

DIVISION OF EDUCATIONAL AND  
RESEARCH FACILITIES

HEALTH PROFESSIONS EDUCATIONAL FACILITIES PROGRAM

SITE VISIT OUTLINE - Supplemental

A list of topics to be discussed as they relate to space and facilities.

The sole purpose of the site visit is to secure additional information to assist the Review Committee in evaluating the needs in an application for Federal aid under Public Law 88-129 as amended by Public Laws 89-290 and 89-709. The Review Committee, in turn, will submit to the Council an evaluation of the worth of the proposed project, and recommend its priority in relationship to other applications, and the level of funding.

Any questions asked by the site visit team should be designed to complete or clarify (but not to duplicate) information included in the application or in the supplemental material provided by the staff of this Division. Furthermore, every question should clearly relate to the applicant's need for facilities. For example, questions regarding project design that affect the functional relationship, size or arrangement of components of the project are appropriated and important to the Committee in determining whether the project is a usable facility which can reasonably be expected to accomplish the purposes for which Federal aid is sought. So, too, are questions relating to the availability of funds and personnel or to similar factors affecting the construction and subsequent operation of the facility.

Questions must not be asked that imply direction, supervision or control over or the imposition of any requirement or condition on the personnel, curriculum, methods of instruction or administration of any institution.

I. Need for Project

A. Status of Current Facility

1. Year in which school was built and number of entering class students for which built.
2. Year in which last major addition or renovation made.
3. Construction projects the school has undertaken on own initiative within past 10 years, including dates and cost.

4. Dean's opinion as to deficiencies in present structure(s) which make it impossible to expand or which if not correct will result in a curtailment in enrollment or in quality of instruction.
5. Elements (or functions) being relocated in new additions or structures (skip if entire new plant or if renovation only).
6. Possibility of correcting deficiencies with less ambitious project.
7. Planned use of any facilities being abandoned by the school.
8. Estimated functional life remaining after completion of project.

B. Effect of Deficiencies on Undergraduate Teaching Program

1. Dean's opinion.
2. Any objective evidence Dean wishes to provide (most recent accreditation report, trend in student performance on national or state boards, etc.).

C. Features of New or Improved Facility Designed to Overcome Deficiencies

1. Comparison of existing and planned square footage for undergraduate teaching program.
2. Effect of added or improved space upon school enrollments.
3. Effect of added or improved space upon teaching programs.

II. Proposed Site (skip if only renovation or repairs of existing site)

A. Title and/or interest) in Site

1. Assurance that title or interest to all property on which facility to be located is lodged in the school itself-or if not the school, in the applicant (Items 5 and 12A of the application).

2. Assurance of 25-year interest if applicant has leasehold interest.
3. Counsel's opinion, if not submitted with application.

B. Adequacy of Site for Intended Use

1. Size

- a. Porportion of total site to be occupied by new or enlarged facility.
- b. Adequacy for future expansion when needed.
- c. Availability and adequacy of on-site parking for students, faculty, and patients.

2. Location

- a. Relationship to and distance from supporting or joint-use facilities (libraries, other schools, student residence facilities, etc.).
- b. Availability of off-site parking for students, faculty, patients (number of spaces proximity to school, and competition from others for use).
- c. Availability of public transportation for patients, students, and faculty.

3. Setting

- a. Type of area (downtown, suburban, rural).
- b. Type of neighborhood (commercial, industrial, residential).
- c. Environmental factors (prevailing winds, air pollution, water pollution, disposition of solid wastes).
- d. Status and present condition of neighborhood (well-established or new).
- e. Stability of neighborhood (deteriorating, stable, in transition, or being improved).

- f. Local urban redevelopment plans for area.
- g. Effect of local zoning requirements.
- h. Master planning (review the overall master plan for the school and how this proposed program fits into the plan. Also inquire as to existing coordination with local, state, regional, or national programs, i.e., urban renewal, Regional Medical Programs, Comprehensive Health, etc.).

III. Availability of Financing(Items 6,7,8, 9, & 10 of the application)

A. Funds for Applicant's Share

- 1. Sources of all funds.
- 2. Limitations, if any, upon use of available funds.
- 3. Timetable for receipt of anticipated funds and restrictions or qualifications, if any, upon their becoming available (extent of commitment and previous history of support by the university, the board of trustees, of the legislature).
- 4. Timetable on need for Federal matching funds (amounts by fiscal year as indicated by construction schedule). Discuss possibilities of phasing.
- 5. Use of other Federal funds--grants or contracts (pending or approved)--pertinent to application.

B. Estimated Costs

- 1. If indicated, discuss basis for distribution of estimated costs for the construction contract and for fixed and movable equipment (Item 8 of the application). Have research costs been separately identified?
- 2. Discuss method of allocating costs among research and teaching space and the method used for calculating costs attributable to expansion, replacement, and renovation (Item 9 of the application).

C. Funds for Operation

1. Estimated budgets for 1st and 2nd years of operation, including sources of revenue, if not submitted with application.
2. Sources of funds for operation in future years:
  - a. Level of support pledged by parent institution;
  - b. Other sources pledging support and amount pledged;
  - c. Firmness of commitments for support;
  - d. Extent of reliance on clinical income.
3. Previous experience in obtaining operating support.
4. Comparison of existing and planned operating budgets.

IV. Availability of Students

A. Agreements With Other Schools or States Relating to Admission of Students

1. Nature and terms of agreement.
2. Length of agreement period.
3. Number of student places involved in agreements.
4. Number of students accepted each year who are residents of other states.
5. Number of students previously accepted under existing agreement(s)

B. Steps Being Taken (actions or policy decisions) to Assure Adequate Supply

1. Recruitment activities, their nature and focus.
2. Willingness to admit qualified members of minority groups.

C. Enrollment Trends

1. Number and percent of applicants rejected over past two years who met minimum standards for admission.

2. Number of applications from members of minority groups and disposition of applications.
3. Number of positions left unfilled because accepted students didn't enroll.
4. Trend in quality of applicants and accepted students (relative standings on aptitude examinations, grade point averages of entering students, drop-outs for academic failure, etc.)

V. Availability of Faculty

A. Planned staffing pattern, including numbers of full-time, part-time and full-time equivalent faculty planned for each department and/or discipline (if omitted from program).

1. Comparison of existing and planned faculty-student ratios and ratios of full-time to part-time clinical faculty.
2. Dean's opinion as to desirable ratios, and if different from plans, possibilities of achieving better ratios and time schedule for doing so.
3. If indicated from program review, clarification of any apparent inconsistencies between faculty size and proposed methods of instruction or class scheduling.

B. Status of Recruitment for New Positions

1. Number of new positions definitely filled, tentatively filled, and still vacant.
2. Time schedule for filling vacancies and relationship to proposed first-year enrollment upon completion of the facility.
3. Impediments to recruitment (noncompetitive salaries, restrictions on outside practice, etc.)
4. Adequacy of planned faculty accommodations (office and research space, locker rooms, faculty lounges).

VI. Availability of Patients for Teaching Program

- A. Availability of Patients and of Teaching Material (including sources of supply and steps being taken to assure adequate number)
- B. Availability of Clinical Opportunities in Other Settings (including hospital affiliations and Dean's committee arrangements with any local Veterans Administration hospitals.)
  - 1. Types of clinical experience to be provided.
  - 2. Number of students to participate and length of their experience.

VII. Space Need and Relationships in Teaching Programs

- A. Elements in Undergraduate Teaching Program Which Affect Space Needs or Relationships
  - 1. Teaching methods.
  - 2. Class scheduling.
  - 3. Integration of clinical and basic science instruction.
  - 4. Sharing of facilities or faculty.
- B. Graduate and Post-Graduate Programs
  - 1. Scope of the various programs.
  - 2. Proposed enrollment and plans for future expansion.
  - 3. Effect on space needs.
  - 4. Effect on faculty and other personnel needs.
- C. Reconciliation of Program Plans With Space and Facilities Provided in Construction Plans. (It is desirable to review with the Dean and the School's architect the proposed program utilization of each floor and type of room identified in the schematic plans and outline specifications, and if indicated, the major equipment to be employed.)

1. Number of student positions in basic science laboratories in relation to space and program requirements.
2. Classroom space compared with numbers scheduled for lectures and frequency with which scheduled.
3. Availability of conference and seminar space in relation to school's program.
4. Availability of locker space and other student accommodations for undergraduate students, and space for personnel employed in teaching programs.

VIII. Factors Which in Applicant's Opinion Influence Project Costs  
(if existing school, compare with current facility)

- A. Elements in Design Contributing to More Effective Use of Facility (TV, air conditioning, etc.)
- B. Space Consuming Activities/Programs Designed to Enrich Undergraduate Experience
- C. Design Elements Tending to Reduce Long-Term Costs, either by lowering normal operating costs or by minimizing maintenance and repair.
- D. Design Elements Tending to Conserve Space
- E. Design Elements Tending to Facilitate Expansion or Improve Adaptability of Facility
- F. University Policies Relating to Space Allocation (standards, philosophy of university regarding shared facilities, providing for future expansion, etc.)

IX. Accreditation (New schools only)

- A. Current status of the request to obtain the "reasonable assurance" of accreditation from the Commissioner of Education.



June 18, 1969

**TO: Mr. Peter Sammond, Associate Director**

**FROM: John H. Westerman, Director**

**SUBJECT: NIH Site Visit Meeting with President Moos**

The NIH site visit meeting with President Moos was one item on a 20-item Vice Presidents agenda. These meetings are apparently held Tuesday afternoons. You should attend the next meeting on June 23rd at approximately 3:30 p.m. You can check with Hugh Peacock on the timing.

The main topic of the 16th meeting was the reporting of conversations with NIH and highlighting some trouble areas. The main topic on the 23rd will be a presentation by the academic units of the faculty commitments they need from the administration for the grant request.

Hugh Peacock reported the following problems:

1. NIH asked the question of what could be done with \$14 million. NIH indicated that they understood \$14 million wasn't all of Phase I, and they were unwilling to appropriate any monies unless the University stood ready to commit its resources to the needed amount. Mr. Lundon and Mr. Hogg will develop a document for the Board of Regents indicating that the Board of Regents have full faith for all of the \$40 million. It was also pointed out that there is no language in the State bill indicating the amount of dollars that are necessary from the Federal government.

2. Status of the learning resource facility. The NIH people were surprised that this was not in the Step I development because they thought it would be necessary for the increments and enrollment.

After some discussion of how the concept came into being and where it was at present, it was decided to state in the application that the concept of a learning resource facility has been in mind all along. The evolution of the concept at this time is unclear and may well come in Step II, not Step I, and among ourselves it's understood it may increase the total cost. The technological changes in the development of curriculum suggests the size and location could only come in more detailed planning. The learning resource concept is best expressed in dispersed areas rather than a center attraction of 40,000 to 60,000 sq. ft. that brings in hordes of students.

Dr. Howard reported the following items:

1. By vote of 125 to 43, the Executive Faculty expressed approval of the new curriculum within the existing resources.
2. He talked about the need for new faculty positions and said he would return to that next week.
3. A third problem area was seen as the need for a reasonably definitive approach about health sciences organization.
4. He spent a great deal of time on the affiliated hospital problem. The Federal government is reluctant to invest in health sciences expansion on the Minneapolis Campus now and then be presented with a bill at a later date from Hennepin County and Ramsey County for the same increment of students. The location of the incremental number of undergraduate students under the new curriculum is apparently unknown; Dr. Howard said it would be possible to indicate the presence of existing students. Dr. Smith suggested an approach should be to extrapolate the demand factor on the affiliated units as projected by the faculty at present. We would then work out a supply capability statement. In trying to indicate that while the exact numbers and exact units are unclear, the total capacity can well absorb the fondest expectations of the faculty with regard to affiliation.

President Moe concluded by saying he was aware of the nervousness among some of the people preparing for the site visit, he was convinced that a postponement of four months would not put us in any better position to answer certain questions, and that next week he will attempt to pin down the numbers of faculty question.

Dr. Howard concluded the meeting by bringing up additional problems of the relation of our existing center to Duluth and the problem of Mayo Clinic's wanting to go directly to NIH funds without regard to the University request.

JHW:hg

cc: Mr. Thomas Smith  
Mr. David Preston  
Mrs. Karen Levin ✓  
Dr. Lyle French

OFFICE OF THE VICE PRESIDENT FOR ADMINISTRATION  
MORRILL HALL · MINNEAPOLIS, MINNESOTA 55455

July 7, 1969

To: Malcolm Moos  
Robert B. Howard  
Hugh G. Peacock  
Erwin M. Schaffer  
W. G. Shepherd  
Lawrence C. Weaver  
Stanley J. Wenberg  
John H. Westerman

From: Donald K. Smith, Stanley B. Kegler

Subject: Preparation for general meeting with NIH Site Team and administrators on Tuesday a.m., July 15

Marcia Cushmore will be contacting you about a meeting on Wednesday, July 9 at 8:30 a.m. to complete planning for the first general meeting with the site team.

We are proposing a format similar to the presentation to the legislature, limiting the number of speakers as much as possible because of the great time pressure we will face. This memo is to provide you with our conception of your role.

Specifically, we propose that the meeting will proceed as follows:

1. President Moos - welcome and general statement of the University's plans and aspirations -- 10 minutes
2. Vice President Smith - Introductions. Plan of the meeting. Overview of the planning process underlying the application.-- 12 minutes.
3. Presentations by Deans:
  - Dean Schaffer -- 7 minutes
  - Dean Howard -- 10 minutes (including medicine, public health, nursing)
  - Dean Weaver -- 5 minutes
  - Mr. Westerman -- 7 minutes

We see each of these statements as emphasizing three points: a) the enrollment increases projected. For this it would be useful if each of you would talk to a slide graphing these projections. b) The emphasis on curriculum development to emphasize improvement in the delivery of health care. c) The emphasis on joint planning on curriculum and facilities to emphasize interaction of the several health areas, shared classroom facilities. Because our time limits are compelling, close scripting of your remarks would be desirable.

4. Vice President Shepherd - 8 minutes  
-Statement on planning for staffing; the University's commitment

Page Two  
July 7, 1969

to expanding base of state support for staffing to support increased numbers and curricular changes.

5. Vice President Wenberg - 8 minutes  
-Statement on legislative support for and commitment to the development of the health sciences.
6. Mr. Peacock -- slide presentation of the building plan.

We propose to ask that the presentations down to Mr. Peacock be without interruption for questions since the team will have separate meetings with each unit. Mr. Peacock's presentation will be joined with questions and discussion and will take the remainder of the morning.

DKS/SBK:pap

c Gaylord W. Anderson  
Winston A. Close  
Marcia C. Cushmore  
Isabel Harris  
Mellor R. Holland  
Hugh Kabat  
Stanley B. Kegler  
Elmer W. Learn  
Roy V. Lund  
L. R. Lunden  
Robert O. Mulhausen  
Peter Sammond  
e. Thomas Smith  
William T. S. Thorp

RECEIVED FROM STANLEY DUBE 17 JULY, 1969  
301-496-6643

*Get from Stanley Dube*  
*6/23/69*  
*dent*

DENTAL EDUCATION AND FACILITIES BRANCH  
DIVISION OF EDUCATIONAL AND RESEARCH FACILITIES  
BUREAU OF HEALTH PROFESSIONS EDUCATION AND MANPOWER TRAINING

Received By  
Assoc. Director  
JUL 23 1969  
UNIVERSITY HOSPITALS

PRE-SITE VISIT APPLICATION REVIEW

July 14, 1969

- I. APPLICATION NUMBER 1-C05-CF04021-01
- II. INSTITUTION AND ADDRESS University of Minnesota  
Minneapolis, Minnesota
- III. TYPE OF APPLICATION New building to provide for expansion of enrollment for dental, medical and public health schools
- IV. PROJECT COST

School of Medicine	\$ 7,828,033
School of Dentistry	25,316,960
School of Public Health	2,388,512
Applicant	<u>6,048,356</u>
Total	\$41,581,861
- V. FEDERAL FUNDS REQUESTED

School of Dentistry	\$13,643,308
School of Medicine	4,169,992
School of Public Health	<u>1,791,384</u>
Total	\$19,604,684

## VI. DESCRIPTION OF PROJECT

### A. Building

The proposed project which is the subject of this application is Unit A, Step 1 of a multiphased program for expanding and modernizing the Health Sciences Center of the University. The schematic drawings included as a part of the application indicate a nineteen story plus basement structure.

The basement level is devoted to mechanical equipment space and Building and Plant Services space. The net area indicated for Building and Plant Services is prorated 2,156 square feet for medicine, 6,525 square feet for dentistry, 717 square feet for Public Health and 434 square feet are designated as applicant space for which no Federal funds are requested. The total net area on this level is 9,832 square feet and the total gross area is 45,780 square feet.

The first floor contains a supply, storage and receiving area prorated to medicine, dentistry and public health disciplines. This level also contains lounge space for medical students only and offices and other support space for the School of Public Health program. Although color coding on the plan indicates that the storage and receiving space is divided among the various disciplines, this is not reflected in the tabulations of net areas. Out of the total net area of 24,113 square feet indicated on the drawing 1,114 square feet are designated as applicant's space, 3,027 square feet as service facilities to be shared by the disciplines, 3,955 square feet for medicine and 16,017 square feet for Public Health. Total gross area is 50,760 square feet.

The second floor provides for student laboratory spaces for microbiology and biochemistry in addition to a pathology study and reference room, a 350 seat auditorium, two 250 seat lecture rooms, a 200 seat lecture room, a 100 seat classroom, three 50 seat classrooms, a number of seminar rooms and various support spaces. There is a total net area of 45,118 square feet and a total gross area of 78,783 square feet on this level.

Medical undergraduate	-	14,787	square feet
Medical graduate	-	3,319	" "
Dental teaching	-	12,256	" "
Public Health Teaching	-	4,873	" "
Applicant space	-	9,883	" "

Space on the third floor is devoted to laboratory space for training in pathology, pharmacology and physiology. A demonstration room of 1,613 square feet and other support spaces are also found on this level. Space is shared by the various disciplines as follows:

Medical undergraduate	-	10,018	square feet
Dental teaching	-	5,106	" "
Public health	-	872	" "
Applicant's Space	-	<u>2,194</u>	" "
Total Net Area		20,047	" "
Total Gross Area		35,344	" "

The fourth floor is devoted entirely to dental undergraduate activities. Space on this level provides for student lockers, reading space lounges, seminar areas, preclinical dental laboratories each containing 920 square feet and four preclinical laboratories with 1,000 square feet contained in each and support areas. Total net area for these spaces is 22,960 square feet and total gross area is 34,000 square feet.

The fifth floor contains dental undergraduate space and dental auxiliary space described in the application as necessary to support the undergraduate program of the dental school. Spaces include multipurpose laboratories and support areas for dental students and dental auxiliaries as well as locker facilities for dental students, dental hygiene and dental assisting students. Offices for administration of the dental auxiliary program also are included.

There are 11,646 square feet of net area prorated to dental teaching and 8,474 square feet to dental auxiliaries for a total net area at this level of 20,120 square feet. The total gross area for this floor is 35,656 square feet.

The sixth floor is designated entirely as dental undergraduate space. This is primarily a clinic floor with areas for oral diagnosis, radiology, clinic administration and clinic modules for oral surgery, periodontics and endodontics, clinical laboratories and offices for faculty. Total net area is 24,295 square feet. Total gross area 43,400 square feet at this level.

Floors 7 and 8 enclose multipurpose clinical spaces for dental education. Each of the two floors is identical with 112 operatories, waiting space, X-ray, consultation faculty offices, laboratory and other clinical support areas. Each floor has a net area of 25,005 square feet and a gross area of 43,400 square feet.

The ninth floor provides clinical and supporting space for dental undergraduate and graduate education. There are 94 operatories on this level with 44 stations designated primarily for undergraduate training in pediatric dentistry, 40 stations for graduate training in orthodontics and eight



operatories plus a demonstration room assigned to continuing education. Space has been prorated with 11,290 square feet assigned to Dental Undergraduate Education and 14,450 square feet assigned to the graduate program in dentistry. The total net area is 25,740 square feet and total gross space is 43,400 square feet on this floor.

Floor 10 is all mechanical equipment with a gross area of 14,204 square feet.

Floors 11 to 14 inclusive are set aside for medical education and research space with a total net area for the four floors of 31,691 square feet and a total gross area of 61,320 square feet.

Floors 15 to 19 inclusive are assigned to dental teaching and research. On the 15th floor are located the administration offices for the school with offices for the dean and three associate deans, as well as business and secretarial offices and a conference room. With the exception of the 19th floor which contains animal quarters all of the floors from 16 to 18 provide for laboratory and support facilities for clinical and basic science research and training. The total net area designated as dental teaching is 32,711 for floors 15 to 19. The net area designated for research is 26,069 and the total net area for all of these levels is 58,780 square feet. The total gross area for the top five floors is 95,851 square feet.

VI. B. Area Summary of Building and CAR Percentages

<u>Net Areas</u>	<u>Sq. Ft.</u>	<u>CAR %</u>
Medical Undergraduate Training	50,587	(15.2)
Medical Graduate	5,176	( 1.56)
Medical Research	12,682	( 3.81)
" Total	68,445	(20.57)
Dental Undergraduate Teaching	178,808	(53.73)
Dental Auxiliary Teaching	8,474	( 2.56)
Dental Graduate Teaching	14,450	( 4.34)
Dental Research	26,069	( 7.84)
" Total	227,801	(68.47)
Public Health	22,700	( 6.82)
Applicant Space	13,758	( 4.14)
Building Total	332,704	(100)

Gross Area of Building 624,938 sq. ft.

C. Construction Cost (including fixed scientific equipment)

\$29,756,096

D. Unit Cost of Construction per sq. ft. of Gross Area

$\$29,756,096 \div 624,938 = \underline{\$47.61}$

E. Unit Costs - Staff Study

Based on staff records the Building Cost Index of Engineering News Record (ENR) would place the Dental School unit cost for the Minneapolis area at approximately \$42.84 as of June 1969. Between June 1968 and June 1969 costs escalated 14% according to the index. Assuming a conservative escalation of 15%<sup>to</sup> the mid-construction period, it is estimated the unit construction cost for the building will be between \$48.00 to \$50.00 per square foot.

F. Construction Starting Date

March 1971

G. Construction Completion Date

December 1973

H. Entering Class Expansion

Highest first year enrollment in past five years	115
First year enrollment after construction	150
" " " increase	35

I. Grant Participation Percentage - Dental

Expansion	$35 \div 150 \times 66.67 = 15.56\%$
Replacement	$115 \div 150 \times 50 = 38.33\%$
Total GPP	$= 53.89\%$

J. Allocation of Federal Funds - Dental

Expansion	$= .15.56 \times 25,316,960 = \$3,939,318$
Replacement	$= .38.33 \times 25,316,960 = \$9,703,990$
Total	$.53.89 \times 25,316,960 = \$13,643,308$

K. Applicant's Share for Project

$$\$41,581,861 - \$19,604,684 = \$21,977,177$$
Comments

Introductory NIH Site Visit Meeting

H.D. Eng  
Grant Appl.  
file  
1604.1.4

UNTA

1604.1.4

Summary of morning meeting, 15 July 1969.

Attending for the University of Minnesota

Malcolm Moos, President  
Lawrence Lundén, Vice President, Business Administration  
William Shepherd, Vice President, Academic Administration  
Donald Smith, Vice President, Administration  
Stanley Wenberg, Vice President, Educational Relationships & Development  
Elmer Learn, University Planning Coordinator  
Roy Lund, Assistant Vice President and Director, Plant Services  
Stanley Kegler, Assistant Vice President, Educational Relationships & Development  
Winston Close, Advisory Architect  
Eugene Kogl, Supervisory Engineer, Plant Services  
Hugh Peacock, University Planner  
Robert Brantingham, Assistant University Planner  
Marcia Cushmore, Research Assistant, Educational Relationships & Development

Robert Howard, Dean, College of Medical Sciences  
Erwin Schaffer, Dean, School of Dentistry  
William Thorp, Dean, College of Veterinary Medicine  
Isabel Harris, Acting Dean, School of Nursing  
Gaylord Anderson, Director, School of Public Health  
Robert Mulhausen, Assistant Dean, College of Medical Sciences  
H. Mead Cavert, Associate Dean, Medical School  
Mellor Holland, Assistant Dean, School of Dentistry  
Peter Sammond, Associate Director, University Hospitals  
Hugh Kabat, Professor, College of Pharmacy  
C. Thomas Smith, Health Sciences Planning Coordinator - *Assoc. Dir., U. Hosp.*

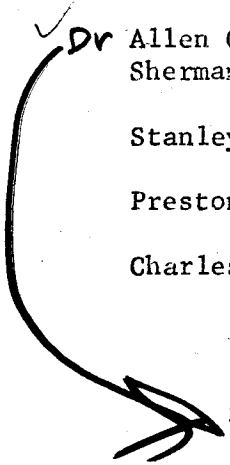
Roland Kluver, The Architects Collaborative  
Donald Mawha, The Architects Collaborative  
John Scott, The Architects Collaborative  
Kenneth Taylor, The Architects Collaborative  
Robert Turner, The Architects Collaborative

Attending for the National Institutes of Health

- Vlado Getting, Chairman, Department of Community Health Services, School of Public Health, University of Michigan
- Jere Goyan, Dean, School of Pharmacy, University of California
- Joseph Harrington, Assistant Professor of Environmental Health Engineering, Harvard University
- Robert Page, Dean, Medical College of Ohio at Toledo
- F. Carter Pannill, Dean, University of Texas at San Antonio
- Joseph E. Volker, President, University of Alabama in Birmingham, National Advisory Council on Education for Health Professions
- Theodore X Lorenzen, Public Health Advisor, Division of Educational and Research Facilities
- Robert Capone, Public Health Advisor, Division of Educational and Research Facilities
- Charles Wagner, Architect, Division of Educational and Research Facilities
- Stanley Krumbiegel, Program Director, Health Facilities Planning and Construction Service, Region VI
- Roger Swank, Architect, Health Facilities Planning and Construction Service, Region VI
- Arthur Kramish, Assistant Associate Regional Health Director, Bureau of Health Professions Education and Man power Training, Region VI
- Anastasia Petras, Nurse Consultant, Nursing Education Facilities Branch, Division of Educational and Research Facilities
- Don Young, Legal Advisor, Office of General Counsel, Department of Health, Education and Welfare

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- Harold Boyer, Dean, School of Dentistry, University of Louisville
- J. Howard Oaks, Dean, School of Dentistry, State University of New York at Stonybrook
- Dr Allen Cutler, ??? BOISE Idaho? (~~check northwestern~~)
- Sherman Cox, Dental Advisor, Dental Education Facilities Branch, Division of Educational and Research Facilities
- Stanley Dube, Architect, Dental Education Facilities Branch, Division of Educational and Research Facilities
- Preston Littleton, Dental Advisor, Dental Education Facilities Branch, Division of Educational and Research Facilities
- Charles Hayden, Regional Dental Consultant, Department of Health, Education and Welfare, Region VI.



*look on site visit list  
for title*

UNIVERSITY OF MINNESOTA'S HEALTH MANPOWER RESPONSIBILITIES

President Moos recalled the University of Minnesota Health Sciences distinguished role in providing health manpower for the upper midwest. As the only producer of physicians and other graduate health manpower ~~produced~~ for Minnesota, Montana, North and South Dakota and western Wisconsin, the University of Minnesota Health Sciences have responsibility for meeting both urban and rural manpower needs. In meeting this manpower challenge, the University of Minnesota, where almost every discipline is under one administration, views size as a strength allowing diversity and depth. Throughout the planning process, Central Administration has been impressed by the contribution of the health sciences faculties in developing programmatic objectives and by the plans developed by the architects to accommodate these objectives.

The State Legislature <sup>also impressed with</sup> is ~~xxxxx/xx~~ the University's responsibility for developing health manpower capability for Minnesota. The committee established to make recommendations for a second medical school affirmed that no second medical school within the state could substitute for expansion of University of Minnesota Health Sciences and urged that the University of Minnesota development program be given ~~priority~~ priority in legislative deliberations on how to meet health manpower demands.

BACKGROUND OF HEALTH SCIENCES DEVELOPMENT PROGRAM

Vice President Donald Smith traced the history of the planning effort from the Hill Family Foundation Study of health manpower needs of the upper midwest to the present. The health sciences development program is the most massive <sup>single</sup> expansion effort undertaken by the University.

In response to the findings of the Hill Family Study, ~~in 1965~~ <sup>in 1966</sup> the Health Sciences Long Range Planning Committee was organized to bring together Central Administration, and health sciences <sup>faculties</sup> ~~faculties~~ and administration in developing a statement of goals and objectives for health sciences development. A working subcommittee was appointed for each unit of the health sciences, with representation from other, related disciplines.

Program and space recommendations were published February, 1967. Hamilton Associates, consultants, were engaged to make a preliminary estimate of building needs based on the report of the Health Sciences Long Range Planning Committee. In May, 1967, ~~the Legislature was introduced to the~~ <sup>a</sup> \$54 million building program ~~and granted~~ <sup>was presented to the legislature</sup> ~~it granted~~ <sup>^</sup> planning and land purchase monies. ~~Also~~ <sup>Later</sup> in 1967, the College of Pharmacy was invited to participate in planning in conjunction with the other health sciences.

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~~xxxxx~~ Dean Howard spoke on behalf of the School of Nursing, the School of Public Health, University Hospitals, and the Medical School, and programs within the College for the allied health professions. Recently the College of Medical Sciences has joined with the School of Dentistry and the College of Pharmacy to share faculty and facilities and to work together in planning for the future of health manpower.

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1. Increase entering class size from 163 to 203.
2. Increase transfer students from two-year medical school to 25/year.
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Mr. Peter Sammond, Associate Director, <sup>emphasized</sup> ~~outlined~~ University Hospitals <sup>role in health</sup> ~~science education.~~ <sup>while</sup> ~~University Hospitals~~ has service obligations to the upper midwest, <sup>it has</sup> ~~growing~~ responsibilities to all the health sciences educational programs. Currently 3,000 students utilize University Hospitals as a clinical education environment. With the <sup>health sciences</sup> development program, the student population will increase to over 5,000. In addition to accommodating the growing size of health manpower programs, University Hospitals strives to be responsive to new educational programs, i.e., Family Practice and Community Health, masters degree nurse clinician, nurse administration and clinical pharmacy. The theme of the University Hospitals-sponsored Health of the Nation lecture series this year is health manpower, again illustrating the Hospitals commitment to health sciences education.

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by the Hill Family Foundation study, the Legislature appropriated one-half million dollars for preliminary planning and land purchase in 1967. ~~(2222)~~ <sup>\$ 650,000 for</sup>

With presentation of master planning for the health sciences to the Legislative Building Commission, May, 1968, the cost of Step 1 was estimated at \$28 million. Firmly committed to expanding the output of health manpower, the <sup>1969</sup> Legislature requested scrutiny of the \$28 million estimate to determine how realistic it was. A careful projection of costs based on recent bids let in the Twin Cities vicinity and estimating ~~inflation~~ the inflation factor to the date set for letting bids for Step 1, indicated that the cost of Step 1 is closer to \$40 million. The Legislature allocated \$14 million for the present biennium to demonstrate the State's commitment to the development program. Recognizing that the Legislature has committed itself to financing the State's full share of Step 1, but that technically one legislative session cannot bind successive sessions, the University Board of Regents adopted a resolution pledging full faith and credit for the balance of the State's share of Step 1 which is currently estimated at \$7.9 million. In effect, State funding is available in full.

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A. \$150 million. <sup>3</sup>

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Request: NIH would like a copy of the Regents' resolution.

Q. How does the <sup>Regents</sup> ~~Regents~~ pledge ~~function~~ function operationally?

A. This procedure has been utilized in other building projects of significant size.

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#### Faculty Financing

*Vice President William Shepherd indicated that*  
A faculty projections for the health ~~ix~~ sciences have received careful study at the college level and from Central Administration, and have strong ~~Regent~~ support from the Regents and the Legislature.

Studies at comparable institutions pointed to an imbalance ~~n~~ in state supported faculty within the Medical School. There will be a concerted effort to rectify the imbalance by increasing State support for faculty to 100 positions by 1973. The increment will bring the proportion of state supported faculty to 65-70% with the remainder financed by service and research resources. The increase takes into account faculty requirements for the Family Practice program and the new curriculum. The increment of state supported positions will not result in a net increase since a number of faculty will be transferred to state funds. Completion of Step 1 of the development program will be accompanied by faculty increments after 1973 to accommodate the increasing student enrollment.

State support for the School of Dentistry development has been demonstrated by the significant growth of faculty ~~f~~ over the last few years. Since the dental faculty already reflects balanced state support, future faculty increments will correspond to increasing student enrollment and program development.

The School of Public Health is regarded as a national effort and, as such, maintaining state support for one-third of the faculty is considered appropriate.

The School of Nursing is currently seeking a dean. In negotiating for a new dean, sufficient faculty will be provided to meet enrollment and programmatic requirements.

In approaching the State Legislature for buidding monies for the health sciences, a request separate from other University building projects was submitted to assure a high degree of visibility. In the future, requests for health sciences faculty may be submitted to the Legislature in the same manner. Both the State Legislature and the public are responsive to the need to provide adequate faculty for health sciences education.

#### OVERVIEW OF MASTER PLANNING AND SCHEMATICS

Mr. Hugh Peacock, University Planner, reviewed architectural progress. Due to the scope of the health sciences development program, the decision was made in 1967 to retain an architectural consortium--The Architects Collaborative and three Twin Cities-based architectural firms. The constraints arising from a project of this size included (1) the limits of site, (2) ~~bx~~ access and (3) budget. Plans have been developed along the lines of a number of important criteria:

1. Integration of new and existing structures
2. Interaction of the health sciences disciplines
3. Potential for lateral and vertical expansion
4. Flexibility to accommodate change with minimum disruption of on-going activities
5. Movement of people and goods
6. Significant architectural image.

Mr. Peacock narrated a slide presentation reviewing important aspects of master planning and schematic development for the health sciences. The presentation focused on:

The relation of University of Minnesota Health Sciences Center to the region, the state, the metropolitan area and the Univerxity.

The master plan for Phase I.

Plans for segregating public and service access to the Center.

Plans for segregated pedestrian and service circulation within the Center.

Plans for phasing development and potential expansion.

Plan for utility services.

Level by level analysis of Unit A.

Architectural renderings of Phase I.

Q. How has the prorating of classroom space been determined?

A. A special planning committee was organized to survey classroom requirements projected by the health science disciplines, and to make recommendations for the most effective distribution of classrooms. University Room Scheduling was then asked to corroborate the proposal from the perspective of current practices modified by the increment of students and proposed curriculum revisions. Space has been assigned according to projected utilization by each discipline. The portion delineated for ~~fixed~~ federal funding corresponds to the federal match for each discipline participating in the Step 1 grant application. Space to be utilized by other health science or University units for health sciences classes is applicant space marked in gray and excluded from the application for federal funds. ~~( )~~

~~\_\_\_\_\_~~

Q. Are the multi-purpose laboratories designed to accommodate projected enrollments beyond 1975?

A. This will have to be verified.

Q. If enrollments for the School of Nursing are projected to increase from 390 to 555, will doubling space from 15,000 to 32,000 square feet be adequate?

A. Plans for future steps of Phase I may require adjustment. However, it is necessary to remain within the total space program proposed for Phase I.

Respectfully submitted,

Karen Levin, Research Assistant  
Health Sciences Planning Office

NATIONAL INSTITUTES OF HEALTH

UNIVERSITY OF MINNESOTA

HEALTH SCIENCES SITE VISIT

July 15, 16, 17

Tuesday, July 15

- 8:00 Bus will pick up the site visitors at the Holiday Inn Motel
- 8:30 Meeting at Architecture Court to view model of campus and Health Sciences complex - Hugh G.S. Peacock
- 8:45 Brief tour of campus and Health Sciences site
- 9:30 General meeting with representatives of U of M central administration, Health Sciences units and architectural team

Welcome - Malcolm Moos, President

Introductions and Planning Process - Donald K. Smith,  
Vice President for Administration

Presentations by -

Erwin M. Schaffer, Dean, School of Dentistry 6 min.

Robert B. Howard, Dean, College of Medical Sciences 13 1/2 min.

Hugh F. Kabat, Professor, College of Pharmacy 2 min.

Peter H. Sammond, Associate Director, University Hospitals 5 min.

University Academic Commitment -

William G. Shepherd, Vice President for Academic Administration

Report on Minnesota Legislative Support for Project -

Stanley J. Wenberg, Vice President for Educational Relationships and Development

Slide Presentation of Proposed Facility -

Hugh G.S. Peacock, University Planner

Others attending:

Gaylord W. Anderson, Director, School of Public Health

H. Mead Cavert, Associate Dean, College of Medical Sciences

Winston A. Close, Advisory Architect, Advanced Architecture

Marcia C. Cushmore, Research Fellow, Federal Programs

M. Isabel Harris, Acting Dean, School of Nursing

Mellor R. Holland, Assistant Dean, School of Dentistry

Stanley B. Kegler, Assistant Vice President for Educational Relationships and Development

Roland Kløver, Partner, The Architects Collaborative

Eugene A. Kogl, Supervisory Engineer, Plant Services

Roy V. Lund, Assistant Vice President for Business Administration and Director, Plant Services

Laurence R. Lunden, Vice President for Business Administration

Robert O. Mulhausen, Assistant Dean, College of Medical Sciences

C. Thomas Smith, Associate Director, University Hospitals and Coordinator of the Health Sciences Planning

William T.S. Thorp, Dean, College of Veterinary Medicine

12:00 Luncheon, Campus Club, hosted by Vice President Stanley J. Wenberg with State Representative Fitzsimons and Senator Holmquist attending

1:30 Executive Session

2:00 Dental Team

1. Tour of science labs and dental facilities
2. Meetings with basic science and clinical department chairmen

Public Health Team

1. Meeting with Dean Howard
2. Meeting with Dr. Anderson
3. Tour of all present Public Health areas
4. Meeting with faculty and students

Medical Team

1. Meeting with Educational Policy Committee representatives
2. Meeting with Medical students
3. Interviews with department chairmen

5:00 Return to motel via bus from Mayo



Wednesday, July 16

- 8:15 Bus will pick up site visit team at motel arriving at Mayo Building
- 8:30 Dental Team
1. Continue meetings with department chairmen and faculty
  2. Meet with representative of University Hospitals
- Medical Team
1. Tour basic science labs and out-patient and patient floors of hospital
  2. Continue meetings with department chairmen
  3. Meeting with Dean Howard and Associate Dean Cavert
- 12:30 Luncheons hosted by Dean Schaffer and Dean Howard, Campus Club
- 1:30 Executive Session
- 2:00 Dental Team meeting with representatives of affiliated hospitals
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- 2:30 Dental Team continue meetings
- 3:30 Medical Team continue meetings
- 5:00 Bus will pick up site visit team at Mayo Building and return to Holiday Inn

## Introductory NIH Site Visit Meeting

Summary of morning meeting, 15 July 1969.

Attending for the University of Minnesota

Malcolm Moos, President

Lawrence Lunden, Vice President, Business Administration

William Shepherd, Vice President, Academic Administration

Donald Smith, Vice President, Administration

Stanley Wenberg, Vice President, Educational Relationships & Development

Elmer Learn, University Planning Coordinator

Roy Lund, Assistant Vice President and Director, Plant Services

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Roland Kluver, The Architects Collaborative

Donald Mawha, The Architects Collaborative

John Scott, The Architects Collaborative

Kenneth Taylor, The Architects Collaborative

Robert Turner, The Architects Collaborative

Attending for The National Institutes of Health

Vlado Getting, Chairman, Department of Community Health Services, School of Public Health, University of Michigan  
Jere Goyan, Dean, School of Pharmacy, University of California  
Joseph Harrington, Assistant Professor of Environmental Health Engineering, Harvard University  
Robert Page, Dean, Medical College of Ohio at Toledo  
F. Carter Pannill, Dean, University of Texas at San Antonio  
Joseph ~~Sam~~ Volker, President, University of Alabama in Birmingham, National Advisory Council on Education for Health Professions  
Theodore ~~X~~ Lorenzen, Public Health Advisor, Division of Educational and Research Facilities.  
Robert Capone, Public Health Advisor, Division of Educational And Research Facilities  
Charles Wagner, Architect, Division of Educational and Research Facilities  
Stanley Krumbiegel, Program Director, Health Facilities Planning and Construction Service, Region VI  
Roger Swank, Architect, Health Facilities Planning and Construction Service, Region VI  
Arthur Kramish, Assistant Associate Regional Health Director, Bureau of Health Professions Education and Man power Training, Region VI  
Anastasia Petras, Nurse Consultant, Nursing Education Facilities Branch, Division of Educational and Research Facilities  
Don Young, Legal Advisor, Office of General Counsel, Department of Health, Education and Welfare

~~XXXXXXXXXX~~

Harold Boyer, Dean, School of Dentistry, University of Louisville  
J. Howard Oaks, Dean, School of Dentistry, State University of New York at Stonybrook.  
Allen Cutler,  
Sherman Cox, Dental Advisor, Dental Education Facilities Branch, Division of Educational and Research Facilities  
Stanley Dube, Architect, Dental Education Facilities Branch, Division of Educational and Research Facilities  
Preston Littleton, Dental Advisor, Dental Education Facilities Branch, Division of Educational and Research Facilities  
Charles Hayden, Regional Dental Consultant, Department of Health, Education and Welfare, Region VI.

UNIVERSITY OF MINNESOTA'S HEALTH MANPOWER RESPONSIBILITIES

President Moos recalled the University of Minnesota Health Sciences distinguished role in providing health manpower for the upper midwest. As the only producer of physicians and other graduate health manpower ~~for~~ for Minnesota, Montana, North and South Dakota and western Wisconsin, the University of Minnesota Health Sciences have responsibility for meeting both urban and rural manpower needs. In meeting this manpower challenge, the University of Minnesota, where almost every discipline is under one administration, views size as a strength allowing diversity and depth. Throughout the planning process, Central Administration has been impressed by the contribution of the health sciences faculties in developing programmatic objectives and by the plans developed by the architects to accommodate these objectives.

The State Legislature <sup>also impressed with</sup> is ~~aware of~~ the University's responsibility for developing health manpower capability for Minnesota. The committee established to make recommendations for a second medical school affirmed that no second medical school within the state could substitute for expansion of University of Minnesota Health Sciences and urged that the University of Minnesota development program be given ~~priority~~ priority in legislative deliberations on how to meet health manpower demands.

BACKGROUND OF HEALTH SCIENCES DEVELOPMENT PROGRAM

Vice President Donald Smith traced the history of the planning effort from the Hill Family Foundation Study of health manpower needs of the upper midwest to the present. The health sciences development program is the most massive <sup>single</sup> expansion effort undertaken by the University.

In response to the findings of the Hill Family Study, ~~in 1965~~ the Health Sciences Long Range Planning Committee was organized <sup>in 1966</sup> to bring together Central Administration, <sup>faculties</sup> and health sciences faculty and administration in developing a statement of goals and objectives for health sciences development. A working subcommittee was appointed for each unit of the health sciences, with representation from other, related disciplines.

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#### Faculty Financing

*Vice President William Shepherd indicated that*  
A faculty projections for the health ~~ix~~ sciences have received careful study at the college level and from Central Administration, and have strong ~~Regent~~ support from the Regents and the Legislature.

Studies at comparable institutions pointed to an imbalance ~~n~~ in state supported faculty within the Medical School. There will be a concerted effort to rectify the imbalance by increasing State support for faculty to 100 positions by 1973. The increment will bring the proportion of state supported faculty to 65-70% with the remainder financed by service and research resources. The increase takes into account faculty requirements for the Family Practice program and the new curriculum. The increment of state supported positions will not result in a net increase since a number of faculty will be transferred to state funds. Completion of Step 1 of the development program will be accompanied by faculty increments after 1973 to accommodate the increasing student enrollment.

State support for the School of Dentistry development has been demonstrated by the significant growth of faculty ~~f~~ over the last few years. Since the dental faculty already reflects balanced state support, future faculty increments will correspond to increasing student enrollment and program development.

The School of Public Health is regarded as a national effort and, as such, maintaining state support for one-third of the faculty is considered appropriate.

The School of Nursing is currently seeking a dean. In negotiating for a new dean, sufficient faculty will be provided to meet enrollment and programmatic requirements.

In approaching the State Legislature for bidding monies for the health sciences, a request separate from other University building projects was submitted to assure a high degree of visibility. In the future, requests for health sciences faculty may be submitted to the Legislature in the same manner. Both the State Legislature and the public are responsive to the need to provide adequate faculty for health sciences education.

#### OVERVIEW OF MASTER PLANNING AND SCHEMATICS

Mr. Hugh Peacock, University Planner, reviewed architectural progress. Due to the scope of the health sciences development program, the decision was made in 1967 to retain an architectural consortium--The Architects Collaborative and three Twin Cities-based architectural firms. The constraints arising from a project of this size included (1) the limits of site, (2) ~~the~~ access and (3) budget. Plans have been developed along the lines of a number of important criteria:

1. Integration of new and existing structures
2. Interaction of the health sciences disciplines
3. Potential for lateral and vertical expansion
4. Flexibility to accommodate change with minimum disruption of on-going activities
5. Movement of people and goods
6. Significant architectural image.

Mr. Peacock narrated a slide presentation reviewing important aspects of master planning and schematic development for the health sciences. The presentation focused on:

The relation of University of Minnesota Health Sciences Center to the region, the state, the metropolitan area and the University.

The master plan for Phase I.

Plans for segregating public and service access to the Center.

Plans for segregated pedestrian and service circulation within the Center.

Plans for phasing development and potential expansion.

Plan for utility services.

Level by level analysis of Unit A.

Architectural renderings of Phase I.

Q. How has the prorating of classroom space been determined?

A. A special planning committee was organized to survey classroom requirements ~~projected~~ projected by the health science disciplines, and to make recommendations for the most effective distribution of classrooms. University Room Scheduling was then asked to corroborate the proposal from the perspective of current practices modified by the increment of students and proposed curriculum revisions. Space has been assigned according to projected utilization by each discipline. The portion delineated for ~~XXXX~~ federal funding corresponds to the federal match for each discipline participating in the Step 1 grant application. Space to be utilized by ~~xx~~ other health science or University units for health sciences classes is applicant space marked in gray and excluded from the application for federal funds. ((((( Is this correct????))))))

Q. Are the multi-purpose laboratories designed to accommodate projected enrollments beyond 1975?

A. This will have to be verified.

Q. If enrollments for the School of Nursing are projected to increase from 390 to 555, will doubling space from 15,000 to 32,000 square feet be adequate?

A. Plans for future steps of Phase I may require adjustment. However, it is necessary to remain within the total space program proposed for Phase I.

Respectfully submitted,

Karen Levin, Research Assistant  
Health Sciences Planning Office

Report of Final NIH Site Visit Meeting

July 17, 1969

Attending: Sherman Cox, Marcia Cushmore, Stanley Dube, Gene Kogl,  
Ted Lorenzen, Hugh G.S. Peacock, Vic Scott, C. Thomas Smith,  
Ken Taylor, Charles Wagner, Don Young

This meeting was held just prior to the NIH representatives' return to Washington, after the formal site visit was concluded. Several items were discussed and some additional information requested during the meeting. In chronological order these were:

1. Mr. Lorenzen stated that he had already asked the medical people and again was asking the University if the projected increase in medical student enrollment is the best the University can do in terms of health manpower. If the Medical School can do more than increase to 203 by 1976 perhaps the match on the medical portion might be larger.
2. Mr. Lorenzen stated that the additional corrections and information requested would have the following deadline: dental--September 1;  
other--October 1.
3. Mr. Lorenzen asked if there was a typing error on the supplemental student information page M-242 (medical) where we state that the highest student enrollment has been 164. I believe this should be 163.
4. Mr. Lorenzen reiterated again that perhaps there would be a more favorable match for a 35% student increase of first-year medical students. If the Medical School could come up with 17 additional first-year students, perhaps we would get the 2 to 1 matching ratio.
5. The question was raised as to why the building was designed the way it was with broader floors at the bottom and then the building narrowing. Mr. Lorenzen stated that Dean Howard suggested to the site visitors that perhaps the need of additional pediatrics and medical space might result in expanding these floors.
6. Mr. Dube stated that perhaps we should restudy the pathology student areas. It seemed to them that perhaps more places were needed, especially during the spring quarter so it would not be so heavily scheduled. This appears to be up to us, but if we do change this they would like to see this.
7. It was stated that perhaps we would like to look at the differences in the sizes of rooms. Either to justify and explain the differences in size or else perhaps consider standardizing the sizes.
8. NIH would like to have a breakout of the federal share of all three programs on the first page of the application.

MARCIA →

Kogl

9. The student supplemental pages should be grouped by discipline, and NIH will do this when they reproduce our application.

10. There seems to have been some difficulty in the student section of the public health supplemental page -- page 12. The base figure of 261 was used. It was thought by Mr. Capone that we have a projected enrollment of 412. He would like to know what the projected enrollment is in relation to Unit A; not the enrollment that will result from work done on Powell and Mayo.

11. Each supplemental page should have a signature page. Mrs. Cushmore will contact Mr. Lorenzen as to obtain this form.

12. It was suggested that perhaps we should add a narrative to the public health student information stating that Powell and Mayo would have such and such done by such and such dates and the projections of the increase.

13. Mr. Lorenzen pointed out that perhaps we had misunderstood the need for expansion in public health. He suggested that we should have at least a minor expansion of 5% to clearly qualify for Health Manpower in public health.

14. Mr. Wagner suggested that the utility information was not shown on the site plan and that it should be explained where and what the \$1,800,000 figure is. Other architectural engineering points were discussed and I believe that these are being handled by Mr. Kogl's office and Mr. Taylor. Examples of these are: (a) items that we have under "other" go under the mechanical section (b) we should prepare a backup sheet to pages 6 and 7 (c) we should have applicant space where appropriate on pages 6 and 7 (d) there's a possibility that a decision will be reached that will allow a certain figure for equipment per square foot which would eliminate equipment lists. This may or may not affect us; the decision has not been made (e) there's a discrepancy between the figure we use on page 6, item e and that figure that we use on page 2, item 8A, 1a. This should be modified or explained.

15. The supplemental information form on student increase should be changed on the appropriate page 12's if the decision is reached to do this.

16. It was suggested that following page 2 we might want to give a summary of the movable equipment by department -- what the total is for each of the four; that is, Public Health, Dentistry, Medicine, and applicant space.

17. In the medical area NIH would like a breakdown between research and teaching of total space. This should be done on page 5 under "c." It should also be done for all disciplines and "e" should be added to that to include "graduate space." In general whatever colors on plans exist should be reflected or included in a backup to page 5.

18. The question was raised how we arrived at the basis of proration between teaching and research. An additional narrative statement on that needs to be included; perhaps two or three sentences. It should be something other than that this was an arbitrary decision.

19. Bob Mulhausen is preparing a future phased chart and in the applicant's guide there is an example which we might want to follow. One chart could perhaps be prepared for all disciplines and information on affiliated hospitals could also be included if that's applicable. Across the top we might say... projections related to increased size in Medical Students from X to X, Public Health Students from X to X, Dental Students from X to X, etc. So finally we could see the total or X number of students is costing X number of dollars. This chart should also include estimated dates and square footage. In this chart we might also have a note stating that the medical information may be changed as of October 1. The chart needs to be in by September 1. Mr. Wagner pointed out that the supervision figure included an amount for University personnel. We need to write a paragraph explaining what the figure is based on and include it in the supplement to page 6.

MP  
KT  
TS

20. Roland Kløver needs to do another letter explaining the base used for our escalation projection.

21. NIH wondered if the affiliation letters were signed. The copies of the application did not show the signatures.

Macia

22. The next point raised was the possibility of going to bid on footings ahead of the other construction. This would make that portion of the project ineligible for federal funding. If we are considering doing this we should break out this figure now. If we think we might do that we would probably like to change estimated construction schedule to fall of 1970.

23. The question was raised by Ken Taylor that if all went all right what was the earliest time we might receive funding. Mr. Lorenzen pointed out that it might be the fall of 1970 if March of 1971 (estimated beginning construction date) is right. If we change to an earlier contract that might possibly change our time of funding.

24. We do need to break out the figure that would be involved in that early contract for footings which we might let. This should be after page 2 or page 7. (Mr. Wenberg's counsel should perhaps be sought on the value of going ahead on the footings in order to show the legislature some physical activity resulting from their \$14 million appropriation).

25. Ken Taylor asked the number of additional lap sets which would be needed at NIH. We should send 20 more additional sets to Dr. Cox.

26. The outlined specifications should be separately bound and sent to NIH if they haven't already.

27. There will be some changes in the dental clinical floors and should be reflected in the slides which we are giving NIH. The cubicles have been increased in size.

28. Dr. Cox felt that discussions of how soon we might receive money were academic in that we do not have our matching funds. Mr. Lorenzen was quick to point out that we did. A discussion followed which we hope came out to the point that the Regents will guarantee and will in fact borrow the funds needed to come up with the matching funds if necessary. After our project is approved, perhaps we should again state that the University does have full matching funds ready and available.

TAC ?  
to hand  
charts  
matching

THE ARCHITECTS COLLABORATIVE Inc.

OFFICE MEMORANDUM

TO : University of Minnesota Team  
FROM : K. Taylor  
DATE : 21 July 1969  
SUBJECT: Final Review Meeting of Site Visit Team  
Thursday, 17 July, 9:30 a.m.  
PRESENT: Mr. Lorenzen, Mr. Wagner, Dr. Cox, Mr. Dube, Mr. Capone,  
Mr. Peacock, Mr. Tom Smith, Mr. Taylor

Received By  
Assoc. Director's Office

JUL 28 1969

UNIVERSITY HOSPITALS

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General Points Made at the Meeting Include the Following:

1. NIH review for Dentistry is in September, for Medicine and Public Health in October.
2. Amended, revised application should be returned to NIH by September 1.
3. 20 lap sets of application will be forwarded by TAC to Dr. Cox for use by NIH.
4. NIH has encouraged the Medical School to increase its enrollment a minimum of 35% from 163 to 220 students. If a current proposal is approved by NIH, an expansion of 35% or more will allow eligibility of 2:1 federal funding across the boards.
5. Indentation of Medicine and Pediatrics floors was questioned. Wouldn't it be more economical to increase the plan area?
6. The size and number of sections of Basic Science Teaching Labs were questioned, especially Pathology. If they remain as they are, an explanation and justification should be included with the application.
7. The table of future phased projects should be revised to show amount of funding participation expected of each agency for each unit and should include affiliated hospitals. Units 'B' and 'C' should be detailed separately.
8. If all goes well, the earliest date the project could be funded is probably around September, 1970.



9. If it is determined that a separate excavation and piling contract should be let before the project is funded, a separate projected cost for this work should be identified in the revised application. Contracts let before funding are not eligible except for that proportion of the work actually done after funding.
10. It may be beneficial to identify September, 1970 in the application as the date the first contract will be let in case separate contracts are let.
11. If architectural changes such as size of dentistry cubicles, expansion of medicine and pediatrics floors, or modification of basic science teaching labs are made, revised drawings should be submitted with the revised application September 1. Drawings as shown are sufficiently detailed.
11. Basic science teaching labs projected use by central scheduling should be reviewed with Basic Science Department heads, especially Dr. Armstrong for Biochemistry.

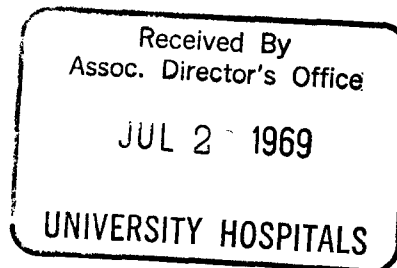
Specific Points Regarding the General Section of the Application Include the Following:

- ✓ 1. p.1 Section 1. In addition to total federal participation, indicate projected participation of Medical, Dental, and Public Health.
- ✓ 2. 1.2 Section 8A (1)(a) Figure for contracts including building fixed equipment should be the same as figure p.6 Section 10E.
- ✓ 3. p.2 Section 8A (4) Add a line (other) to include figure for utility costs, site work, heating plant expansion, etc.
- ✓ 4. After p.2 include summary of total fixed equipment costs and costs for Dentistry, Medicine and Public Health.
- ✓ 5. p.5 Section 9c. Medicine, Dentistry, and Public Health should be broken down into their respective categories (teaching, research, graduate, etc.) relating to the colored areas and summarized both by area and percentage. A narrative should accompany these indicating how subdivided areas were determined.
- ✓ 6. p.6 Section 10. Include a column for Applicants in addition to Medical, Dental and Public Health.
- ✓ 7. p.6 Section 10F. Fixed scientific equipment (in contract) probably should include a figure for applicants. Basic Sciences and shared classroom fixed equipment should be prorated.
- ✓ 8. p.6 Section 10H. Utility lines include on and off site work.

9. p.6 Section 10K. 'Other' includes contingency (\$850,000) and Data Control Center (\$210,000).
10. p.7 Section 10M. Explain 'supervision'.
11. p.7 Section 12B. It may be beneficial to advance this date to the earliest time of funding in case a separate excavation and contract is let.
12. p.12 Section 1A & B. Explain Public Health enrollment figures showing increase of students in Step 1 and Phase 1.
13. A signature page for the Dean of each school should appear after each of the student enrollment supplement sheets, pages 14.
14. General Application Narrative, p.11. Modify table of future phased projects as discussed earlier.
15. General Application Narrative pp. 13-14. Modify letter to clarify method of determining cost/GSF.

K. Taylor

KT/bb



July 23, 1969

Mr. C. Thomas Smith, Jr.  
Associate Director  
University Hospitals

Dear Tom:

I would like to take this opportunity to thank you for your participation on behalf of the Hospitals in the recent NIH site visit. It was unfortunate that the time schedule had to be changed so often, but I do appreciate your adjusting to the revisions. From all indications so far, it would seem that our part of the site visit went well. Thank you again for your assistance.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Peter H. Sammond".

Peter H. Sammond  
Associate Director

PHS/js



28 July 1969

TO: Marcia Cushmore, Office of Educational Relationships & Development  
Hugh Peacock, University Planning Office

FROM: Karen Levin, Health Sciences Planning Office

SUBJECT: Summary of Review Committee Analysis of Additional Information  
Required for NIH (25 July 1969)

PUBLIC HEALTH COMMENTS

A refined table of enrollment is the only additional item requested of the School of Public Health by NIH. Dr. Anderson will prepare a memorandum differentiating the student increment with the completion of Step 1 from the increment resulting with Public Health expansion into Powell Hall.

SCHOOL OF DENTISTRY COMMENTS

The deadline for the additional material requested from the School of Dentistry is September 1. Dr. Holland indicated that the dental site review team will present the project to another review committee prior to the Council meeting. The review team's comments were directed toward building the strongest possible program for presentation in Washington. Requests for additional material included:

1. A set of slides on the development program, preferably clearer than those shown for the NIH review team.
2. A statement on how the University of Minnesota gets operating and construction funds.
3. A summary indicating the basis for prorating basic science classroom space.
4. A statement clarifying the function of areas labelled applicant space.
5. A summary sheet analyzing which existing classrooms will be retained and which classrooms in new construction will be in use by 1973-74.
6. A summary sheet indicating the percentage of shared classroom space assigned to the School of Dentistry with an explanation of how the percentage was established.
7. Greater detail from the architects on mechanical systems.

8. An estimate of the extent of School of Dentistry participation in future steps of the development program.
9. A copy of early planning documents including the Hamilton Report.
10. An organizational chart for the School of Dentistry indicating its relation to the health sciences and the University.
11. Revision of specific aspects of Unit A design, i.e., the clinical treatment room. The team seriously questioned whether sufficient sterilization space has been provided.
12. The School of Dentistry will consider revising student enrollment projections since a slight increment may significantly affect the ratio of matching funds.

#### UNIVERSITY PLANNING OFFICE COMMENTS

1. Immediate consideration must be given to increasing enrollment projections for medical students by 17, in order to secure a better ratio for matching funds. The site visiting team emphasized the importance of this point. NIH views the Medical School competitively in relation to medical schools throughout the country and is looking for the greatest manpower output per dollar.
2. Although Mr. Lorenzen commented on the possibility of expanding medicine and pediatrics space in Unit A, Central Administration has affirmed its position that there are overwhelming reasons for holding the line on the scope of Step 1.
3. Since the size of the larger classrooms has been questioned in relation to initial enrollments, statements should be prepared explaining what additional groups attend the larger lectures. This is particularly significant in that graduate education space may also be eligible for funding.
4. A breakdown analyzing remaining Phase I units in terms of the student increment for each discipline is required in order to insure that future development is eligible for health manpower funds. Mr. Wagner suggested that the centralized receiving portions of Unit E would be eligible for matching funds in this respect.
5. A summary sheet is required listing total equipment needs by discipline.
6. An explanation is required of the basis for arriving at the 60-40 ratio of teaching to research space.

A meeting of the Review Committee with a representative from TAC will be scheduled the week of August 4 to discuss division of responsibility for developing the material noted above and in the Report of Final NIH Site Visit Meeting - July 17, 1969.

cc: C. Thomas Smith

*H.S. Exp.  
Lth Visit*

OFFICE OF THE VICE PRESIDENT FOR EDUCATIONAL RELATIONSHIPS  
AND DEVELOPMENT • MINNEAPOLIS, MINNESOTA 55455

PHONE 373-2054 • AREA CODE 612  
Received By  
Assoc. Director's Office  
AUG 1 1969  
UNIVERSITY HOSPITALS

August 1, 1969

To: C. Thomas Smith

From: Marcia Cushmore *MCC*

Unfortunately, I am going to be out of town all of next week and will miss the Wednesday afternoon meeting with Ken Taylor. I have had my secretary notify all of the review committee about this meeting, but have stressed that it is mainly a working meeting between the Dental, Medical, Public Health, TAC, and Plant Services people to assign responsibility and develop additional information requested by NIH. I imagine many of the members of the review committee not directly involved will not attend.

I understand that Hugh may not be able to attend the entire meeting, and I thought it might be helpful for me to give you my idea of what needs to be covered.

It seems to me that it is very important to have a clear understanding as to who is developing what information. I think that the responsibility of TAC and of Gene Kogl's office needs to be made clear. In the past, sometimes, it is a bit hazy.

I have asked Vic Scott to get together with Gene and Mr. Kemper to determine what specifically they need to have from TAC to develop the information for which they're responsible. I suggested that they might like to give you a list of specifics that they want to have covered in this meeting; but if they don't get that to you, Vic will be sure to bring each point up at this meeting.

Besides those items listed in my memo of the July 17 meeting and the minutes of the July 25 review committee meeting, I can't think of any other topics that need to be covered at this time.

Perhaps sometime before the end of August we might like to meet and discuss the best way of proceeding from here on in seeing this application through the November council meeting. Any information that I could give you that would be helpful in your new responsibilities, I would also be happy to cover. Please let me know how I can be helpful.

MCC:skf

THE ARCHITECTS COLLABORATIVE Inc.

OFFICE MEMORANDUM

TO : University of Minnesota Team

FROM : K. Taylor

DATE : 8 August 1969

SUBJECT: NIH Review Committee Meeting, 1:30 p.m., August 6, 1969

PRESENT: Mr. Smith, Mr. Scott, Mr. Kluver, Dr. Anderson, Dr. Mulhausen,  
Mr. Sammond, Mrs. Grundner, Mr. Kogl, Dr. Holland, Mr. Peacock,  
Mr. Taylor

---

The Committee met to review tasks yet to be completed for submission of the amended NIH Application. The following points were covered:

1. The proposed Medical School class size increase to 220 has been looked upon favorably in the initial discussion in the Medical School. Meetings to consider the increase and its implications in detail will be starting this week. The effect of possible expansion of the Medicine and Pediatrics Floors on the overall program was questioned.
2. The size and number of sections of Basic Science Teaching Laboratories were discussed. Basic Science Department heads will meet on Friday to clarify the rationale for the proposal. Dr. Mulhausen will call Mr. Lorenzen at NIH to discuss in more detail the comments of the site visitors.
3. The question of what additional large groups audit classes in the Shared Teaching Facilities was directed to Mrs. Grundner who will prepare a list. In addition Mrs. Grundner has the back-up data for the proportional sharing of these spaces. The effect on sharing of a change in the size increase of Medical Student classes will be investigated.
4. Future phased projects have been outlined and defined by TAC. It is necessary to determine how much NIH will be asked to participate in these projects. This problem will be presented to the Design Coordinating Committee.
5. The possibility of a higher percentage of NIH Dentistry participation will be checked by Dr. Holland with Dr. Cox and Mr. Dube.

UNIVERSITY OF MINNESOTA

Meeting Notes

8 August 1969

Page Two

6. Mr. Kogl will determine what the funding participation will be if 2:1 Medical School Funds are available. He will also make the modifications suggested by the NIH visitors by next week.
7. TAC will prepare a revised cost estimate letter for the application. In addition, TAC will provide more information of mechanical systems as requested.

Ken Taylor

KT/bb



28 July 1969

TO: Marcia Cushmore, Office of Educational Relationships & Development  
Hugh Peacock, University Planning Office

FROM: Karen Levin, Health Sciences Planning Office

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*Dr. Anderson*

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1. A set of slides on the development program, preferably clearer than those shown for the NIH review team.
2. A statement on how the University of Minnesota gets operating and construction funds. ~~if~~ *Kegler*
3. A summary indicating the basis for prorating basic science classroom space.
4. A statement clarifying the function of areas labelled applicant space. *... of building at 1st & 2nd ← Done*
5. A summary sheet analyzing which existing classrooms will be retained and which classrooms in new construction will be in use by 1973-74.
6. A summary sheet indicating the percentage of shared classroom space assigned to the School of Dentistry with an explanation of how the percentage was established.
7. Greater detail from the architects on mechanical systems.

*Marcia*

*OK*

*Done*

*TAC*

8. An estimate of the extent of School of Dentistry participation in future steps of the development program.
9. A copy of early planning documents including the Hamilton Report.
10. An organizational chart for the School of Dentistry indicating its relation to the health sciences and the University.
11. Revision of specific aspects of Unit A design, i.e., the clinical treatment room. The team seriously questioned whether sufficient sterilization space has been provided.
12. The School of Dentistry will consider revising student enrollment projections since a slight increment may significantly affect the ratio of matching funds. *Holland*

*Marcia*

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5. A summary sheet is required listing total equipment needs by discipline.
6. An explanation is required of the basis for arriving at the 60-40 ratio of teaching to research space.

*Already given Holland has*

A meeting of the Review Committee with a representative from TAC will be scheduled the week of August 4 to discuss division of responsibility for developing the material noted above and in the Report of Final NIH Site Visit Meeting - July 17, 1969.

cc: C. Thomas Smith

SUGGESTED OUTLINE FOR SITE VISIT REPORT

1. Names of site visitors, staff and personnel interviewed at school
2. Names of other site visit teams and their staff
3. Statement of Request
  - a. Federal programs involved and student increases (mention future plans)
  - b. Status of any other Federal support for facility
  - c. Succinct statement of need
4. Background Information including brief history of the University and the project
5. Current Facilities

Describe

  - a. Basic educational facilities to include adequacy for the projected student increase
  - b. Describe Clinical facilities to include table of teaching beds current and projected by service and location
  - c. Briefly describe Library facilities
6. Proposed Facilities
  - a. Status of site (fee simple, urban renewal land, etc.)
  - b. Brief description of planned contents of the proposed facility
  - c. Adequacy for planned class size
7. Master Planning and Future Phases
  - a. Include description of master planning, including chart of future phases
8. Financial Information
  - a. Matching money and source
  - b. Table of current and projected operating budgets

9. Administration

- a. University
- b. Professional school
- c. Hospital (where applicable)

10. Community Involvement

- a. Regional Medical Program
- b. Comprehensive Health Planning
- c. State and Local Agencies
- d. Other community programs

11. Curriculum

- a. Relationship to design
- b. Include chart if appropriate

12. Faculty

- a. Chart of current and projected by department
- b. Salary scale and source of financing
- c. Definition of fulltime

13. Students

- a. Increase
- b. Pool of applicants
- c. Geographic distribution
- d. Scores (MCAT, GPS)
- e. Attrition rates

14. Status of Accreditation

- a. Status of letter of reasonable assurance or continued accreditation
- b. Date of last accreditation visit and expected date of next visit

15. Research

- a. Amount of current net research space
- b. Projected space
- c. Current & projected research grant support
- d. Teaching relatedness of space requested

16. Library

- a. Description
- b. Users
- c. Organization
- d. Teaching relatedness of space requested

17. Constructive Advice

- a. Comments transmitted verbally to the school

18. Information requested

- a. Amendments
- b. Addendum items

19. Evaluation

- a. Summarize pros and cons of proposed facilities faculty, students, etc.

20. Recommendation