counseling and advising; alternative opportunities; admission criteria; minority admission and retention; nontraditional students; tuition; grants and loans.*

## 2. RESEARCH

The Health Sciences shall conduct basic and applied research in order to foster better health, increase biomedical knowledge, improve technology and its application to the health field, enhance methods of organization and delivery of services, and improve the education and distribution of health care personnel.

- a. The University is committed to the advancement of knowledge through scholarly activities of its faculties. The Health Sciences is committed to maintaining an environment in which people have the freedom to research, teach, publish and learn without inhibition by external influence.

Goal: FOSTER AN ATMOSPHERE WHICH IS SUPPORTIVE OF OPEN INQUIRY.

*Further planning considerations: academic freedom; human subject protection*

- b. Basic research is directed toward the increase of knowledge of science. The Health Sciences supports and encourages research where the primary aim of the investigator is a fuller knowledge or understanding of the subject under study.

Goal: ADVANCE KNOWLEDGE BY PROMOTING BASIC RESEARCH EFFORTS.

*Further planning considerations: basic biomedical research; other basic research*

- c. The rapid expansion of knowledge and the growth of technology create the opportunity to pursue solutions to health problems. The Health Sciences will foster the application of new knowledge and skills to the solving of health problems.

Goal: ENHANCE HEALTH CARE THROUGH APPLIED RESEARCH.

*Further planning considerations: applied research and development; technology improvement; clinical evaluation and safety; quality assurance*

- d. Health services research is concerned with problems in the organization, staffing, financing, utilization and evaluation of health services. Research in these areas is required to help solve the major problems of health care delivery.

Goal: INCREASE EFFECTIVENESS OF HEALTH CARE ORGANIZATION AND DELIVERY.

Obj.: (1) On an annual basis, monitor the Health Services Research Center to assure that the Center's research projects coincide with its mission statement and with identified health services needs.

Obj.: (2) Increase research activities of the Health Sciences Center for Health Services Research during the coming biennium and promote collaboration with individual researchers.

*Further planning considerations: research in cost containment/ effectiveness; health services research; equity of access; assurance of quality.*

- e. Further significant gains in life expectancy and reduction of illness and disability will primarily result from modifying the life-styles of individuals and populations toward more healthful outcomes. The Health Sciences must strive to advance understanding in these critical areas of public health.

Goal: EMPHASIZE DISEASE PREVENTION AND HEALTH MAINTENANCE.

*Further planning considerations: research in public education; motivation; behavior modification*

- f. Among the most pervasive problems affecting the delivery of health care today are the maldistribution of health personnel providing primary care and the explosive proliferation of new categories of health manpower. Because the former limits our ability to improve access to care, and the latter is compounding the problem in an already labor-intensive field, health services research today is especially concerned with rationalizing the use of old and new categories of health manpower in all settings.

Goal: IMPROVE HEALTH MANPOWER EDUCATION, UTILIZATION AND DISTRIBUTION IN ACCORDANCE WITH SOCIETAL NEEDS.

*Further planning considerations: health manpower preparation; health manpower utilization; health manpower distribution*

### 3. SERVICE

The Health Sciences faculty shall provide a broad range of health service programs which afford opportunities for education, research and development of methods for delivering health services. The Health Sciences shall serve as a regional center for specialized health care services and shall disseminate health information and share its expertise through publication, formal and informal consultation, and participation in professional and community organizations.

- a. In order to afford opportunities for education, research, and the development of methods for delivering health services, the Health Sciences faculty must provide a broad range of health service programs. This permits the Health Sciences to provide specialized health care services for the community and to function as a health resource not only locally and regionally but also at the national and international level.

Goal: PROVIDE SPECIALIZED HEALTH CARE SERVICES CONSISTENT WITH THE HEALTH SCIENCES' ROLE AS A REFERRAL CENTER.

*Further planning considerations: primary, secondary, and tertiary care; community needs; Health Systems Agencies*

- b. Community interest in health information and need for health services will continue. Because of the vast resources which comprise the Health Sciences, it is only fitting that the Health Sciences responds to these interests and needs and that it shares its health knowledge with the public and with practicing health professionals as well.

Goal: DISSEMINATE HEALTH INFORMATION AND RESPOND TO COMMUNITY HEALTH NEEDS.

- Obj.: (1) By 1982, determine the need for a health information and referral system and develop plans to respond to identified needs as appropriate.
- Obj.: (2) During the next academic year, develop a public relations program to educate the public and the professional community about the Health Sciences role as a resource center.

*Further planning considerations: outreach; consultation; public and patient education; publications, communication media.*

- c. The Health Sciences provides leadership in its health care services programs through the development of models for delivering health care. These model programs serve as examples for individuals and institutions in the health care field and stimulate the planning for and improvement of the health care system. Excellence, therefore, is sought by the Health Sciences in the provision of health services by making these services available, appropriate, and cost-effective for the community served.

Goal: IMPROVE HEALTH CARE QUALITY AND PROMOTE COST-EFFECTIVENESS.

- Obj.: (1) During the next academic year, evaluate whether the current Health Sciences health care delivery models are improving health care quality and are achieving cost effectiveness. Make recommendations for modifications, as appropriate, to attain these objectives.

*Further planning considerations: model development; Professional Standards Review Organization; cost containment; regulation; the Voluntary Effort*

- d. In the Health Sciences, the service programs are fundamental to education and research activities. A main thrust of Health Sciences' health service programs is to support faculty and student instructional and research opportunities. Thus, health service programs will continue to be developed in conjunction with the needs of the units of the Health Sciences.

Goal: SUPPORT AND COMPLEMENT HEALTH SCIENCES' EDUCATIONAL AND RESEARCH GOALS.

- Obj.: (1) Provide for an annual review of individual Health Sciences units' plans to ascertain whether the education and research needs of the individual units are appropriately met through the service components.

*Further planning considerations: instructional needs; research needs; health service programs.*

## B. Resource-Related Goals

It is intended that the resource-related goals be consistent with academic goals and facilitate the achievement of the Health Sciences mission in education, research and service.

### 1. FACULTY AND STAFF

- a. In order to enhance the quality and productivity of its faculty, to attract outstanding students, to ensure the preparation of highly qualified practitioners and the generation of new knowledge, and to remain competitive for external funds which finance a large portion of Health Sciences programs, the Health Sciences must maintain a supportive academic environment.

Goal: ATTRACT AND RETAIN FACULTY WHO DISTINGUISH THEMSELVES IN TEACHING, RESEARCH, AND COMMUNITY SERVICE IN CARRYING OUT THE HEALTH SCIENCES' MISSION.

*Further planning considerations: needs and priorities; atmosphere for professional development; policies for appointment, promotion, tenure, remuneration and termination; faculty role in outreach; participation in University governance*

- b. Outstanding scientific, technical, clinical, and administrative support personnel are crucial to the attainment of the Health Sciences' mission because of the complex nature of Health Sciences programs and projects.

Goal: ATTRACT AND RETAIN HIGHLY QUALIFIED STAFF MEMBERS.

*Further planning considerations: needs and priorities; policies for appointment, promotion, remuneration and termination; atmosphere for growth and development; participation in University governance*

- c. The Health Sciences is committed to meeting a societal need through the provision of equal employment opportunity.

Goal: SUPPORT IMPLEMENTATION OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION.

*Further planning considerations: women; minorities; disadvantaged; handicapped*

## 4. SUPPORT SERVICES

- a. Inflation and competing needs of the University and society create increasing restraints on the resources of the Health Sciences. The provision of more effective planning and administrative structures is needed to enhance coordination and collaboration among the units.

Goal: PROVIDE FOR AN EFFECTIVE ORGANIZATION FOR ACCOMPLISHING THE HEALTH SCIENCES' MISSION.

*Further planning considerations: administrative structure; Health Sciences planning and evaluation*

- b. The numerous, broad, and complex commitments of Health Sciences require competent specialized support services to permit coordinated development and effective resource management.

Goal: PROVIDE APPROPRIATE ACADEMIC HEALTH SCIENCES' SUPPORT SERVICES TO THE INDIVIDUAL UNITS.

*Further planning considerations: coordination of learning resources, continuing education, student counseling and advising, allied health, and affiliation and outreach efforts*

- c. The maximum coordinated use of support services will help minimize future resource constraints, avoid duplication of effort, and gain the greatest benefit from joint programming.

Goal: COORDINATE THE SHARING OF SUPPORT SERVICES AMONG THE HEALTH SCIENCES UNITS, OTHER UNITS OF THE UNIVERSITY, AND THE COMMUNITY.

## 2. FUNDING

- a. As the Health Sciences enters a period of stable enrollment, coupled with anticipated overall declines in University enrollment during the coming decade, funding constraints will dictate that available resources be utilized effectively and efficiently. Within this context the Health Sciences is committed to the systematic review of its program priorities in terms of changing societal needs and in funding availability. Resource reallocations will be made in supporting high priority program areas and in the growth of new programs.

Goal: IDENTIFY HEALTH SCIENCES' FINANCIAL NEEDS AND DETERMINE PRIORITIES FOR RESOURCE ALLOCATION.

*Further planning considerations: cost-effectiveness; re-trenchment and reallocation; student financial aid*

- b. The Health Sciences has historically responded to societal needs by applying for and receiving federal grants to support priority projects. Programs funded through this source have changed over years consistent with federal priorities. Recent history shows major changes in certain federal funding categories. Since a very significant percentage of the Health Sciences budgets is dependent on federal funds, it is necessary to protect key programs through the maintenance of an adequate recurring funding base.

Goal: ENSURE UNITS' STABILITY THROUGH AN APPROPRIATE BALANCE OF SHORT AND LONG-TERM FUNDING.

*Further planning considerations: stable base; long-term commitments/short-term funds*

- c. In addition to more effective use of resources, achievement of Health Sciences' goals will require additional funding.

Goal: IDENTIFY AND PURSUE POTENTIAL FUNDING SOURCES.

*Further planning considerations: governmental and private funding; state funding for core programs; monitoring of changing funding priorities*

## 3. PHYSICAL RESOURCES

- a. Changing program space needs will require a continuing review of space utilization, with the establishment of priorities and re-allocation of physical resources.

Goal: IDENTIFY AND MEET PHYSICAL RESOURCE NEEDS AND DETERMINE PRIORITIES FOR ALLOCATION.

*Further planning considerations: maintenance, replacement, or acquisition of facilities as appropriate*

- b. Response to changing program needs will require more effective space utilization.

Goal: ENSURE APPROPRIATE UTILIZATION OF PHYSICAL RESOURCES.

*Further planning considerations: reallocation; sharing of physical resources*



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

DATE	FEB 16 1979
CH	
FILE	

MEMO

TO: Cherie Perlmutter  
Clint Hewitt  
Co-chairman, Committee to Update the Health Sciences Master Plan

FROM: John Westerman, General Director  
University Hospitals and Clinics *John H Westerman*

SUBJECT: Food Service Area - 5th floor Unit B/C

DATE: February 12, 1979

At the meeting of February 5, 1979, the Hospital Planning Steering Committee considered a proposal from the Ambulatory Care Management Council that the designated service area on the 5th floor of Unit B/C, be reallocated to the Hospital and Medical School for the clinical and educational purposes related to patient care and ambulatory care programs.

The Hospital Planning Steering Committee endorses the proposal from the Ambulatory Care Management Council and urges that your committee consider a redesignation of this space to the Hospital/Medical School for the above-named purposes. It is our belief that it was inappropriate to originally plan such a food facility within the core of the Outpatient Clinic facilities and that with the ongoing space shortages for patient care services that redesignation and redevelopment of this area would be appropriate.

If we can provide any further information please do not hesitate to contact us. Thank you for your cooperation in this matter.

cc: Dr. Ferris, Chairman, Ambulatory Care Management Council  
Mr. Jones  
Mr. Dickler  
Dr. Goltz  
Mr. Drehmel

rmd/sm



UNIVERSITY OF MINNESOTA  
TWIN CITIES

University Hospitals and Clinics  
420 Delaware Street S.E.  
Minneapolis, Minnesota 55455

MEMO

TO: Cheri Perlmutter, Clint Hewitt, Co-Chairmen  
Health Sciences Master Plan Committee

FROM: N. L. Gault, M.D. *NLS*  
Dean, School of Medicine  
John H. Westerman, General Director *AHW*  
University of Minnesota Hospitals and Clinics

DATE: May 11, 1979

As you are aware, the Hospitals and Medical School have been attempting over the past several months to jointly develop a plan which would fulfill the minimum and immediate needs of the Department of Laboratory Medicine and Pathology for expansion space until the completion of the new clinical facilities in the mid-1980's. The intent of this memo is to propose to the Health Sciences Master Plan Committee a mechanism by which the short-term needs could be met through utilization of certain areas of the P-W Building which have been previously designated as Medical School and University Support Services areas.

Namely, we would jointly request that the Health Sciences Master Plan Committee approve the following revisions in the Master Plan for the P-W Building:

1. That the space currently approved by the Committee for use by the Medical School on the fifteenth floor of the P-W Building be approved for use by the Medical Technology Program and Lab Medicine and Pathology. This modification would in no way affect the space designated for the Health Sciences Research Center and would result in the dislocation of permanent space for the Rural Physicians Associate Program and other departmental needs of the Medical School identified at earlier meetings.
2. That the Rural Physicians Associate Program be incorporated into the space currently under discussion on the fifth floor of the P-W Building and that it be jointly located with at least an equivalent number of seminar rooms that would be taken out of service by the expansion of the Health Sciences Bookstore and the development of a duplicating center in Unit A. All costs for the development of fifth floor space for seminar rooms and the RPAP could be funded by University Support Services in accord with their earlier proposals.
3. That the need to provide <sup>*Future Mayo*</sup> 4800 additional square feet for the accommodation of Medical School departmental needs which were originally designated for the fifteenth floor of the P-W Building be recognized and that these needs be incorporated into the long-range planning for final use of the Mayo Complex and other facilities as the available space for distribution is determined following the design/development phase of the University Hospitals Renewal Project.

We would appreciate an early consideration of this proposal by the Master Plan Committee so that the overall Lab Medicine and Pathology Program can be developed simultaneously to assure early completion of space renovation for the programs of that department. We would be happy to provide any additional information the Committee may require. Thank you for your consideration.

rmd/sm