

## MEMORANDUM

April 11, 2000

**TO:** Board of Regents, University of Minnesota  
**FR:** J. Finnegan, Associate Dean for Academic Affairs  
School of Public Health  
**RE:** Executive Summary, School of Public Health Input  
Academic Health Center Strategic Plan, Phase I

---

### Executive Summary

To assist Phase I AHC Strategic Planning, the School of Public Health (SPH) conducted two focus groups of faculty, students, and staff on February 15 and 21, 2000. The School's Policy Council served as the basis for this input. Since 1994, it has been the designated representative governing body of the SPH to assist and advise the Dean on policy issues and decisions. It is also representative of the School's constituencies including faculty, students and staff. In addition to the Dean, it is composed of 20 members of whom 9 are elected faculty representatives, 4 are division heads (and faculty), 3 are elected staff representatives, and 1 is the student senate co-president. The remaining 3 members are non-voting ex-officio members including two associate deans, and the chair of the AHC Faculty Consultative Committee.

In summary, the following key themes emerged:

### The Central Role of Research

- 1) Research must be at the center of any AHC-wide vision. The AHC is the ONLY organization in the state with the full capacity to conduct cutting edge biomedical and public health research.
- 2) While faculty believe that the tripartite mission of research, education, and service is synergistic, they also acknowledge that what makes the AHC unique in the state is its research culture. Research drives improvements in patient care, public prevention and education, and the education of health professionals. To try to change the driving force of the AHC would necessitate creating a fundamentally different culture than currently exists. If research were NOT to form the center of the AHC vision, most faculty who COULD leave, would do so unhesitatingly. Under such conditions, Minnesota would have squandered a jewel in its scientific (and economic) crown.

- 3) Many faculty felt that basic research should be afforded a role in the AHC strategic plan. Government and corporate interests, it seems, are more interested in funding applied research rather than basic research. Yet without basic research, and some means to fund it, the intellectual platform for applied research starts to crumble and collapse sooner or later. There are many examples in the AHC's history of basic research providing later applications not dreamt of at the time. For example, an interest in basic research in human physiology led Ancel Keys and others to understand the role of dietary and blood lipids in human health.
- 4) The AHC vision with research at the center must include mechanisms to support the entrepreneurial scientific spirit and cross disciplinary team building activity that have built successful research enterprises in the AHC.

### **Ideas to Drive the AHC Vision**

- 5) Chronic Disease Prevention and Management as an AHC-wide research, education, and outreach initiative emerged as a "20,000 foot" idea that may interest many of the AHC's diverse stakeholders and interest groups.
- 6) Developing the "Team Approach" to health care and prevention was a second idea suggested as an AHC-wide emphasis. The idea here was that the AHC should engage in a radical re-thinking of health professional education and practice based in a "team" concept that focuses on the patient AND the community and could include establishing clinical and community "laboratories" in key regions of the state.
- 7) Development of more and better public outreach and dissemination efforts. Participants were extremely impressed with the Mini Med School as a method of public dissemination and also building public support. Efforts like this should be institutionalized AHC wide, and other efforts using the Web (e.g., Cancer Center). There must be recurring support for these efforts.

### **The Problems of Finance and Management**

- 8) Participants averred that any AHC strategic vision must include a fix of the Medical School's financial problems. Many participants expressed reservations about the AHC's capacity to pursue strategic directions absent some fundamental reordering of the Medical School's situation. Many view the decline of the Medical School (e.g., measured in national reputation) as "pulling us all down." Despite misgivings about the Medical School's financial management and concern that it has yet to make hard financial decisions, participants were unanimous in wanting the School to succeed but not at the expense of the rest of the AHC.
- 9) Some participants believe that financial changes are also needed at Central Administration before the AHC will have a stronger resource base to realize its strategic directions. For example, currently Central Administration taxes revenue

streams differentially. ICR, the primary revenue stream of the AHC, is taxed at the rate of 49 percent and garners some \$30 million. Tuition, the primary revenue stream of the CLA, is taxed at 1% and garners some \$1.7 million. Thus the perception exists on this side of Washington Avenue that the AHC is heavily subsidizing the rest of the University. In this light, Central is engaged in an income redistribution scheme which itself is partially causal of the AHC's (Medical School's) financial problems.

### **The Political Environment of the AHC and the University**

- 10) Participants raised concerns about the style and quality of legislative lobbying and public communication surrounding the AHC's agenda. Participants were cognizant of the political environment surrounding legislative decision-making about funding the University of Minnesota and the AHC. The general perception was that the legislature today is much less interested in investing in the University and the AHC, but that the public do not understand the consequences of this on Minnesota's scientific, educational, and economic standing, nor on the availability of a high quality health professional workforce. Participants urged a more aggressive, sharp-edged approach to communicating with the public and legislature. Quiet, reasonable persuasion and cooperation apparently has not worked. The University and the AHC are easy to ignore; there are no political consequences for doing so.
- 11) Participants noted that many legislators complain that federal and corporate interests increasingly influence the health research agenda, and that the state has decreasing influence. This is largely a function of who provides resources. Federal and corporate research funding have been increasing. Over time, state funding has been decreasing. If the state wishes to reclaim its influence on biomedical and public health research directions, it could do so by creating a self-sustaining research endowment.