UNIVERSITY OF MINNESOTA

Vickie Courtney

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May 13, 1999

MEMORANDUM

To: Muriel Bebeau, Chairperson
Members, AHC-FCC

From: Frank B. Cerra, M.D.

Attached are the promotion and tenure summaries acted on and approved by the Board of Regents at their meeting on May 13, 1999.

Name	Unit	From		To	
COLLEGE OF AGRICULTURAL, FOOD, AND ENVIRONMENTAL SCIENCES					
Deborah L. Allan	Soil, Water, and Climate	Associate Professor	P	Professor	P
Roger L. Becker	Agronomy and Plant Genetics	Associate Professor	P	Professor	P
Jeffrey L. Gunsolus	Agronomy and Plant Genetics	Associate Professor	P	Professor	P
Lee J. Johnston	Animal Science[1]	Associate Professor	P[2]	Professor	P[2]
Kenneth R. Ostlie	Entomology	Associate Professor	P	Professor	P
Michael A. Schmitt	Soil, Water, and Climate	Associate Professor	P	Professor	P
William F. Wilcke	Biosystems and Agricultural Engineering	Associate Professor	P	Professor	P
Gregory J. Cuomo	Agronomy and Plant Genetics[1]	Assistant Professor	N[2]	Associate Professor	P[2]
Alfredo Dicostanzo	Animal Science	Assistant Professor	N	Associate Professor	P
Susan M. Galatowitsch	Horticultural Science[3]	Assistant Professor	N	Associate Professor	P
Rodney B.W. Smith	Applied Economics	Assistant Professor	N	Associate Professor	P
Marla Spivak	Entomology	Assistant Professor	N	Associate Professor	P
John M. Baker	Soil, Water, and Climate	Adjunct Associate Professor[2]		Adjunct Professor[2]	
COLLEGE OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE					
Mary Solomonson	Architecture	Assistant Professor	N	Associate Professor	P
Vincent James	Architecture	Adjunct Lecturer[2]		Adjunct Associate Professor[2]	

Employment Status Symbols

P - indefinite tenure; regular appointment
N - probationary (tenure-track); regular appointment
T - temporary, renewable; non-regular appointment
D - annual, renewable, non-regular appointment; Medical School clinical track faculty only.
I - multiple year fixed term, non-regular appointment; Medical School clinical-track associate professor and professor only.

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[11]joint with salary clinical specialist appointment with the department also

Name	Unit	From		To	
COLLEGE OF BIOLOGICAL SCIENCES					
Bridgette A. Barry	Biochemistry, Molecular Biology and Biophysics[4]	Associate Professor	P	Professor	P
Robert W. Sterner	Ecology, Evolution, and Behavior	Associate Professor	P	Professor	P
SCHOOL OF DENTISTRY					
Ralph DeLong	Oral Science	Associate Professor	P	Professor	P
Pamela R. Erickson	Preventive Sciences	Assistant Professor	N	Associate Professor	P
Tom W.P. Korioth	Oral Science	Assistant Professor	N	Associate Professor	P
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT					
Sandra L. Christenson	Educational Psychology	Associate Professor	P	Professor	P
John L. Romano	Educational Psychology	Associate Professor	P	Professor	P
David R. Johnson	Educational Policy and Administration	Associate Professor	N	Associate Professor	P
Darcia Fe Narvaez	Curriculum and Instruction	Assistant Professor	N	Associate Professor	P
GENERAL COLLEGE					
Murray S. Jensen		Assistant Professor	N	Associate Professor	P
COLLEGE OF HUMAN ECOLOGY					
Mark S. Umbreit	Social Work	Associate Professor	P	Professor	P

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Name	Unit	From		To	
COLLEGE OF HUMAN ECOLOGY (continued)					
Sandra K. Beeman	Social Work	Assistant Professor	N	Associate Professor	P
Barbara E. Martinson	Design, Housing, and Apparel	Assistant Professor	N	Associate Professor	P
James R. Reinardy	Social Work	Assistant Professor	N	Associate Professor	P
Ann C. Ziebarth	Design, Housing, and Apparel	Assistant Professor	N	Associate Professor	P
LAW SCHOOL					
Edward Scott Adams		Associate Professor	P	Professor	P
Ann M. Burkhardt		Associate Professor	P	Professor	P
Jim Chen		Associate Professor	P	Professor	P
Susan M. Wolf		Associate Professor	P	Professor	P
COLLEGE OF LIBERAL ARTS					
David Alan Grayson	Music	Associate Professor	P	Professor	P
Lary L. May	Program in American Studies	Associate Professor	P	Professor	P
Claire Wehr McCoy	Music	Associate Professor	P	Professor	P
Riv-Ellen Prell	Program in American Studies	Associate Professor	P	Professor	P
Edward Schiappa	Speech-Communication	Associate Professor	P	Professor	P
Clifton Ware	Music	Associate Professor	P	Professor	P
Brenda Child	Program in American Studies	Assistant Professor	N	Associate Professor	P
Susanna F. Ferlito	French and Italian	Assistant Professor	N	Associate Professor	P
Katherine Klink	Geography	Assistant Professor	N	Associate Professor	P
Chad J. Marsolek	Psychology	Assistant Professor	N	Associate Professor	P
Fernando A. Meza	Music	Assistant Professor	N	Associate Professor	P
Deniz S. Ones	Psychology	Assistant Professor	N	Associate Professor	P
Richard Price	Political Science	Assistant Professor	N	Associate Professor	P
Paul M. A. Shaw	Music	Assistant Professor	N	Associate Professor	P

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Name	Unit	From		To	
CARLSON SCHOOL OF MANAGEMENT					
Paul J. Seguin	Finance	Associate Professor	N	Associate Professor	P
Leslie A. Grant	Healthcare Management	Assistant Professor	N	Associate Professor	P
Sandra Jean Potthoff	Healthcare Management	Assistant Professor	N	Associate Professor	P
MEDICAL SCHOOL					
Gerald J. August	Psychiatry	Associate Professor	P	Professor	P
Blanche Chavers	Pediatrics	Associate Professor	P	Professor	P
H. Brent Clark	Laboratory Medicine and Pathology	Associate Professor	P	Professor	P
S. Mbua Ngale Efange	Radiology[5]	Associate Professor	P	Professor	P
Walter A. Hall	Neurosurgery[6]	Associate Professor	P	Professor	P
Maria K. Hordinsky	Dermatology	Associate Professor	P	Professor	P
Karen Hsiao	Neurology	Associate Professor	P	Professor	P
Jose Jessurun	Laboratory Medicine and Pathology	Associate Professor	P	Professor	P
Wesley J. Miller	Medicine	Associate Professor	P	Professor	P
Russell Ritenour	Radiology	Associate Professor	P	Professor	P
Mark E. Rosenberg	Medicine	Associate Professor	P	Professor	P
Yoji Shimizu	Laboratory Medicine and Pathology	Associate Professor	P	Professor	P
John Wagner	Pediatrics	Associate Professor	P	Professor	P
Herbert B. Ward	Surgery	Associate Professor	P	Professor	P
S. Hossein Fatemi	Psychiatry[7]	Associate Professor	N	Associate Professor	P
Patrick Higgins	Therapeutic Radiology/Radiation Oncology	Associate Professor	N	Associate Professor	P
Daniel Kohen	Pediatrics[8]	Associate Professor	T	Professor	T
Steven Miles	Medicine[9]	Associate Professor	T[2]	Professor	T[2]
Elsa Shapiro	Neurology	Associate Professor	T	Professor	T

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Name	Unit	From		To	
MEDICAL SCHOOL (continued)					
David Cornfield	Pediatrics	Assistant Professor	N	Associate Professor	P
Stella Davies	Pediatrics	Assistant Professor	N	Associate Professor	P
Lisa L. Hunter	Otolaryngology	Assistant Professor	N	Associate Professor	P
Harumi Jyonouchi	Pediatrics	Assistant Professor	N	Associate Professor	P
Antoinette Moran	Pediatrics	Assistant Professor	N	Associate Professor	P
Laura P.W. Ranum	Neurology	Assistant Professor	N	Associate Professor	P
Nancy C. Raymond	Psychiatry	Assistant Professor	N	Associate Professor	P
LaDora V. Thompson	Physical Medicine and Rehabilitation[10]	Assistant Professor	N	Associate Professor	P
Li-Na Wei	Pharmacology	Assistant Professor	N	Associate Professor	P
Michelle Biros	Emergency Medicine Program	Assistant Professor	T[2]	Associate Professor	T[2]
Richard Geise	Radiology[11]	Assistant Professor	T[2]	Associate Professor	T[2]
Timothy D. Henry	Medicine	Assistant Professor	T[2]	Associate Professor	T[2]
Robert A. Kratzke	Medicine	Assistant Professor	T[2]	Associate Professor	T[2]
Avi Nahum	Medicine	Assistant Professor	T[2]	Associate Professor	T[2]
Alan J. Bank	Medicine	Assistant Professor	D	Associate Professor	I
Daniel D. Buss	Orthopaedic Surgery	Assistant Professor	D	Associate Professor	I
Peter G. Duane	Medicine	Assistant Professor	D[2]	Associate Professor	I[2]
Cesar J. Ercole	Urologic Surgery	Assistant Professor	D	Associate Professor	I
Charles A. Herzog	Medicine	Assistant Professor	D[2]	Associate Professor	I[2]
Eitan Medini	Therapeutic Radiology/Radiation Oncology	Assistant Professor	D[2]	Associate Professor	I[2]
Warren Schubert	Surgery	Assistant Professor	D[2]	Associate Professor	I[2]
COLLEGE OF NATURAL RESOURCES					
Dorothy H. Anderson	Forest Resources	Associate Professor	P	Professor	P
Simo Sarkanen	Wood and Paper Science	Associate Professor	P	Professor	P

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Name	Unit	From		To	
SCHOOL OF NURSING					
Marsha L. Lewis		Assistant Professor	N	Associate Professor	P
Janice Post-White		Assistant Professor	N	Associate Professor	P
COLLEGE OF PHARMACY					
Raj G. Suryanarayanan	Pharmaceutics	Associate Professor	P	Professor	P
Wendy St. Peter	Pharmaceutical Care and Health Systems	Assistant Professor	T	Associate Professor	T
SCHOOL OF PUBLIC HEALTH					
Bradley P. Carlin	Biostatistics	Associate Professor	P	Professor	P
Jean L. Forster	Epidemiology	Associate Professor	P	Professor	P
John Nyman	Health Services Research and Policy	Associate Professor	P	Professor	P
Paul McGovern	Epidemiology	Associate Professor	T	Professor	T
Dianne Neumark-Sztainer	Epidemiology	Assistant Professor	N	Associate Professor	P
Pamela Schreiner	Epidemiology	Assistant Professor	N	Associate Professor	P
Kathleen Daly	Epidemiology	Adjunct Assistant Professor[2]		Adjunct Associate Professor[2]	
RESEARCH, OFFICE OF THE VICE PRESIDENT FOR					
Rhoderick E. Brown, Jr.	Hormel Institute	Associate Professor	T	Professor	T

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Name	Unit	From		To	
INSTITUTE OF TECHNOLOGY					
Daniel Lucius Boley	Computer Science and Engineering	Associate Professor	P	Professor	P
Graham V. Candler	Aerospace Engineering and Mechanics	Associate Professor	P	Professor	P
Bennett Chow	Mathematics	Associate Professor	P	Professor	P
Jane Holloway Davidson	Mechanical Engineering	Associate Professor	P	Professor	P
John S. Lowengrub	Mathematics	Associate Professor	P	Professor	P
Alon McCormick	Chemical Engineering and Materials Science	Associate Professor	P	Professor	P
Jaekyun (Jay) Moon	Electrical and Computer Engineering	Associate Professor	P	Professor	P
Emmanuel Detournay	Civil Engineering	Associate Professor	N	Professor	P
Sachin S. Sapatnekar	Electrical and Computer Engineering	Associate Professor	N	Associate Professor	P
Joseph A. Konstan	Computer Science and Engineering	Assistant Professor	N	Associate Professor	P
Uwe Kortshagen	Mechanical Engineering	Assistant Professor	N	Associate Professor	P
COLLEGE OF VETERINARY MEDICINE					
Timothy D. O'Brien	Veterinary Diagnostic Medicine	Associate Professor	P	Professor	P
Mitchell S. Abrahamsen	Veterinary Pathobiology	Assistant Professor	N	Associate Professor	P
Vivek Kapur	Veterinary Pathobiology	Assistant Professor	N	Associate Professor	P
UNIVERSITY OF MINNESOTA, DULUTH, SCHOOL OF MEDICINE					
Barbara A. Elliott	Family Medicine	Associate Professor	P	Professor	P
Jon M. Holy	Anatomy and Cell Biology	Assistant Professor	N	Associate Professor	P

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Name	Unit	From		To	
UNIVERSITY OF MINNESOTA, DULUTH					
Linda Belote	Sociology/Anthropology	Associate Professor	P	Professor	P
James Klueg	Art	Associate Professor	P	Professor	P
Lawrence M. Knopp	Geography	Associate Professor	P	Professor	P
Richard Lindeke	Industrial Engineering	Associate Professor	P	Professor	P
LeRoy Bud McClure	Psychology and Mental Health	Associate Professor	P	Professor	P
Viktor Zhdankin	Chemistry	Associate Professor	P	Professor	P
Erik T. Brown	Geology	Assistant Professor	N	Associate Professor	P
Tom Isbell	Theatre	Assistant Professor	N	Associate Professor	P
Alan C. Roline	Accounting	Assistant Professor	N	Associate Professor	P
UNIVERSITY OF MINNESOTA, MORRIS					
Roland L. Guyotte	Social Sciences	Associate Professor	P	Professor	P
UNIVERSITY OF MINNESOTA, CROOKSTON					
George E. French	Center for Learning Foundations	Assistant Professor	P	Associate Professor	P
Marilyn Grave	Center for Learning Foundations	Assistant Professor	P	Associate Professor	P

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ALL-UNIVERSITY PROMOTION AND TENURE REVIEW PROCESS

PROMOTION AND TENURE SUMMARIES 1998-99

Possible Recommendations:	Total	Percent
Promotion and/or Tenure		
Tenure only	5	3.7%
Promotion only	82	60.7%
Promotion and Tenure	46	34.1%
Continuation in Rank	1	0.7%
Nonreappointment	1	0.7%
Grand Total:	135	

Possible Levels of Review: Department/Unit faculty; Department Head/Chair; College or University Level Promotion and Tenure Review Committees; Dean; Senior Vice President for Health Sciences/Chancellor; Executive Vice President and Provost

RECOMMENDATIONS SUBMITTED AT THE POSSIBLE REVIEW LEVELS UNIVERSITY WIDE

	Dept/ Unit	Head/ Chair	College P&T Cte	University Level	Dean	Senior VP for Health Sciences	Chancellor of UMM	Chancellor[1] of UMD	Executive VP and Provost
Promotion and/or Tenure	123	114	114	21	131	61	1	9	124
Continuation in Rank	0	0	7	0	1	0	0	0	1
Nonreappointment	1	0	1	0	1	0	0	0	1
Totals[2]	124	114	122	21	133	61	1	9	126

Departmental/Unit recommendations not supported by Dean:	1
Departmental/Unit recommendations not supported by Senior Vice President/Chancellor and/or Executive VP and Provost:	1
Deans recommendations not supported by Senior Vice President/Chancellor and/or Executive VP and Provost:	0

[1] In accordance with the Agreement between the Regents of the University of Minnesota and the University Education Association, the Chancellor of the University of Minnesota, Duluth forwards positive promotion and/or tenure recommendations to the Executive Vice President and Provost for forwarding to the Board of Regents.

[2] The variation in the total number of recommendations made at each possible review level reflects differences in the number and types of review levels among colleges and campuses because of different organizational structures.

FACULTY TENURE AND/OR PROMOTION RECOMMENDATIONS

There are 133 faculty members recommended for tenure and/or promotion.

5 (5 males) are recommended for conferral of tenure at rank;

46 (21 males, 25 females) are recommended for tenure with promotion in rank;

82 (62 males, 20 females) are recommended for promotion in rank. (61 of the 82 had previously been granted tenure: 45 males and 16 females)

Recommendations from present rank and status to proposed rank and status:

	Male	Female	Total
Associate Professor with tenure to Professor with tenure	45	15	60
Associate Professor probationary to Professor with tenure	1	0	1
Associate Professor without tenure to Professor without tenure	5	1	6
Associate Professor probationary to Associate Professor with tenure	5	0	5
Assistant Professor with tenure to Associate Professor with tenure	1	1	2
Assistant Professor probationary to Associate Professor with tenure	20	25	45
Assistant Professor without tenure to Associate Professor without tenure	11	3	14
Lecturer without tenure to Associate Professor without tenure			
Totals:	**88**	**45**	**133**

PROMOTION AND TENURE RECOMMENDATIONS

1986-1999

Recommended for:	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Tenure	8	6	14	9	8	8	8	5	6	5	2	1	5
Tenure and promotion	77	68	54	68	101	72	76	71	62	64	65	54	46
Promotion	84	83	77	86	87	87	78	84	75	96	83	87	82
Continuation in rank	11	7	5	5	10	5	4	8	8	6	5	3	1
Nonreappointment	16	3	6	3	10	5	5	4	11	8	6	6	1
TOTALS	196	167	156	171	216	177	171	172	162	179	161	151	135

PROMOTION AND TENURE RECOMMENDATIONS INVOLVING FACULTY OF COLOR

1986-99

	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99
Recommended for:													
Tenure	1	--	2	2	3	--	2	1	--	--	1	1	1
Tenure and promotion	7	4	6	13	7	7	10	14	11	7	14	10	10
Promotion	5	9	3	9	10	7	6	7	11	5	5	13	9
Continuation in rank	2	1	--	--	--	--	2	2	--	2	--	2	0
Nonreappointment	1	--	1	--	--	1	--	3	1	5	3	1	0
Total number of recommendations involving faculty of color	16	14	12	24	20	15	20	27	23	19	23	27	20
Total number of individuals in the review process	196	167	156	171	216	176	171	172	164	179	161	151	135
Percentage of recomendations in the review process involving faculty of color	8.2%	8.4%	7.7%	14.0%	9.3%	8.5%	11.7%	15.7%	14.0%	10.6%	14.3%	17.9%	14.8%

FACULTY COMPOSITION*

	1998-99				1997-98			
	Male	Female	% within appt type M	F	Male	Female	% within appt type M	F
Tenured appointments (P):	1,841 (55.2%)	532 (16.0%)	77.6	22.4	1,906 (57.7%)	530 (16.1%)	78.2	21.8
Probationary appointments (N):	252 (7.6%)	208 (6.2%)	54.8	45.2	220 (6.7%)	172 (5.2%)	56.1	43.9
**Non-regular appointments: (F, T, A, U, V, D, I)	320 (9.6%)	179 (5.4%)	64.1	35.9	314 (9.5%)	159 (4.8%)	66.4	33.6
Totals:	2,413 (72.4%)	919 (27.6%)			2,440 (73.9%)	861 (26.1%)		
Grand Total:	3,332				3,301			

35

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* percentage in parentheses refers to percent of Grand Total
** 67% time or above

Appointment Type Symbols:
94XX Faculty

P -- Indefinite tenure; regular appointment
N -- Probationary (tenure track); regular appointment
F -- Fixed term contract written for more than one fiscal year; non-regular appointment
T -- Temporary, cannot extend beyond the fiscal year; renewable, non-regular appointment
A -- Adjunct prefix; non-regular appointment
U -- Clinical prefix; non-regular appointment
V -- Visiting prefix; non-regular appointment
D -- annual, renewable, non-regular appointment; Medical School clinical track faculty only.
I -- multiple year fixed term, non-regular appointment; Medical School clinical-track associate professor and professor only.

SUMMARY: PROMOTION AND TENURE RECOMMENDATIONS BY GENDER 1980-1999

Year	Recommendation for Promotion and/or Tenure		Recommendation for Continuation in Rank		Recommendation for Nonreappointment		FACULTY COMPOSITION: Regular Faculty		Non-Regular Faculty		Total Faculty	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
1980-81	76.4%	23.6%	62.5%	37.5%	63.6%	36.4%						
1981-82	81.1%	18.9%	84.0%	16.0%	57.1%	42.9%						
1982-83	77.8%	22.2%	86.4%	13.6%	85.7%	14.3%						
1983-84	82.0%	18.0%	81.2%	18.8%	50.0%	50.0%	82.4%	17.6%	72.6%	27.4%	80.5%	19.5%
1984-85	78.8%	21.2%	53.8%	46.2%	57.1%	42.9%	82.2%	17.8%	69.7%	30.3%	79.8%	20.2%
1985-86	76.6%	23.4%	60.0%	40.0%	75.0%	25.0%	81.1%	18.9%	66.7%	33.3%	79.4%	20.6%
1986-87	71.0%	29.0%	91.0%	9.0%	68.8%	31.2%	80.5%	19.5%	70.1%	29.9%	79.3%	20.7%
1987-88	73.2%	26.8%	57.1%	42.9%	67.0%	33.0%	80.1%	19.9%	67.0%	33.0%	78.7%	21.3%
1988-89	72.4%	27.6%	100%	--	67.0%	33.0%	80.4%	19.6%	67.1%	32.9%	78.9%	21.1%
1989-90	73.6%	26.4%	80.0%	20.0%	100%	--	79.8%	20.2%	67.1%	32.9%	78.4%	21.6%
1990-91	74.5%	25.5%	60.0%	40.0%	70.0%	30.0%	79.4%	20.6%	69.8%	30.2%	78.2%	21.8%
1991-92	68.3%	31.7%	40.0%	60.0%	60.0%	40.0%	78.5%	21.5%	65.9%	34.1%	77.0%	23.0%
1992-93	72.8%	27.2%	100%	--	60.0%	40.0%	77.8%	22.2%	66.9%	33.1%	76.4%	23.6%
1993-94	68.8%	31.3%	100%	--	100%	--	77.2%	22.8%	65.4%	34.6%	75.7%	24.3%
1994-95	73.1%	26.9%	62.5%	37.5%	63.6%	36.4%	77.0%	23.0%	64.7%	35.3%	75.3%	24.7%
1995-96	68.5%	31.5%	66.7%	33.3%	87.5%	12.5%	76.0%	24.0%	61.0%	39.0%	74.5%	25.6%
1996-97	69.3%	30.7%	40.0%	60.0%	83.3%	16.7%	75.8%	24.3%	65.7%	34.3%	74.5%	25.5%
1997-98	65.5%	34.5%	66.7%	33.3%	66.7%	33.3%	75.2%	24.8%	66.4%	33.6%	73.9%	26.1%
1998-99	66.2%	33.8%	--	100%	100%	--	73.9%	26.1%	64.1%	35.9%	72.4%	27.6%

ACADEMIC HEALTH CENTER
OFFICE OF THE SENIOR VICE PRESIDENT FOR HEALTH SCIENCES

Report on Administrative Full-Time Equivalent (FTE) Positions

Changes between September 1997 and September 1999

A report of changes between September 1997 and September 1998 in administrative staffing levels for all units in the Senior Vice President for Health Sciences organization was presented to the AHC Faculty Consultative Committee in March. The report is attached as Schedule 1. Subsequently, the AHC FCC asked several questions about the report, and about inferences that could be drawn from the data. The following are brief responses to the AHC-FCC questions.

1) If there is a decrease reported in the last column (of the report), is it permanent?

   The decrease may or may not be permanent depending on the circumstance. In general, year-to-year decreases result from:

   a) The unit has downsized and reduced positions. This would likely be a permanent change. An example of a permanent decrease is Scientific Apparatus. This unit was closed in September 1998 and all positions were eliminated.

   b) The unit has a position vacancy that was filled in the base period (e.g., September 1997) but not in the current period. This would not necessarily be a permanent change.

2) If there is an increase in the last column, is it permanent?

   Again, depending on the cause of the variance, the increase may or may not be permanent. Increases in FTE can be accounted for in three categories.

   a) New Positions: The increase would be permanent if new positions were funded for new or expanded activities. Only five new positions were approved by the Senior Vice President for Fiscal Year 1999. The Administrative Information System office was allocated four new positions but most of them were financed through service charges. And, while the new positions are additive to the SVP-HS area, they are mostly offset by savings in the departments throughout the AHC. It is more cost effective and efficient to hire technical expertise in the AIS office to support desktop needs in the departments, then to have each department retain an information system specialist.

   b) The addition represents a temporary staffing need; a temporary position has been created but with a specific ending date. This would not be a permanent increase. An example of this type of change is the Med Tech Program. SVP-HS Cerra allocated transition funding for the Med Tech program for FY 1998 and 1999. The positions recorded in the Shared Programs will end on June 30, 1999.

   c) Vacant positions in the base year that are filled on the second census day.

   Note: Beginning with FY 2000, positions as well as dollars will be budgeted for units in the Office of the Senior Vice President for Health Sciences. This will allow for more meaningful comparisons of year-to-year changes in staffing for administrative areas. The position budgeting concept will eventually be used for all units in the Academic Health Center.

2) Can we compare our position counts to other schools?

   The AHC Finance Office is in the process of collecting position information from other universities.

3) Can we compare our position counts to other units in the university?

   Attached are two reports that compare the position counts in the Academic Health Center with other major units in the university and by major unit within the AHC. On Schedule 2, the number of faculty and staff in each major unit in the university are detailed by category. Ratios of administrators to faculty, professional to faculty, and civil service to faculty are also shown. The same data is provided for units within the AHC on Schedule 3.

4) Why are the shared programs located in the AHC?

   Units assigned to the Shared Program budget area are those that support more than one school in the AHC.

Prepared by: Katherine Johnston

Schedule 1

Academic Health Center
Office of the Senior Vice President for Health Sciences
Year-to-Year Changes in FTE Employment - Administrative Positions

	Sept. FY98 FTE	Sept. FY99 FTE	FY 99 Over/(under) FY 98	Transfers					Net Change
				Med. School	Other Univ Units	Central	Within AHC	Total	
Senior Vice President Health Sciences Operations									
SVPHS Office	11.3	9.2	-2.1					0.0	-2.1
Facilities Management	5.4	4.0	-1.4					0.0	-1.4
Human Resources	14.5	16.0	1.5					0.0	1.5
Administrative Information Systems	3.0	12.0	9.0	5.0				5.0	4.0
Communications	8.0	10.1	2.1					0.0	2.1
VP - Clinical Affairs	2.0	2.0	0.0					0.0	0.0
VP - Organizational Redesign	0.7	0.4	-0.3					0.0	-0.3
Chief Financial Officer	5.0	6.0	1.0			1.0		1.0	0.0
Total	49.9	59.7	9.8	5.0	0.0	1.0	0.0	6.0	3.8
Units Reporting to the SVP-HS									
Learning Resources	1.8	2.2	0.4						0.4
Council for Health Interdisciplinary Participation	1.5	1.5	0.0						0.0
Multicultural Institute	2.0	4.0	2.0						2.0
Total	5.3	7.7	2.3	0.0	0.0	0.0	0.0	0.0	2.3
Total Health Sciences	55.3	67.4	12.1	5.0	0.0	1.0	0.0	6.0	6.1
Academic Health Center Shared Programs									
Biomedical Graphics	12.2	12.0	-0.1					0.0	-0.1
Research Animal Resources	65.5	57.6	-7.8					0.0	-7.8
Research Services Organization	2.0	3.0	1.0	1.0				1.0	0.0
Center for Spirituality and Healing	1.0	1.0	0.0					0.0	0.0
Research Computing	0.0	8.8	8.8	2.0	2.0			4.0	4.8
Scientific Apparatus	5.0	0.0	-5.0					0.0	-5.0
Cancer Center	28.5	29.4	1.0					0.0	1.0
Institutional Officer	0.1	2.0	1.9	1.9				1.9	0.0
Biomedical Ethics	0.0	4.8	4.8	4.8				4.8	0.0
Community University Health Care Clinic	37.2	39.4	2.1					0.0	2.1
Medical Technology		5.0	5.0	5.0				5.0	0.0
Legislative Initiative Accounts		2.0	2.0	2.0				2.0	0.0
Minnesota Molecular and Cellular Therapy	9.7	7.0	-2.7					0.0	-2.7
Total AHC Shared Programs	161.1	172.0	10.9	16.6	2.0	0.0	0.0	18.6	-7.8
Grand Total	216.4	239.4	23.0	21.6	2.0	1.0	0.0	24.6	-1.6

SVP-HS Finance Staff
February 12, 1999

University of Minnesota
Headcount Analysis
Non-Sponsored and Sponsored Programs
Data as of March 31, 1999

	AHC	TC - Other	UMC	UMD	UMM	Grand Total
Faculty *	1,053	2,071	40	438	109	3,711
Administrative	302	1,091	37	125	37	1,592
Professional	535	1,695	54	121	40	2,445
Civil Service	2,604	6,396	100	731	188	10,019
Total Headcount	4,494	11,253	231	1,415	374	17,767

Profile: Percent of Total Headcount

Faculty	23%	18%	17%	31%	29%	21%
Administrative	7%	10%	16%	9%	10%	9%
Professional	12%	15%	23%	9%	11%	14%
Civil Service	58%	57%	43%	52%	50%	56%
Total	100%	100%	100%	100%	100%	100%

Ratio

Administrative / Faculty	1 / 3.49	1 / 1.90	1 / 1.08	1 / 3.50	1 / 2.95	1 / 2.33
Professional / Faculty	1 / 1.97	1 / 1.22	1 / 0.74	1 / 3.62	1 / 2.73	1 / 1.52
Civil Service / Faculty	2.47 / 1	3.09 / 1	2.50 / 1	1.67 / 1	1.72 / 1	2.70 / 1

* Faculty with dual appointments (Academic and Administrative) showed as two headcount. The Academic appointment was eliminated.

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: AHC Headcount.xls

University of Minnesota
Academic Health Center
Headcount Analysis
Non-Sponsored and Sponsored Programs
Data as of March 31, 1999

	UMD-School of Medicine	School of Dentistry	Medical School	School of Nursing	College of Pharmacy	School of Public Health	College of Veterinary Medicine	Total Collegiate	SVPHS	AHC Shared Programs	Total AHC
Faculty *	30	162	624	35	37	91	65	1,044	0	9	1,053
Administrative	18	13	107	16	29	38	30	251	22	29	302
Professional	10	37	317	36	14	56	41	511	2	22	535
Civil Service	55	228	1,272	32	48	397	305	2,337	64	203	2,604
Total Headcount	113	440	2,320	119	128	582	441	4,143	88	263	4,494
Profile: Percent of Total Headcount											
Faculty	27%	37%	27%	29%	29%	16%	15%	25%	0%	3%	23%
Administrative	16%	3%	5%	13%	23%	7%	7%	6%	25%	11%	7%
Professional	9%	8%	14%	30%	11%	10%	9%	12%	2%	8%	12%
Civil Service	49%	52%	55%	27%	38%	68%	69%	56%	73%	77%	58%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ratio											
Administrative / Faculty	1 / 1.67	1 / 12.46	1 / 5.83	1 / 2.19	1 / 1.28	1 / 2.39	1 / 2.17	1 / 4.16	n/a	1 / 0.31	1 / 3.49
Professional / Faculty	1 / 3.00	1 / 4.38	1 / 1.97	1 / 0.97	1 / 2.64	1 / 1.63	1 / 1.59	1 / 2.04	n/a	1 / 0.41	1 / 1.97
Civil Service / Faculty	1.83 / 1	1.41 / 1	2.04 / 1	0.91 / 1	1.30 / 1	4.36 / 1	4.69 / 1	2.24 / 1	n/a	22.56 / 1	2.47 / 1

* Faculty with dual appointments (Academic and Administrative) showed as two headcount. The Academic appointment was eliminated.

Prepared by: Joe Weisenburger
Office of the Senior Vice President
File: AHC Headcount.xls

From: David W. Hamilton <dwh@mail.ahc.umn.edu>
To: courtney@mailbox.mail.umn.edu
CC: bebea001@tc.umn.edu
Subject: AHC E-Mail Listserves
Date: Tue, 23 Mar 1999 15:45:07 -0600

Vickie,

We now have the e-mail listserves set up for the AHC. I assume that someone in your office will monitor it, but I may be mistaken. Let me know.

David

>From: Jane K Gehan <jkg@tc.umn.edu>
>Subject: Listserv Instructions for th list owner
>To: dwh@mail.ahc.umn.edu
>Date: Tue, 23 Mar 1999 12:48:24 -0600 (CST)
>
>These are the instructions sent to list owners. The list owner is ahclist@tc.umn.edu.
>Your list is not open, and email to the list goes to the editor, so the instructions
>below do not all apply to your lists.
>
>Who will be monitoring this account? I can send instructions to that person.
>I can also help that person get started.
>
>These instructions are for the list tmed-list. The other lists are:
>
>tden-list
>tmed-list
>tmedbs-list
>tmedcs-list
>tnur-list
>tphr-list
>tpub-list
>tvet-list
>
>
>
>Jane K. Gehan
>Academic & Distributed Computing Services E-mail: jkg@tc.umn.edu
>Office of Information Technology Phone: (612) 626-1810
>University of Minnesota Fax: (612) 626-7593
>
>
>There is a manual that is available via the web if you are interested:
>http://www.lsoft.com . Follow LISTSERV, ONLINE MANUALS,
> OWNER'S MANUAL
>
>
>

>
>
>Information for Owners:

>----------------------

>
>To add, delete and review members:

>   - send Email to LISTSERV@tc.umn.edu

>   - leave the Subject line blank

>   - start the text on the 1st line

>   - multiple requests can be made with one note

>Commands (each must appear on a single line within the mail and

>   begin in the left most postion)

>
>(to add a member)

>ADD tmed-list userid@node Actual Name of Member

>   example: ADD tmed-list abcd1234@gold.tc.umn.edu George C. Starr

>
>(to remove a member)

>DELETE tmed-list userid@node

>   example: DELETE tmed-list abcd1234@gold.tc.umn.edu

>
>(to review who is on the list)

>REVIEW tmed-list

>
>(to receive a list of LISTSERV information files)

>INFO

>
>(to receive a information file from the list received above)

>GET fn ft

>   example: GET LISTSERV MEMO

>
>If you requested a Open subscription list, others may subscribe by

>sending mail as described above with the following text:

>SUBSCRIBE tmed-list The name of the subscriber

> example: SUBSCRIBE tmed-list George C. Starr

>

>* Remember to ADD or SUBSCRIBE yourself to the list in order to receive

> mail from the list.

>

>

>

>Information for Members:

>----------

>

>Members may now send Email (from their userid@node) to:

> tmed-list@tc.umn.edu

>

>

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

David W. Hamilton, Ph.D.
Professor
Department of Cell Biology & Neuroanatomy
3-135 Jackson Hall
321 Church Street, SE
Minneapolis, MN 55435
TEL: (612) 624-6606
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xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

UNIVERSITY OF MINNESOTA

Twin Cities Campus

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Fax: 612-626-2111
Offices located at:
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426 Church Street S.E.
Minneapolis, MN 55455-0374

February 3, 1999

To: SVP Frank Cerra, the Deans Council and the AHC FCC

From: John Fetrow

Re: infrastructure to support distance education

It is clear that the faculty and colleges of the AHC are already involved in distance education at a preliminary level and that our efforts in that arena will grow. Connected with that evolution, we need to consider how and where we will provide the necessary infrastructure support for those efforts. There are several possible sites for service that come readily to mind, and many different aspects of support that will be needed. A key question is what site is best suited to provide each type of service?

I would like your help in considering this question. Could you please complete the attached grid of sites and services? For each row (service), place a check in the column(s) (site(s)) you feel is the best place to provide the service. Feel free to check more than one column in any row. Also, feel free to copy the grid and ask other thoughtful people to complete it. Please return the grid to me in the SVP Office by February 15th.

Having posed the question of the best site, the immediate rejoinder is: What do you mean by "best"? I don't have a tidy answer, but it might involve at least the following dimensions:

1. cheapest, or at least best value for the dollar
2. fastest
3. highest technical quality
4. best coordination between and among units
5. able to attract the needed expertise
6. creates a critical mass of expertise
7. easily accessible, as close as possible to the faculty and staff needing the support
8. no duplicating of good existing services
9. aware of changes in technology, other university initiatives, other resources
10. able to respond to opportunities for outside funding
11. sufficient continuity to sustain service and expertise
12. responsible, accountable, responsive to user needs
13. flexible in the type and degree of service provided
14. others:

The other inevitable question is where will the funding come from to support this new endeavor? For the purposes of completing the grid, I would like to side step that question and assert that for your answers presume one way or the other the dollars will be derived from collegiate funds. Assume that your college is paying for the service, and you want the most for your money.

Distance Education: what do you think would be the best site for each of the listed distance education support functions?

Name:

	University Central	AHC	College	Department	Individual Faculty	Outsourced	Internal fee charging unit	Other (write who on back)
1. Network wiring & connections								
2. Web site servers & maintenance								
3. Web site programming								
4. 'Look and feel' specifications								
5. Choosing supported software & platforms								
6. Digital conversion, video, art								
7. Faculty 'desk top' support								
8. Help line response to access problems								
9. Student hardware/software support								
10. Student user support								
11. Student administrative support (registration, grades, etc.)								
12. Training faculty in how to develop internet curriculum								
13. Training students to use web courses								
14. Determining what curricula to offer on web								
15. Curricular quality control								
16. Allocation of revenues & expenses								
17. Prioritizing investment of limited funding								
18. Developing education grants in response to outside agencies								
19. Other								
20. Other								

Please return to: John Fetrow, Office of the Senior Vice President for Health Sciences, Box 501 Mayo

From: Nicole Boldt
To: bebea001@tc.umn.edu, bland001@tc.umn.edu, feene001@tc.umn.edu,※
CC:
Subject: Letters to Legislators
Date: Wed, 3 Mar 1999 08:52:28 -0600 (CST)

Dear AHC FCC members and AHC Senators:

At the last Dean's Council Meeting, Cerra requested that faculty help with the effort to secure funding for the AHC legislative request.

Please seriously consider writing your legislator regarding the AHC legislative request. Below is a copy of the earlier request you received from AHC communications Public Relations Manager Jim Woodman.

Thanks for your help. Mickey Bebeau

AHC Legislative Network

The session is in full swing and now is the time to write your legislators. Several of you have asked for talking points on the AHC legislative request. A letter from a Medical School faculty member serves as an excellent guide. As always, if you do not know your legislator, provide me with your home address. Also, ask your friends, family and neighbors to call their legislators as well.

Honorable name of state senator or representative
address
St. Paul, MN 55155

Dear Senator ※. Or Representative ※.

I am in the School/College of in the Department of

at the University of Minnesota. I am writing in support of Governor Ventura's budget and specifically his funding recommendations for health professional education and research at the University of Minnesota Academic Health Center.

As you know, the advent of managed health care has ratcheted down the "margins" in medical practice which we have historically be used to educate students and residents and perform research of vital importance to the citizens of Minnesota. Governor Ventura's innovation use of $350 million of the tobacco suit settlement to endow health professional education and medical research will provide the Academic Health Center and its seven schools and colleges dental, medical, nursing, pharacy, public health, School of Medicine, Duluth, and veterinary medicine with an important resource to plug its financial shortfalls. Without these funds, Minnesota will be facing a severe shortage of adequately trained health professionals in the 21st century.

Governor Ventura also recommends that the Academic Health center receive $5

million of the $128 million University of Minnesota budget for community-based health professional education programs, and $11.6 million for rural physician training, Veterinary Diagnostic Hospital and Biomedical Engineering Center. Each of these programs are critical for Minnesota to remain A Great State Of Health!

Finally, the Governor's $100 endowment to the Minnesota Department of Health for long-term funding of the Medical education Research Cost Fund is critical for on-going training of medical residents and graduate health professionals. These individuals are tomorrow's physicians, dentists, pharmacists, nurses, public health professionals and veterinarians.

I hope that you will take careful look at Governor Ventura's proposal and the University of Minnesota's legislative request. It will spell relief for a disastrous trend in medical and health professional education and research. I would appreciate personally your support.

Sincerely,

UNIVERSITY OF MINNESOTA

Twin Cities Campus

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Office of the Senior Vice President for Health Sciences

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March 8, 1999

MEMORANDUM

TO: AHC-FCC
Council of Clinical Sciences, Medical School

FROM: Frank B. Cerra, M.D.
Senior Vice President for Health Sciences

RE: Regents Presentation

Attached is an updated report on the flow of funds from the hospital transaction. This report will be presented to the Board of Regents on March 11, 1999. I am willing to discuss it with you in whole or to answer any questions you might have.

FBC/bmg

Attachment

UNIVERSITY OF MINNESOTA
BOARD OF REGENTS

Finance and Operations Committee **March 11, 1999**

Agenda Item: Report of Funds from Hospital Transaction

☐ review ☐ review/action ☐ action ☒ discussion

Presenters: Senior Vice President Frank Cerra
Associate Vice President Richard Pfutzenreuter

Purpose:

To provide the Board of Regents with an update on the flow of funds from the Fairview merger.

Outline of Key Points:

Since the last report to the Board of Regents, several planned transactions have occurred. The funds reserved to settle the U.S. government case have been transmitted. Internal commitments to the Enterprise project and space renovations have been processed. A brief presentation summarizing the current status of the financial details of the Fairview transaction is contained in this report.

Background Information:

Update from the December 11, 1997 presentation to the Board of Regents by Senior Vice President Frank Cerra.

President's Recommendation for Action:

Financial Update
Flow of Funds from Hospital Transaction
February 1999

One year ago, the Board of Regents received an update on the financial transactions related to the merger of the University's Hospital with the Fairview Health System. Many of the items included in the report at that time were estimates, and a large reserve was established for the settlement of the legal action with the United States government. The suit has been settled, and more information is now known about transactions associated with the merger. The following is a current statement of the uses of funds attributable to the former University Hospital, or received from Fairview as part of the merger.

Total Estimated Cash Available	**$ 295.2**
Actual and Planned Expenditures:	
Hospital debt retirement/reassignment	138.9
Outstanding Hospital Commitments	12.8
Separation Costs for Hospital Employees	8.0
Workers' Compensation Liability	4.7
Third Party Payments	4.1
All Other	0.7
Subtotal	**17.5**
Transition Payments for Education and Research:	
$ 1 million per month for 32 months	32.0
$ 6.5 million per year for 3 years	19.5
Subtotal Transition Payments	**51.5**
Allocations for the Medical School:	
Transition costs to Medical School	6.9
Reserved for Renovations of Reassigned Hospital Space	24.0
Contribution to the University's Enterprise Project	10.0
Settlement with US Government:	
ALG Payment	20.0
Cost of litigation	6.0
Subtotal Settlement	**26.0**
Total Committed	**$ 287.6**
Estimated Remaining Balance	**$ 7.6**

Several financial transactions related to the merger are yet to be completed. For example, a contingency for workers compensation claims remains open. Settlements and appeals with Medicare and Medicaid are continuing. The current balance in the Fairview merger account is on deposit in university accounts. Allocations from this fund are reviewed and authorized by the Associate Vice President for Budget and Finance. The Senior Vice President for Health Sciences receives regular reports of activity in the account.

Office of the Senior Vice President for Health Sciences
March 1, 1999

UNIVERSITY OF MINNESOTA

Vickie Courtney

Twin Cities Campus

Academic Health Center
Office of the Senior Vice President for Health Sciences

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612-626-3700
Fax: 612-626-2111
Offices located at:
410 ChRC
426 Church Street S.E.
Minneapolis, MN 55455-0374

3/7/99
Copy to AHC-FCC
AHC-Faculty Assembly

MEMORANDUM

To: Richard Pfutzenreuter
Associate Vice President, Budget and Finance
Robert Kvavik
Associate Vice President, Planning, Enrollment Management and International Education
Eric Kruse
Vice President, Facilities Management

From: Terry Bock
Associate Vice President and Chief of Staff
Katherine Johnston
Associate Vice President and Chief Financial Officer for Health Sciences

Date: March 5, 1999

Subject: FY 2000 All-Funds Capital Budget and FY 2000-2005 Capital Improvement Programs

We are writing to transmit the proposed FY 2000 All Funds Capital Budget and FY 2000-2005 Capital Improvement Programs for the Academic Health Center. The enclosed listing of capital projects has been endorsed by the Deans of the Academic Health Center and approved by Frank Cerra, M.D., Senior Vice President for Health Sciences. The proposal is the culmination of a long, and very thorough, review of capital needs in the Academic Health Center. The projects were identified through a planning process that involved over 200 faculty, staff, and students in the AHC. We believe the proposal reflects our highest priorities and will serve as a foundation for achieving the overall goals of the AHC's strategic program plan.

Not included in the proposal are two projects that are important to the AHC, but that fall into the programmatic responsibility of other units in the organization. Facilities Management is developing the infrastructure requirements and cost estimates for the new Molecular and Cellular Biology building. We also strongly endorse the renovation of the Biomedical Library proposed by Tom Shaughnessy.

Frank, Terry, and Lorie Wederstorm are prepared to provide additional information during the scheduled presentation to the CIAC on March 10. In the meantime, please let us know if you have questions.

KMJ/bd

Enclosure

Cc: Frank B. Cerra, M.D.
Lorie Wederstrom
Joe Weisenburger
Mike Berthelsen

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by College/School

	FY 1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Academic Health Center	$ 43,068	$ 9,975	$ 51,264	$ 26,694	$ 7,944	$ 6,944	$ 6,444
School of Dentistry	-	322	-	-	-	-	-
Medical School	5,876	5,215	18,072	26,000	11,000	-	-
School of Nursing	-	525	525	500	-	-	-
College of Pharmacy	398	1,759	735	210	-	-	-
School of Public Health	302	1,725	4,800	-	55,200	-	-
College of Veterinary Medicine	950	2,030	-	500	15,100	-	-
Grand Total AHC	$ 50,594	$ 21,551	$ 75,396	$ 53,904	$ 89,244	$ 6,944	$ 6,444

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: FY00 Capital Budget.xls

3/4/99

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TAHC	AHC Facilities	Renovation of Centrally Scheduled Classrooms	$ 1,600						
TAHC	AHC Facilities	Renovation of Small Classrooms/Student Lounge/Study Space	1,000						
TAHC	Mayo	Center for Spirituality and Healing		250	125	1,250			
TAHC	CUHCC	CUHCC Clinic Expansion & Refurbishing		325	4,000				
TAHC	ChRC	Research Computing office Phase II and III	150	170					
TAHC		UofM Physicians office remodeling	189						
TAHC	New Facility	Molecular & Cellular Biology Bldg	35,000		35,000				
TAHC		Equipment/IS			2,000				
TAHC		Renovate link between PWB and OML			1,000				
TAHC	AHC Facilities	Fairview Release space-total renovation		2,020	2,020	1,000	1,000		
TAHC	New Facility	Educational Center		50	175	17,500			
TAHC	Weaver-Densford/Moos	Facility Redesign for Nursing/Pharmacy/Dentistry	50		500	500	500	500	
TAHC	Twin Cities Campus	AHC Program Accomodation Remodeling	1,779	444	444	444	444	444	444
TAHC	AHC Facilities	Security Systems		200					
TAHC	AHC Facilities	Signage Replacement & Upgrade	250						
TAHC	AHC Facilities	Pool of Labs and Office for recruitment and retention	2,500	3,000	3,000	3,000	3,000	3,000	3,000
TAHC	AHC Facilities	Facility remodeling for new programs/grants		3,000	3,000	3,000	3,000	3,000	3,000
TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase I	500						
TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase II		516					
TAHC	AHC Facilities	Research Animal Resources master plan	50						
Total Academic Health Center			$ 43,068	$ 9,975	$ 51,264	$ 26,694	$ 7,944	$ 6,944	$ 6,444
TDEN	Moos	Preclinical Air Quality		$ 160					
TDEN	Moos	Latex Free Clinic Spaces		62					
TDEN	Moos	Clinic renovations to improve access		100					
Total School of Dentistry			$ -	$ 322	$ -	$ -	$ -	$ -	$ -
TMED		Stone labs relocation		$ 525					
TMED	PWB-7	Genetics Institute Programs		350					
TMED	PWB	Molecular Medicine Program		1,000	1,000				
TMED	Mayo	Center for Neurobehavioral Development		350					
TMED	New Building	Initiative in Molecular Biology in Medicine		50	200	10,000	10,000		
TMED	Masonic	Clinical Research Center				1,000			
TMED	ChRC	Physical Med and Rehab expansion		175					
TMED	Mayo	Bone Marrow Transplant		702					
TMED	PWB	Med Tech/Histo/Neuro Labs					1,000		
TMED	Mayo	Center for Molecular and Cellular Therapeutics		375					
TMED	Mayo	Graduate Programs office		188					

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: FY00 Capital Budget.xls

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TMED	VCRC	Orthopaedic Surgery		225	1,872				
TMED	Mayo	Family Practice consolidation		975					
TMED	PWB	Heme/Onc consolidation	1,170						
TMED	VCRC	Transplant Institute renovations/additions		300	15,000	15,000			
TMED	Mayo	BMEI Lab and Offices	936						
TMED	Moos	Genetics Institute renovations	1,860						
TMED	Diehl	Hsiao Research labs	585						
TMED	Mayo	Laboratory Medicine and Pathology Lab renovation	453						
TMED	Mayo	Primary Care Research/Managed Care/Health Outcomes	462						
TMED	PWB	Remodeling of Space for Lion's Eye Bank	110						
TMED	PWB	Remodeling of Space for Lion's Eye Bank	300						
Total Medical School			$ 5,876	$ 5,215	$ 18,072	$ 26,000	$ 11,000	$ -	$ -
TNUR	Weaver-Densford	Classroom Resizing		$ 225	$ 225	$ 300			
TNUR	Weaver-Densford	New Faculty/Staff Research Office space		300	300	200			
Total School of Nursing			$ -	$ 525	$ 525	$ 500	$ -	$ -	$ -
TPHR	Weaver-Densford	Computer room renovation		$ 75					
TPHR	Weaver-Densford	PharmD new faculty labs		210	210	210			
TPHR	Weaver-Densford	Endowed Chair	200		450				
TPHR	Weaver-Densford	PharmD classroom renovation		350					
TPHR	Weaver-Densford	New Faculty offices - non TT		56					
TPHR	Weaver-Densford	Office of Student Services		173					
TPHR	3-120 WDH	Renovation		675					
TPHR	Weaver-Densford	Pharmaceutical care clinic			75				
TPHR	Weaver-Densford	P3 Laboratory		200					
TPHR	9-157 WDH	Renovation		20					
TPHR	Weaver-Densford	Renovation of 7th Floor Offices - Pharmacy	173						
TPHR	Weaver-Densford	Renovation of 3rd Floor Labs (planning)-Pharmacy	25						
Total College of Pharmacy			$ 398	$ 1,759	$ 735	$ 210	$ -	$ -	$ -
TPUB	New Building	Consolidated Public Health Facility	$ 80	$ 600	$ 4,800		$ 55,200		
TPUB	Boynton	Industrial Hygiene laboratories		1,125					
TPUB	Mayo	Renovate Third Floor MHA	222						
Total School of Public Health			$ 302	$ 1,725	$ 4,800	$ -	$ 55,200	$ -	$ -
TVET	Old Dairy Barn	Education Commons Area	$ 25	$ 50		$ 400	$ 5,100		
TVET	VTH	Renovate VM classroom		600					
TVET	VTH	Molecular Diagnostic lab		1,155					

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Academic Health Center
FY 2000 Capital Budget
Projects Sorted by College/School

RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
TVET	New Facility	P3 Biologic Containment Facility (planning)	25						
TVET	VTH	Renovation of Office/Research Space	200						
TVET	New Facility	Equine research		50		100	10,000		
TVET	VTH	VTH Clinical renovation		175					
TVET	VTH	Remodel ICU, VTH	700						
Total College of Veterinary Medicine			$ 950	$ 2,030	$ -	$ 500	$ 15,100	$ -	$ -
Grand Total Academic Health Center			$ 50,594	$ 21,551	$ 75,396	$ 53,904	$ 89,244	$ 6,944	$ 6,444

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by Type

	FY 1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Classroom	$ 2,600	$ 1,350	$ 225	$ 300	$ -	$ -	$ -
Clinic	-	1,072	4,200	2,250	-	-	-
New Facility	35,105	650	42,800	400	60,300	-	-
Office	2,104	2,087	2,172	200	-	-	-
Other	700	75	-	-	-	-	-
Research space	8,006	13,603	22,860	31,310	27,000	6,000	6,000
Shared	2,079	2,714	3,139	19,444	1,944	944	444
Grand Total AHC	$ 50,594	$ 21,551	$ 75,396	$ 53,904	$ 89,244	$ 6,944	$ 6,444

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Classroom	TAHC	AHC Facilities	Renovation of Centrally Scheduled Classrooms	$ 1,600						
Classroom	TAHC	AHC Facilities	Renovation of Small Classrooms/Student Lounge/Study Space	1,000						
Classroom	TMED	ChRC	Physical Med and Rehab expansion		175					
Classroom	TNUR	Weaver-Densford	Classroom Resizing		225	225	300			
Classroom	TPHR	Weaver-Densford	PharmD classroom renovation		350					
Classroom	TVET	VTH	Renovate VM classroom		600					
Total Classroom				$ 2,600	$ 1,350	$ 225	$ 300	$ -	$ -	$ -
Clinic	TAHC	Mayo	Center for Spirituality and Healing		$ 250	$ 125	$ 1,250			
Clinic	TAHC	CUHCC	CUHCC Clinic Expansion & Refurbishing		325	4,000				
Clinic	TDEN	Moos	Preclinical Air Quality		160					
Clinic	TDEN	Moos	Latex Free Clinic Spaces		62					
Clinic	TDEN	Moos	Clinic renovations to improve access		100					
Clinic	TMED	Masonic	Clinical Research Center				1,000			
Clinic	TPHR	Weaver-Densford	Pharmaceutical care clinic			75				
Clinic	TVET	VTH	VTH Clinical renovation		175					
Total Clinic				$ -	$ 1,072	$ 4,200	$ 2,250	$ -	$ -	$ -
New Facility	TAHC	New Facility	Molecular & Cellular Biology Bldg	$ 35,000		$ 35,000				
New Facility	TAHC		Equipment/IS			2,000				
New Facility	TAHC		Renovate link between PWB and OML			1,000				
New Facility	TPUB	New Building	Consolidated Public Health Facility	80	600	4,800		55,200		
New Facility	TVET	Old Dairy Barn	Education Commons Area	25	50		400	5,100		
Total New Facility				$ 35,105	$ 650	$ 42,800	$ 400	$ 60,300	$ -	$ -
Office	TAHC	ChRC	Research Computing office Phase II and III	$ 150	$ 170					
Office	TAHC		UofM Physicians office remodeling	189						
Office	TMED	Mayo	Graduate Programs office		188					
Office	TMED	VCRC	Orthopaedic Surgery		225	1,872				
Office	TMED	Mayo	Family Practice consolidation		975					
Office	TMED	PWB	Heme/Onc consolidation	1,170						
Office	TNUR	Weaver-Densford	New Faculty/Staff research office space		300	300	200			
Office	TPHR	Weaver-Densford	New Faculty offices - non TT		56					
Office	TPHR	Weaver-Densford	Office of Student Services		173					
Office	TPHR	Weaver-Densford	Renovation of 7th Floor Offices - Pharmacy	173						
Office	TPUB	Mayo	Renovate Third Floor MHA	222						
Office	TVET	VTH	Renovation of Office/Research Space	200						
Total Office				$ 2,104	$ 2,087	$ 2,172	$ 200	$ -	$ -	$ -

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: FY00 Capital Budget.xls

3/4/99

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Other	TPHR	Weaver-Densford	Computer room renovation		$ 75					
Other	TVET	VTH	Remodel ICU, VTH	700						
Total Other				$ 700	$ 75	$ -	$ -	$ -	$ -	$ -
Research space	TAHC	AHC Facilities	Pool of Labs and Office for recruitment and retention	$ 2,500	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000	$ 3,000
Research space	TAHC	AHC Facilities	Facility remodeling for new programs/grants		3,000	3,000	3,000	3,000	3,000	3,000
Research space	TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase I	500						
Research space	TAHC	VCRC	Research Animal Resources: SPF Mouse Facility - Phase II		516					
Research space	TAHC	AHC Facilities	Research Animal Resources master plan	50						
Research space	TMED		Stone labs relocation		525					
Research space	TMED	PWB-7	Genetics Institute Programs		350					
Research space	TMED	PWB	Molecular Medicine Program		1,000	1,000				
Research space	TMED	Mayo	Center for Neurobehavioral Development		350					
Research space	TMED	New Building	Initiative in Molecular Biology in Medicine		50	200	10,000	10,000		
Research space	TMED	Mayo	Bone Marrow Transplant		702					
Research space	TMED	PWB	Med Tech/Histo/Neuro Labs					1,000		
Research space	TMED	Mayo	Center for Molecular and Cellular Therapeutics		375					
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Research space	TMED	Mayo	BMEI Lab and Offices	936						
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Research space	TPHR	Weaver-Densford	PharmD new faculty labs		210	210	210			
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Research space	TPUB	Boynton	Industrial Hygiene laboratories		1,125					
Research space	TVET	VTH	Molecular Diagnostic lab		1,155					
Research space	TVET	New Facility	Equine research		50		100	10,000		
Research space	TVET	New Facility	P3 Biologic Containment Facility (planning)	25						
Total Research Space				$ 8,006	$ 13,603	$ 22,860	$ 31,310	$ 27,000	$ 6,000	$ 6,000
Shared	TAHC	AHC Facilities	Fairview Release space-total renovation		$ 2,020	$ 2,020	$ 1,000	$ 1,000		

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: FY00 Capital Budget.xls

3/4/99

Academic Health Center
FY 2000 Capital Budget
Projects Sorted by Type

Type	RRC	Facility	Project Title	Prior	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
Shared	TAHC	New Facility	Educational Center		50	175	17,500			
Shared	TAHC	Weaver-Densford/Moos	Facility Redesign for Nursing/Pharmacy/Dentistry	50		500	500	500	500	
Shared	TAHC	Twin Cities Campus	AHC Program Accomodation Remodeling	1,779	444	444	444	444	444	444
Shared	TAHC	AHC Facilities	Security Systems		200					
Shared	TAHC	AHC Facilities	Signage Replacement & Upgrade	250						
Total Shared				$ 2,079	$ 2,714	$ 3,139	$ 19,444	$ 1,944	$ 944	$ 444
Grand Total AHC				$ 50,594	$ 21,551	$ 75,396	$ 53,904	$ 89,244	$ 6,944	$ 6,444

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Office of the Senior Vice President for Health Sciences
File: FY00 Capital Budget.xls

3/4/99

UNIVERSITY OF MINNESOTA

Office of the Vice President for Research and Dean of the Graduate School

420 Johnston Hall
101 Pleasant Street S.E.
Minneapolis, MN 55455-0421
612-625-3394
Fax: 612-626-7431

February 24, 1999

Copy to: AHC-FCC

President Mark G. Yudof
Office of the President
University of Minnesota

Dear Mark:

As you have heard, informally, from Frank Cerra and I, our recent visit to NIH should be considered an unqualified success. We were greeted warmly and graciously by the NIH representatives and had a frank and open discussion about both our progress in implementing our aggressive Sponsored Project Management (previously known as Grants Management) program and their views of our direction. In short, we left Washington feeling that the players at NIH have a desire to work with us in regularizing the university's relationship to the federal agencies that sponsor our research programs. However, a tremendous amount of work remains and a steady and consistent push to achieving our implementation goals is imperative.

I have enclosed, for your review, a copy of the NIH trip report authored by David Hamilton as well as copies of NIH's Gary Thompson's slides pertaining to NIH's expectations of site visits to Minnesota. I have also included a copy of the FY00 budget for this effort. The budget identifies both the one-time and the recurring central expenses required to implement the Critical Revisions and meet the Benchmarks of the Corrective Actions Plan agreed to by the University of Minnesota and NIH. I would be delighted to discuss any of these materials with you. I am eight months into this and think I have finally decoded all of the acronyms.

Sincerely,

Christine M. Maziar
Vice President for Research and
Dean of the Graduate School

Enclosures: three

C:

Frank Cerra
Bob Bruininks
Tonya Brown
Mark Rotenberg
Richard Pfutzenreuter
Greg Brown
David Hamilton
Win Ann Schumi
Gail Klatt
Ed Wink

NIH Visit, February 5, 1999

Visiting Team: Christine Maziar, Frank Cerra, Gail Klatt, Win Ann Schumi, David Hamilton, Ed Wink (by phone)

NIH Representatives: Diana Jaeger, Gary Thompson, Mike Payne, Tom McCormack, Diane Dean

Format of the Meeting: The meeting began with an overview by Gary Thompson of the history of grants management problems at the University of Minnesota, followed by a presentation by David Hamilton of the progress the University has made in meeting the Critical Revisions and Benchmarks of the Corrective Actions Plan (that had been agreed to by the University and NIH). General discussions occurred at the end of each presentation and questions were interspersed during the presentations.

Major Outcomes: The following results came out of the trip:

- There was general agreement with the Grants Management Model in general, and particular approbation for the Enforcement Model and the Oversight Model.
- The electronic systems changes that we are putting into place meet or exceed the expectations of NIH and address all of the electronic systems issues raised in the Corrective Actions Plan. In fact, we are ahead of NIH in some areas. We are prepared to send grants electronically, but they will not be able to receive them for another two months.
- The Training/Education part of the Corrective Actions Plan is going along properly, but will require significantly greater effort in the near term.
- Both Policies & Procedures and Roles & Responsibilities changes meet their expectations.
- Initial discussions began on how to deal with the $4M the University has to pay for awarded grants.
- They reiterated their wish to come to the University informally this Spring, but added that they would like to partner with us in providing full day course on the Ethical and Proper Conduct of Research, and are willing to do joint presentations with us at national meetings.
- On the topic of removal of designation, and restoration of Expanded Authorities, they felt that the process (e.g., with a formal site visit this Fall) must be completed, but they are willing to consider restoring ability to submit SNAP grants and Modular grants soon.

Conclusions: We came away with the collective opinion that the NIH people agreed with what we are doing in Grants Management and that they urged that we continue along the paths we described to them as quickly as possible. They joined in our rhetoric of partnering with some enthusiasm. Now that the lawsuit has been settled we are able to work towards common goals more effectively.

OPERA
NIH to MINNESOTA

Spring 1999

- What you want us to see...
  - NIH Executive Committee
    - Diane Dean
    - Diana Jaeger
    - Tom McCormack
    - Mike Payne
    - Gary Thompson

Winter 1999

- What we want to see...
    - Site-Visit team to be selected

OPERA
Site-Visit Formula (tentative)

4 X P + D	5 X W
• Purpose	• What
• Policies	• When
• Process	• Where
• Product	• Who
• Demonstration	• Why

OPERA
Site-Visit Review Methodology
(tentative)

- Purpose
  - to verify that UM has taken corrective actions and that applicable systems are operating effectively
- Policies
  - obtain and evaluate copies of the applicable written policies, or other documents, that address the critical revisions. Determine their compliance with NIH and Federal requirements and how they have been disseminated and adopted throughout the University.
- Process
  - evaluate the process established by UM to implement each policy. Conduct interviews with selected University staff to assess knowledge and use of the policies.

OPERA
Site-Visit Review Methodology
(tentative)

- Product
  - determine if policies are operating as intended and if the objectives of the policies are being effectively met. To ensure objectivity, statistical sampling will be utilized so that the results of the evaluation can be projected to University systems as a whole.
- Demonstration
  - NIH will determine if UM has successfully implemented the critical revisions and demonstrated:
    - sound institution-wide systems;
    - compliance with regulations and policies; and
    - enhanced grants and contracts management of sponsored program portfolios

OPERA
Site-Visit Review Methodology
(tentative)

- What
  - NIH to conduct site visit when UM has implemented critical revisions and is ready for NIH to assess the implementation and resultant effectiveness of its systems.
- When
  - tentatively set for late 1999; to be preceded by NIH Executive Committee visit in spring of 1999
- Where
  - on-site at the University of Minnesota

OPERA
Site-Visit Review Methodology
(tentative)

- Who
  - NIH Staff
    - Grants, Contracts and Program Management
  - HHS Staff
  - University Peers
- Why
  - To determine the effectiveness of the corrective actions toward ensuring compliance with regulations and policies, and enhanced grants and contracts management of sponsored program portfolios resulting in the prudent management of public funds.
  - To gain perspective necessary to reconsider the implementation of the expanded authorities and the designation as the exceptional organization.

OPERA
The Site-Visit Process and Final Report (tentative)

- NIH, in collaboration with UM, will develop a site visit review plan to assure an objective and complete review and evaluation of the implementation and effectiveness of the critical revisions at the University.
- NIH will document each phase of the site visit review; review appropriate UM files, records, and documents; and conduct interviews with selected UM staff.
- After evaluating the results of the site visit review, a draft report will be issued to UM for review and comment.
- UM's comments will be evaluated by the NIH, and a final report will be developed and issued to the Acting Director, Office of Policy for Extramural Research Administration.
- Based on the information and recommendations in the final report, the Acting Director, OPERA, will determine if UM has successfully implemented the critical revisions and met the test of effectiveness.
- The Acting Director, OPERA, will also make a final determination on UM's administrative status.

Grants Management. The Grants Management Project (GMP), since its inception in 1995, has focused on the analysis of management practices in the University related to sponsored programs, and on the correction of existing practices. In the Spring of 1997 the University and the National Institutes of Health (NIH) reached agreement on practices, identified by NIH, that the University must correct. These were laid out in the Corrective Actions Plan, which has formed the basis of GMP activity since that time. During the Spring and Summer of 1998, great strides were made in that the Grants Management Oversight Model was defined and many, if not most, issues raised in the Corrective Action Plan were addressed. With establishment of the Oversight Model, progress has accelerated to the point that we have now defined the implementation schedule of the model, which will begin in earnest in early Winter, 1999 – fully six months ahead of the anticipated Summer, 1999 start. This early start, coupled with identification of critical needs that had heretofore been unappreciated, will put a heavy burden on current funding and also will have an impact on funding for FY2000.

All of the line item requests are directly related to the requirements of the NIH Corrective Actions Plan, and thus to our ability to come off designation and to have expanded authorities restored. Our request can be grouped into six general categories:

Recurring Expenses:

- Establishment of the Office for Institutional Oversight Analysis and Reporting will require 4 FTEs on-going,
- Maintenance of databases and programs, and hardware upgrades will require recurring dollars.
- Establishing and maintaining a vigorous training program for all personnel on an on-going basis, as stipulated in the NIH Corrective Actions Plan.

One-Time Expenses:

- The need to complete both pre-award and post-award EGMS and to bring other federal agencies (USDA, DoD, ONR, etc.) into EGMS requires continued development,
- The need to bring IRB, IACUC, Effort Reporting and Other Support databases up to University standards and to link them with EGMS, and, where appropriate, to other University databases (e.g., HRMS and Students), also requires continued development, and
- Implementation of the Grants Management Model University-wide will require additional personnel.

FY00 Grants Management Budget Estimates

* **Required to meet the Critical Revisions and Benchmarks of the Corrective Actions Plan**

ONE-TIME EXPENSES ANTICIPATED IN FY00 FOR PROJECT COMPLETION:

*	1	$ 50,000	OIT staff time for completion of Expertise Database
*	2	$50,000	OIT staff time for EGMS web-based post-award module
*	3	$75,000	OIT staff time for EGMS for Potential Conflict of Interest (electronic Form 15)
*	4	$250,000	OIT staff time for EGMS report changes/new forms (NIH Centers, training, USDA, etc.)
*	5	$300,000	OIT staff time for EGMS effort certification system and links to Other Support and HRMS
*	6	$131,000	Project Implementors for implementation support in colleges (Ross Janssen 0.5 FTE, plus helpers)
*	7	$300,000	OIT staff time for additional development of SPA internal EGMS
*	8	$198,320	External consulting support for process redesign (Jeanne Gibbs + MAD group)
*	9	$200,000	OIT staff time for EGMS impact of SFR redesign
*	10	$89,000	OIT staff time for travel documents, internal purchase order, PVs, subcontract report
*	11	$35,000	OIT staff time for completion of IRB/IACUC database re-writes
*	12	$128,000	Administrative expenses (Hamilton through 6/30/00 plus office expenses)
	13	$25,000	Equipment, furnishings, move costs for Research Oversight office
Subtotal		**$1,831,320**	

RECURRING EXPENSES ANTICIPATED FOR FY00 AND BEYOND:

*	14	$496,000	EGMS	$110,000	for software,licenses,maintenance,hardware upgrade
				$160,000	for 2.5 FTE staff in ORTTA to maintain service and training
				$200,000	for 2.0 FTE staff in OIT to maintain service on EGMS
				$26,000	for CCO Server Maintenance
*	15	$240,700	FACULTY/ STAFF TRAINING	$102,200	for 2 FTE staff in OVPRDGS
				$100,000	for external consultants
				$38,500	for supplies,travel,equipment, printing, and general expenses
*	16	$360,000	OVERSIGHT OFFICE	$330,000	for 4 FTE staff
				$30,000	for SEE budget
*	17	$270,000	CERTIFIED APPROVERS	$270,000	for maintenance costs associated with the Certified Approvers program
*	18	$60,000	EXPERTISE DATABASE	$60,000	for 1 FTE to maintain the Expertise Database and its links with CoS
Subtotal		**$1,426,700**			
GRAND TOTAL		**$3,258,020**			

From: Courtney Vickie
To: bebea001@maroon.tc.umn.edu, bland001@tc.umn.edu,*
CC:
Subject: RESPONSE REQUESTED
Date: Thu, 4 Mar 1999 14:17:03

Hello: Please respond by Tuesday, March 9.

Ann Hill Duin's office is sponsoring a Michael Dolence Series and asked Frank to bring a team of people to the seminar. It is sort of an interactive thing. Anyway, he would like to have the AHC-FCC attend (or at least as many as can). I am faxing you the information I have on all of this. It has come from Ann Hill Duin's Office. Let me if you can/will attend so I can let Frank know. Thanks.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

From: Patricia Ferrieri
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re: RESPONSE REQUESTED
Date: Fri, 5 Mar 1999 08:54:44 -0600

Responding to the message of <199903042015.OAA02718@mailbox.mail.umn.edu>
from courtney@mailbox.mail.umn.edu:

Regrets.

Patricia Ferrieri

> Hello: Please respond by Tuesday, March 9.
>
> Ann Hill Duin's office is sponsoring a Michael Dolence Series and asked
> Frank to bring a team of people to the seminar. It is sort of an
> interactive thing. Anyway, he would like to have the AHC-FCC attend (or
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> me if you can/will attend so I can let Frank know. Thanks.
>
> Vickie Courtney
> U Senate
> 427 Morrill Hall
> 625-4805
> courtney@mailbox.mail.umn.edu
>
>
>
> .

Patricia Ferrieri, M.D.
Professor
Director, Clinical Microbiology Laboratory
Departments of Laboratory Medicine and Pathology and Pediatrics
University of Minnesota Medical School and Hospital
612-624-1948 (RESEARCH OFFICE AND PEDIATRICS INFECTIOUS DISEASES)
612-626-5858 (CLINICAL MICROBIOLOGY LAB OFFICE)
612-624-8927 FAX
ferri002@maroon.tc.umn.edu (e-mail)
Visit our home page on World Wide Web
http://www.borg.labmed.umn.edu/ATeam.html

From: Feeney Daniel
To: courtney@mailbox.mail.umn.edu
CC: Muriel J Bebeau <bebea001@maroon.tc.umn.edu>
Subject: Re: RESPONSE REQUESTED
Date: Fri, 05 Mar 1999 16:23:05 -0600

Vickie,

Looking at what it to be used for slides, this looks like "bull shit" to me. I don't think any of us need to be convinced we need to use the net as a learning tool. Instead, we need the "in house" support to get us going. We also don't need to be told who else has it. We need somebody to keep us from making the same mistakes others did. This individual (at least based on the info we've been provided) is what I typically expect from these traveling circus consultants. Shallow info, not much useful and seemingly time intensive with little gain and a lot of "focus group activity" that will probably be used on the next group.

We've got people on campus with more insight that what this information shows, at least from a faculty perspective! I've taken about 4 of the teaching/learning courses offered through the faculty/student development group in HR. They were excellent and have gotten us started on web-based teaching! This consultant seems to be telling administrators how to account for credits, do their marketing, etc.. Maybe that is what they want to hear. As a faculty member, I don't have the time to spend on these issues.
Count me out.

Feeney

****
At 02:17 PM 3/4/99, you wrote:
>Hello: Please respond by Tuesday, March 9.
>
>Ann Hill Duin's office is sponsoring a Michael Dolence Series and asked
>Frank to bring a team of people to the seminar. It is sort of an
>interactive thing. Anyway, he would like to have the AHC-FCC attend (or
at
>least as many as can). I am faxing you the information I have on
>all of this. It has come from Ann Hill Duin's Office. Let
>me if you can/will attend so I can let Frank know. Thanks.
>
>Vickie Courtney
>U Senate
>427 Morrill Hall
>625-4805
>courtney@mailbox.mail.umn.edu
>
>
>
>

Daniel A. Feeney, DVM, MS
Professor of Radiology
College of Veterinary Medicine
University of Minnesota
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1365 Gortner Avenue
St. Paul, MN 55108
(612) 625-9731 [office phone]
(612) 624-0751 [FAX]
feene001@tc.umn.edu [e-mail]

UNIVERSITY OF MINNESOTA

University Senate

427 Morrill Hall
100 Church Street S.E.
Minneapolis, MN 55455-0110

612-625-9369
Fax: 612-626-1609
E-mail: senate@mailbox.mail.umn.edu

December 21, 1998

To: Editor, AHC News Capsule

From: Nicole Boldt, University Senate

Re: Announcements

Please place the following announcements in the January 13 edition of the AHC News Capsule. If you have any questions or concerns, I can be reached at 625-9369.

Thank you.

****

Deadline for nominating TC and non-represented UMD faculty candidates for the Senate Consultative Committee is January 19. Nominations should be forwarded to the Senate Office, 427 Morrill Hall, (612) 625-9369, fax: (612) 626-1609, e-mail: senate@mailbox.mail.umn.edu. Include service and qualifications. Current members whose terms continue beyond this year are Linda Brady (COAFES), Mary Dempsey (Med Schl), David Hamilton (Med Schl), Fred Morrison (Law), V. Rama Murthy (IT), and Matthew Tirrell (IT). Members whose terms expire June 30 are Sara Evans (CLA) and Roberta Humphreys (IT). Faculty should look for a nomination form in their mail this week.

****

Deadline for nominating Medical School, School of Dentistry, and UMD School of Medicine faculty for the Academic Health Center Faculty Consultative Committee is January 19. Nominations should be forwarded to the Senate Office, 427 Morrill Hall, (612) 625-9369, fax: (612) 626-1609, e-mail: senate@mailbox.mail.umn.edu. Nominations must be made within a faculty member's college and include service and qualifications. Current members whose terms continue beyond this year are Patricia Ferrieri (Med Schl), Judith Garrard (Pub Hlth), Kathleen Krichbaum (Nursing), Stephanie Valberg (Vet Med), and Timothy Weidmann (Pharmacy). Members whose terms expire June 30 are Muriel Bebeau (Dentistry), Frederic Hafferty (UMD Med), and David Hamilton (Med Schl). Faculty should look for a nomination form in their mail this week. NOTE: This is a separate request from the call for nominations for the University Senate Consultative Committee.

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UNIVERSITY OF MINNESOTA

Twin Cities Campus

Academic Health Center
Office of the Senior Vice President for Health Sciences

Box 501 Mayo
420 Delaware Street S.E.
Minneapolis, MN 55455-0374
612-626-3700
Fax: 612-626-2111
Offices located at:
410 ChRC
426 Church Street S.E.
Minneapolis, MN 55455-0374

January 12, 1999

MEMORANDUM

TO: AHC Faculty Assembly
AHC - FCC
University FCC

FROM: Frank B. Cerra, M.D.
Senior Vice President for Health Sciences

RE: Changes in the AHC

I, like you, am astounded at the amount of change that is happening in the Academic Health Center. It is challenging and frustrating and, unfortunately, largely driven by the external forces of the health care delivery system. Another significant factor increasing the pressure for change is my commitment to improve and streamline administration, so that the maximum number of dollars may be used to keep the education and research enterprise strong.

Change of this magnitude, largely driven by external forces, causes a lot of tension in the system. It requires us to work together, to engage in honest and direct discourse about issues, and to continue to communicate at all levels of the AHC.

The deans and I encourage the advice and counsel of the faculty to assure the best possible decision making process. Your expertise and insightful thinking and, yes, your constructive criticism, have contributed significantly to recent accomplishments.

Now, more than ever, we need to collaborate to manage the evolution of the Academic Health Center. I will attach two recent documents concerning the challenges in health professional education to this correspondence. I hope you will find this material useful and I look forward to continue working with you.

Thank you.

FBC/bmg

cc: Mark Yudof, President
Robert Bruininks, Executive Vice President and Provost

Attachments: Regents presentation
Legislative monograph

Health Professional Education: Leadership and Financing

A Presentation
to the University of Minnesota Board of Regents

Purpose of the Presentation

As requested by the Education Planning and Policy Committee of the Board of Regents, additional information is provided on the Health Professional Education component of the University's biennial budget request.

The presentation will respond to these general questions:

1) How will the health professional education request make a difference to the Academic Health Center?

2) What are the major forces affecting the financing of health professional education?

3) How will the AHC recapture a leadership role in the care delivery system in the State of Minnesota?

Policy Issues to Consider

- Should the University be a major force in determining the direction of the care delivery system in the 21st century?
- Should the University lobby the federal and state government, and with the health delivery and insurance systems, to influence financing and other policy issues for health professional education?
- What should be the balance between financing and control of health professional education by non-university organizations (e.g., health systems)?

Budget and Investment Issues

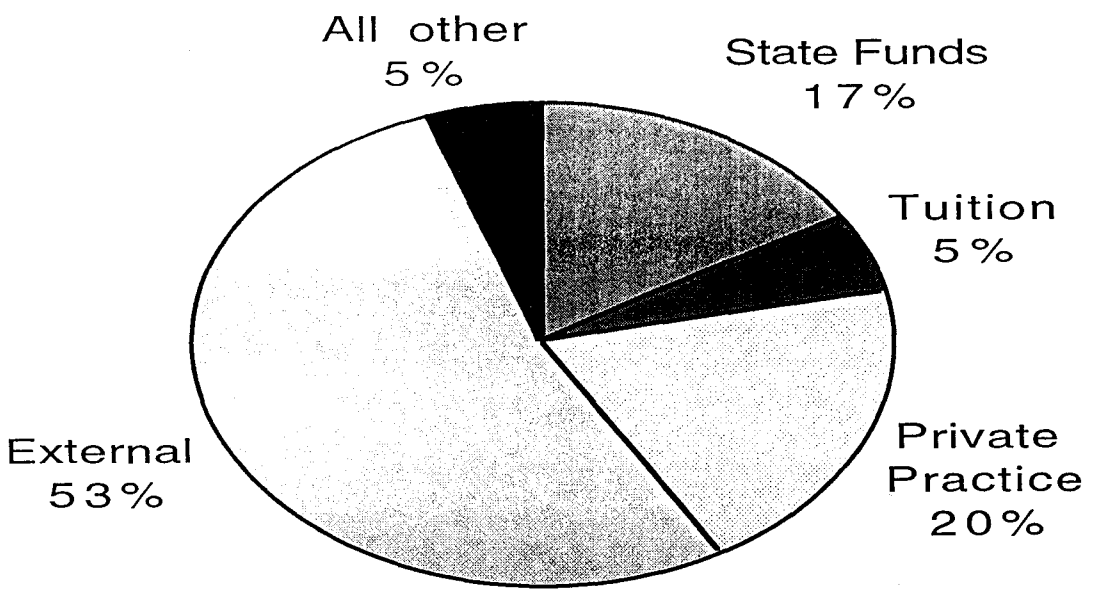
- Overview of financing health professional education
- The Academic Health Center's FY 2000-2001 legislative request
  - ⇒ Justification for additional investment
  - ⇒ Financial requirements
  - ⇒ Planned expenditure
- The financial outlook for health professional education
  - ⇒ Forecasts for the Academic Health Center
  - ⇒ Forecasts for AHC Clinical Training Sites
- Restoring leadership in the care delivery system

OVERVIEW:
The University of Minnesota Academic Health Center
Major activities and related costs

Program	$'s in millions
Health Professional Education and Training	$163.8
Research	
⇒ Sponsored by external agencies	155.3
⇒ Other research	16.7
Service to the Community	
⇒ Physician practice organization	80.4
⇒ Sponsored by external agencies	10.6
⇒ All other programs	17.2
Support Services for Education and Research Programs	91.7
Space	7.8
Total	$543.6

OVERVIEW:
The University of Minnesota Academic Health Center
Major sources of funding

	$'s in millions
State Funds	$90
Tuition	27
Private Practice	109
External (Grants, Gifts, Sales, Hospital Payments)	289
All other	28
Total	$544



OVERVIEW:
Additional costs incurred at clinical sites for training students and residents in UofM programs

Estimated costs for the clinical training of University of Minnesota student and residents at sites outside the University, as reported to the Minnesota Department of Health in 1997 (for MERC)

Total Costs

Type of Trainee	Cost/Trainee	# of FTE Trainees	$'s in millions
Advanced Practice Nurses	$20,537	23.9	$ 0.5
Dental Students	105,788	107.2	11.3
Dental Residents	136,052	58.2	7.9
Medical Students	23,489	458.3	10.8
Medical Residents	146,765	641.4	94.1
PharmD Students	22,093	28.9	0.6
PharmD Residents	60,796	6.0	0.4
Total		1,323.9	$125.7

OVERVIEW:
Primary sources of funding for health professional education and training

- For education in university classrooms and laboratories
  - ⇒ State Funds
  - ⇒ Tuition
  - ⇒ Hospital payments for residents salaries
  - ⇒ Physician practice revenue

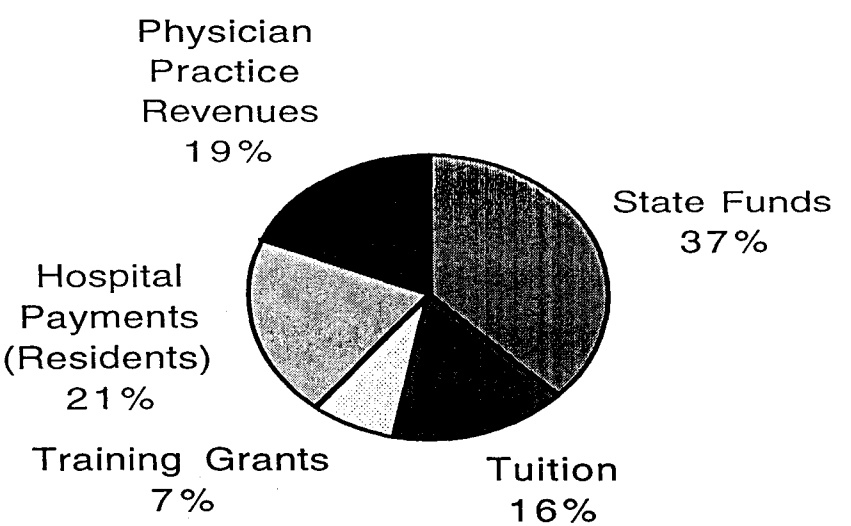
- For training in hospital and clinic sites
  - ⇒ Medicare payments
    - » Direct Graduate Medical Education payments
    - » Indirect Medical Education payments
  - ⇒ Minnesota's Medical Education and Research Commission (MERC) payments
  - ⇒ Pro bono contributions from physicians (at clinical sites)
  - ⇒ Patient care reimbursements

OVERVIEW:

The University's funding for Health Professional Education

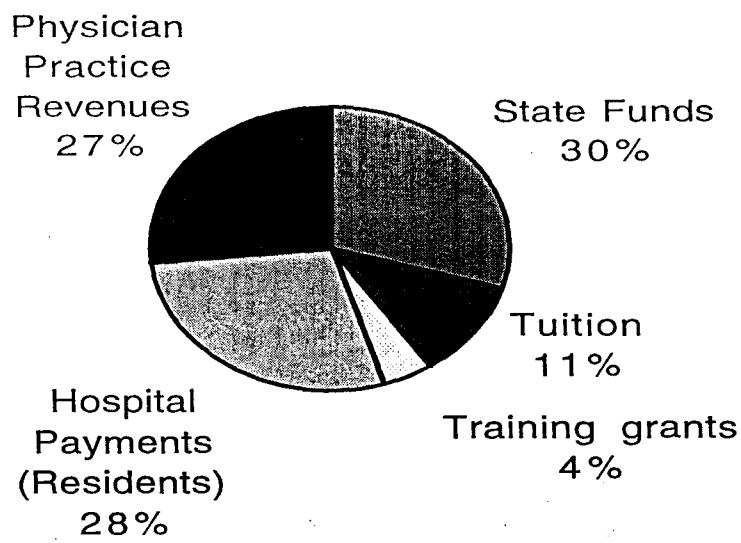
(Includes all Academic Health Center Students)

	$'s in Millions
State Funds	$ 61.1
Tuition	26.4
Training Grants	12.0
Hospital Payments (Residents)	33.7
Physician Practice Revenues	30.6
Total	$ 163.8



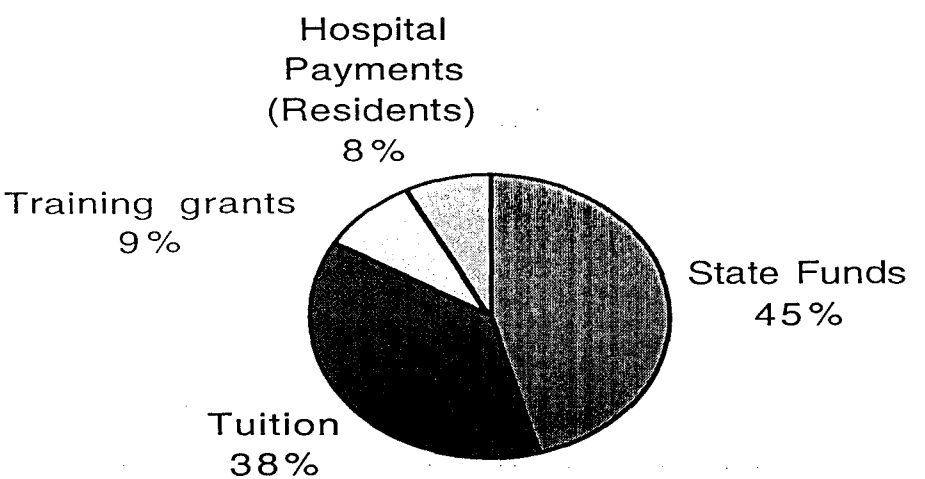
OVERVIEW:
The University's Funding for Health Professional Education in the Medical School

	$'s in Millions
State Funds	$ 34
Tuition	12
Training grants	5
Hospital Payments (Residents)	32
Physician Practice Revenues	31
Total	$ 114



OVERVIEW:
The University's Funding for Health Professional Education in the College of Pharmacy

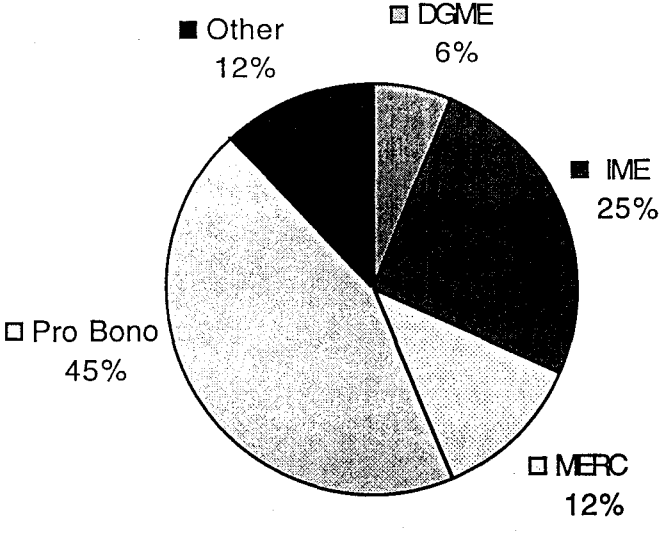
	$'s in Millions
State Funds	$ 3.0
Tuition	2.5
Training grants	0.6
Hospital Payments (Residents)	0.5
Physician Practice Revenues	0.0
Total	$ 6.6



OVERVIEW:
Funding at Clinical Sites for Health Professional Education

FY 1999 ESTIMATED Sources of Support by Category:

	$'s in millions
Federal Appropriations	
Direct Graduate Medical Education Payments (DGME)	$8
Indirect Medical Education Payments (IME)	32
Medical Education Research and Trust Fund	15
Pro Bono Physician Contribution	56
All other	15
	$126



THE AHC'S 2000-2001 LEGISLATIVE REQUEST

Justification for additional investment in health professional education

- Health care market forces driving down the margin contributed to health professional education
  - ⇒ Expect three percent annual decrease in net revenue for education
  - ⇒ Maintenance of current revenue requires a 25% increase in time spent by faculty in clinical care; time away from education and research
- The primary treatment location is shifting from in-patient to out-patient centers
  - ⇒ Training must shift in parallel
  - ⇒ New models for training are needed
- Competitive market for physician faculty
  - ⇒ Must maintain competitive salaries
- Reductions in Medicare funding for Graduate Medical Education
  - ⇒ IME payments reduced by 33%
  - ⇒ Cumulative loss of $100 million to State of Minnesota by 2002

THE AHC'S 2000-2001 LEGISLATIVE REQUEST
How much new money is needed for Health Professional Education?

At the Academic Health Center in FY 2000 and 2001:

- If salaries increases are held to 5%
- If inflation on operations is held to 3%
- If Physician Practice revenues decline by 3%
- If Physicians continue to contribute teaching on a pro bono basis
- If MERC funding is limited to $5 million currently in the base appropriation
- Then -- the Academic Health Center needs:

FY 2000	$34.7 Million
FY 2001	$49.7 Million
Total Biennium	$84.4 Million

THE AHC'S 2000-2001 LEGISLATIVE REQUEST
How much new money is needed for Health Professional Education?

At clinical training sites:

- If status quo is maintained, i.e.,
  - ⇒ Residents are trained at in-patient hospitals
  - ⇒ Number of FTE residents in UofM programs remains at 700
  - ⇒ If Physicians continue to contribute teaching on a pro bono basis
  - ⇒ If MERC funding is limited to $5 million currently in the base appropriation
- Then, the unmet dollar need at clinical training sites is estimated in the range of:

FY 2000	$33 Million
FY 2001	$41 Million
Total Biennium	$74 Million

THE AHC'S 2000-2001 LEGISLATIVE REQUEST

Plan for meeting the shortfall at the Academic Health Center:

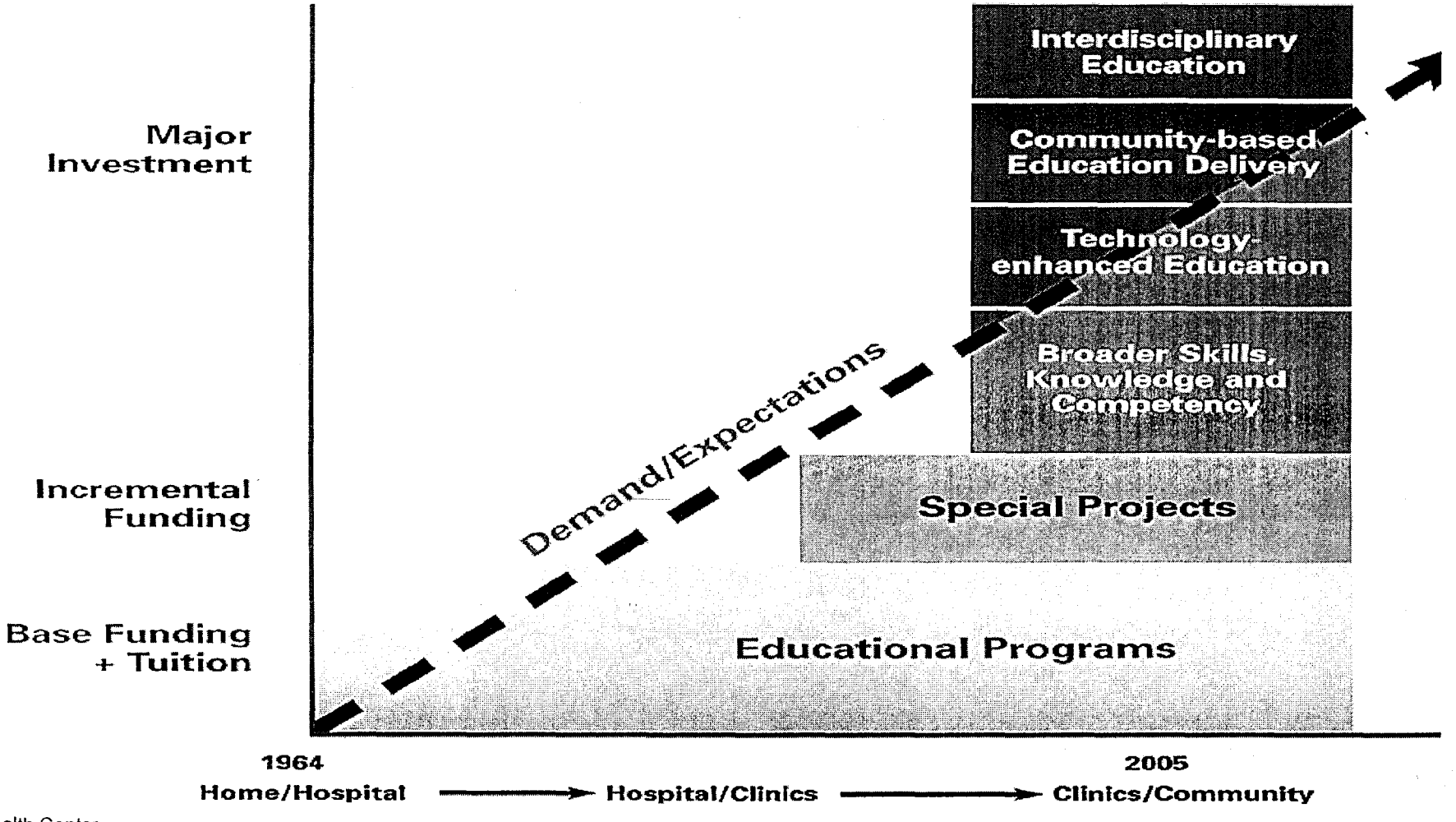
	FY 2000	FY 2001	Total
Total Projected Shortfall for the Academic Health Center	-$34.7	-$49.7	-$84.4
Potential Sources for Funding the Shortfall			
University's compensation request (AHC's share)	4.8	9.7	14.5
AHC's legislative request	14.0	16.0	30.0
Additional hospital $'s for resident stipends	2.0	3.0	5.0
Total potential new $'s	$20.8	$28.7	$49.5
Remaining Need to Offset Projected Shortfall	-$13.9	-$21.0	-$34.9

THE AHC'S 2000-2001 LEGISLATIVE REQUEST

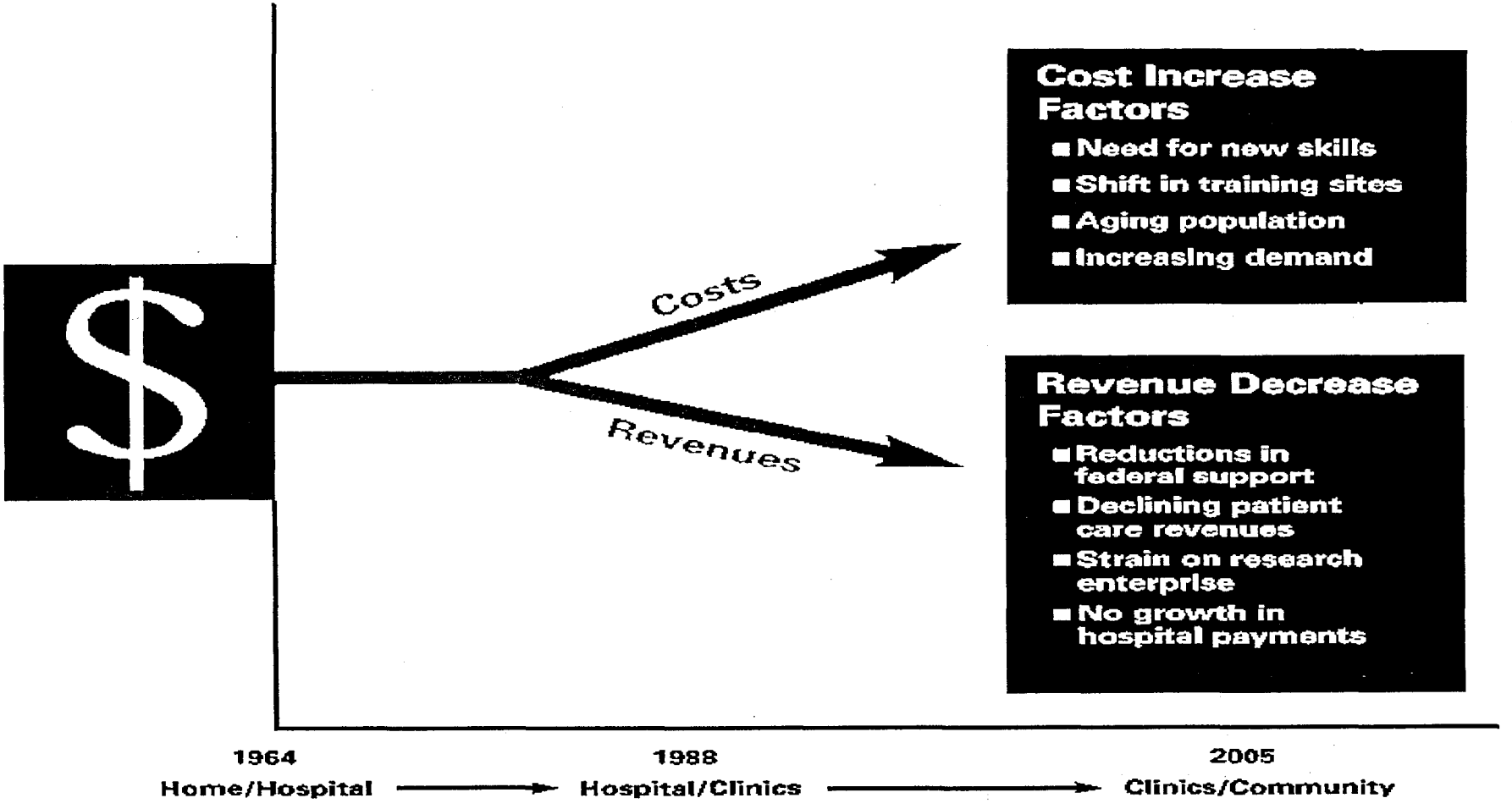
Plan for meeting the shortfall at Clinical Sites:

	FY 2000	FY 2001	Total
Total Estimated Unfunded Need at Clinical Training Sites for U of M Programs	-$33.0	-$41.0	-$74.0
Potential Source of Covering Unfunded Need: MERC			
Status Quo: Current Base Funding	$5.0	$5.0	$10.0
Share for U of M Programs (Approx 45%)	2.3	2.3	4.5
Remaining Unfunded Need	-$30.8	-$38.8	-$69.5
Legislative Request by State Dept of Health			
Current Base Funding	$5.0	$5.0	$10.0
Incremental Funding Request	60.0	60.0	120.0
Total	$65.0	$65.0	$130.0
Share for U of M Programs (Approx 45%)	29.3	29.3	58.5
Remaining Unfunded Need	-$3.8	-$11.8	-$15.5

Financing Health Professional Education Program Needs:



Financing Health Professional Education
Resource Needs:



The University of Minnesota Academic Health Center

FY 2000-2001 Biennial Budget Request

Objective 1: Strengthening health professional education

$'S IN THOUSANDS

YEAR 1	YEAR 2	BIENNIUM	FTE	
$4,200	**$4,400**	**$8,600**		**A. REPLACING PATIENT CARE REVENUE**
$3,250	**$3,800**	**$7,050**		**B. IMPLEMENTING INTERDISCIPLINARY EDUCATION**
800	1,000			RELEASE OF FACULTY FROM PATIENT CARE AND RESEARCH TO DESIGN CURRICULUM AND TEACH
1,500	1,800		12	NEW FACULTY POSITIONS TO TEACH TEAM CARE AND PRIMARY CARE
350	400		7	SUPPORT STAFF (OPERATIONS, CLERICAL, MAINTENANCE)
300	200			CURRICULUM DESIGN COSTS (CONSULTANT, TRAVEL TO OTHER SITES, AUDIO VISUAL EQUIPMENT),
300	400			OPERATING COSTS FOR THE NEW CLINICAL SKILLS TEACHING FACILITY
$4,520	**$5,610**	**$10,130**		**C. SHIFTING TO COMMUNITY-BASED EDUCATION**
1,200	1,400		12	FACULTY TO CREATE TEACHING OPPORTUNITIES IN COMMUNITY SETTINGS
900	1,100			COSTS OF TEACHING IN CLINICAL SETTINGS
400	200		3	ADMINISTRATIVE AND LEGAL COSTS OF TEACHING IN A NON-UNIVERSITY SETTING
520	610			INFORMATION SYSTEMS TO LINK COMMUNITY SITES WITH UNIVERSITY FACULTY
1,200	1,700			TEACHING AT UM CLINICS AND COMMUNITY PROGRAMS (CUHCC, RHS, RPAP, UMP)
300	600			COMPENSATION FOR PRIVATE PRACTITIONERS AT CLINICAL/COMMUNITY SITES
$1,280	**$1,620**	**$2,900**		**D. UTILIZING TECHNOLOGY-ENHANCED EDUCATION**
500	700		10	SPECIALISTS IN DISTANCE LEARNING AND WEB-BASED EDUCATION
200	300		5	ACCESS TO LIBRARIES AND OTHER RESOURCES
180	200		5	CLERICAL AND ADMINISTRATIVE SUPPORT
200	220			HARDWARE, NETWORK LINKAGES, SERVERS, DIGITAL IMAGE EQUIPMENT
200	200			ANNUAL COST OF MATERIALS, SUPPLIES, TELEPHONE
$750	**$570**	**$1,320**		**E. TEACHING BROADER SKILLS AND KNOWLEDGE**
400	300			NON-AHC FACULTY TO TEACH SOCIAL WORK, BUSINESS, ETHICS, CARE DELIVERY SYSTEMS
300	200			RELEASE OF FACULTY TO DEVELOP CURRICULUM PRESENTATION
50	70			MATERIALS AND SUPPORT FOR CURRICULUM DEVELOPMENT
$14,000	**$16,000**	**$30,000**	**54**	**GRAND TOTAL**
			24	FACULTY
			30	STAFF

The University of Minnesota Academic Health Center

FY 2000-2001 Biennial Budget Request

Objective 2: Shifting to a more community-based and population-based system

$'S IN THOUSANDS YEAR 1	YEAR 2	BIENNIUM	FTE	
				A. DEVELOPING AND EXPANDING SUCCESSFUL CARE AND ILLNESS PREVENTION MODELS
$560	$840	$1,400		1) EXPANDING PHARMACEUTICAL CARE EDUCATION AND OUTCOMES RESEARCH
230	260		5	SUPPORT FOR RURAL PHARMACISTS PROFESSIONAL DEVELOPMENT
170	300		2	FACULTY POSITIONS IN GERIATRIC PHARMACEUTICAL CARE EDUCATION
160	280		2	FACULTY POSITIONS IN PHARMACEUTICAL OUTCOMES EDUCATION AND RESEARCH
$380	$500	$880		2) EXPANDING NURSING EDUCATION OUTREACH AND BEST NURSING CARE PRACTICE
250	300		3	FACULTY FOR COORDINATION, EVALUATION, AND COLLABORATION IN ADVANCED PRACTICE NURSING EDUCATION
100	150			COSTS FOR OFF-SITE PROGRAM DELIVERY AND DISTANCE EDUCATION
30	50		1	OPERATING AND CLERICAL SUPPORT
$820	$880	$1,700		3) ESTABLISHING TWO RURAL DENTAL EDUCATION SITES
150	200		2	FACULTY FOR COORDINATION AND COLLABORATION IN TWO NEW DENTAL CLINICS
650	650		3	START-UP OPERATING COSTS FOR RURAL CLINICS FOR DENTAL EDUCATION AND SERVICE
20	30		1	OPERATING AND CLERICAL SUPPORT
$600	$840	$1,440		B. CONDUCTING HEALTH SERVICES AND HEALTH OUTCOMES RESEARCH
300	450		3	FACULTY TO DEVELOP STRATEGIES AND IMPLEMENT NEW MODELS
60	100			EQUIPMENT, SOFTWARE DEVELOPMENT
40	70		1	CURRICULUM MATERIALS DEVELOPMENT
200	220		2	SUPPORT FOR FACULTY EFFORTS IN HEALTH OUTCOMES RESEARCH
$375	$600	$975		C. IMPROVING ACCESS TO CANCER INFORMATION
100	200		2	FACULTY FOR EDUCATIONAL MATERIAL DEVELOPMENT
200	300		3	SUPPORT STAFF FOR EDITING, DIGITAL PREPARATION, PRINT MATERIALS DESIGN
75	100			START-UP FUNDS FOR PRODUCTION PRINTING AND DISTRIBUTION
$205	$400	$605		D. STRENGTHENING THE CONNECTION BETWEEN HEALTH SCIENCES AND AGRICULTURE
125	250		2	VETERINARY FACULTY FOR COMPARATIVE MEDICAL RESEARCH INTO HUMAN DISEASE
40	90		2	SUPPORT STAFF FOR THE PROGRAM
40	60			START-UP SUPPORT, MATERIALS DEVELOPMENT AND LABORATORY EXPENSES
$2,940	$4,060	$7,000	34	GRAND TOTAL
			16	FACULTY
			18	STAFF
		$20,000		CARE AND PREVENTION MODELS FOR CHRONIC AND ADDICTIVE CONTITIONS (TOBACCO SETTLEMENT)
		$1,000		FOOD ANIMAL HEALTH CENTER—COLLEGE OF VETERINARY MEDICINE
		$930		BIO-MEDICAL LIBRARY

THE FUNDING OUTLOOK FOR HEALTH PROFESSIONAL EDUCATION: The crisis is a national problem

- "The single greatest threat to medical schools today is the expected decline in faculty practice plan revenue brought about by managed care's aggressive cost containment.
- Based on a survey conducted by Association of American Medical Colleges , medical schools reported that about 28 cents out of every practice plan dollar goes to support medical education and research.
- The total estimated dollar support from practice revenue is $3 billion annually.
- Some medical schools project declines from 3 to 5% annually over the next five years. The lower end of the range, if uniform, could result in a loss of $90 million."

Academic Medicine
October 1995

THE FUNDING OUTLOOK FOR HEALTH PROFESSIONAL EDUCATION:
The burden on students is increasing dramatically

80% of medical students who graduated in 1998 carried significant debt

- ⇒ 50% owed $75,000 or more
- ⇒ 33% owed at least $100,000
- ⇒ Average debt = $80,462
- ⇒ Average debt in 1990 = $46,224

Journal of American Medical Association
December 1998

THE FUNDING OUTLOOK FOR HEALTH PROFESSIONAL EDUCATION:
The Federal government is reducing dollar support for medical education

Balanced Budget Act of 1997 reduced funding for graduate medical education

- ⇒ Capped full-time equivalent residents at 1996 levels
- ⇒ Reduced Indirect Medical Education payments by 30% to 36%

Estimated reductions for teaching hospitals in Minnesota by year ($'s in millions):

	Annual	Cumulative
FY 1998	$ 8.6	
FY 1999	14.8	$23.4
FY 2000	21.0	44.4
FY 2001	27.2	71.6
FY 2002	27.2	98.8

THE FUNDING OUTLOOK FOR HEALTH PROFESSIONAL EDUCATION:
Projecting the impact on the University of Minnesota

A multi-dimensional, multi-year cost model developed in 1998 by the AHC to project:

Gap between revenues and expenses for:

1. The programs of the AHC
2. The clinical sites where AHC students are trained

The impact of changes in funding from:

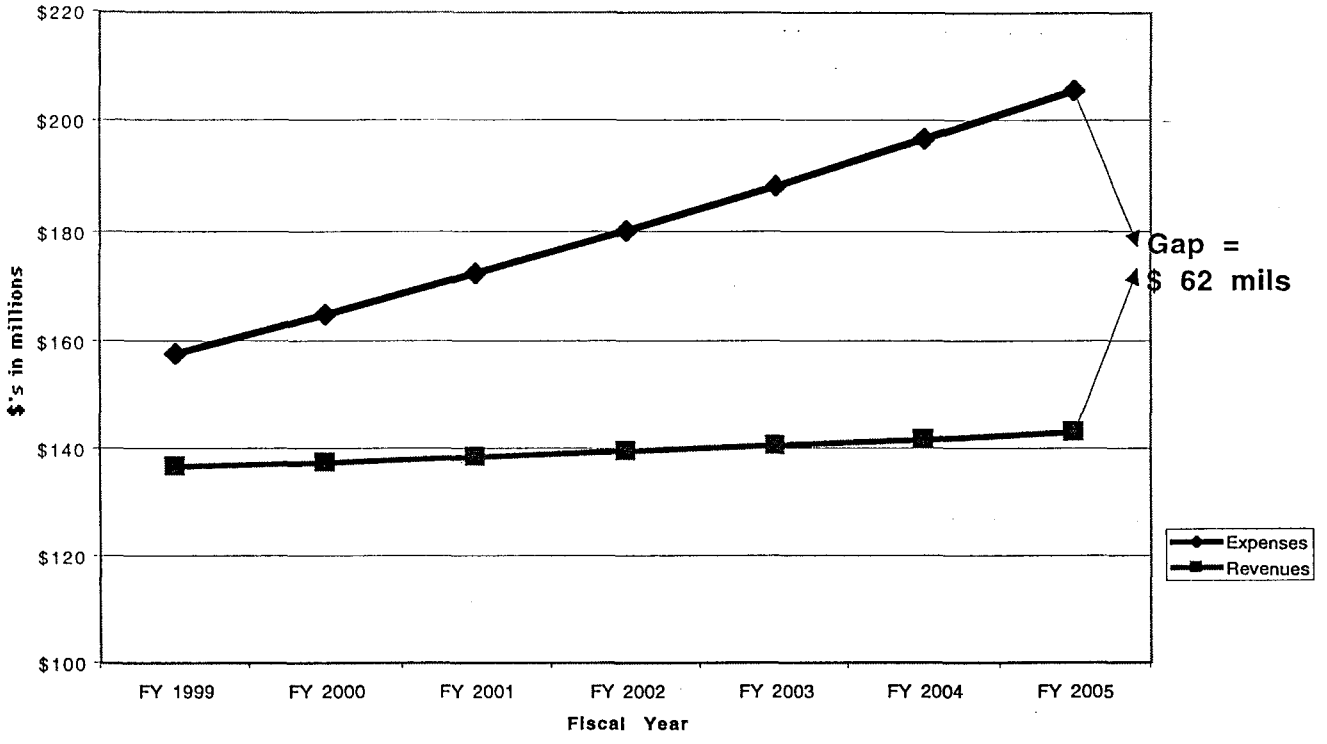
1. The legislative initiatives for the AHC and MERC
2. The Federal government's Balanced Budget Act of 1997
3. Increases in expenses for operations
4. Changes in educational models

Output from the model: two scenarios

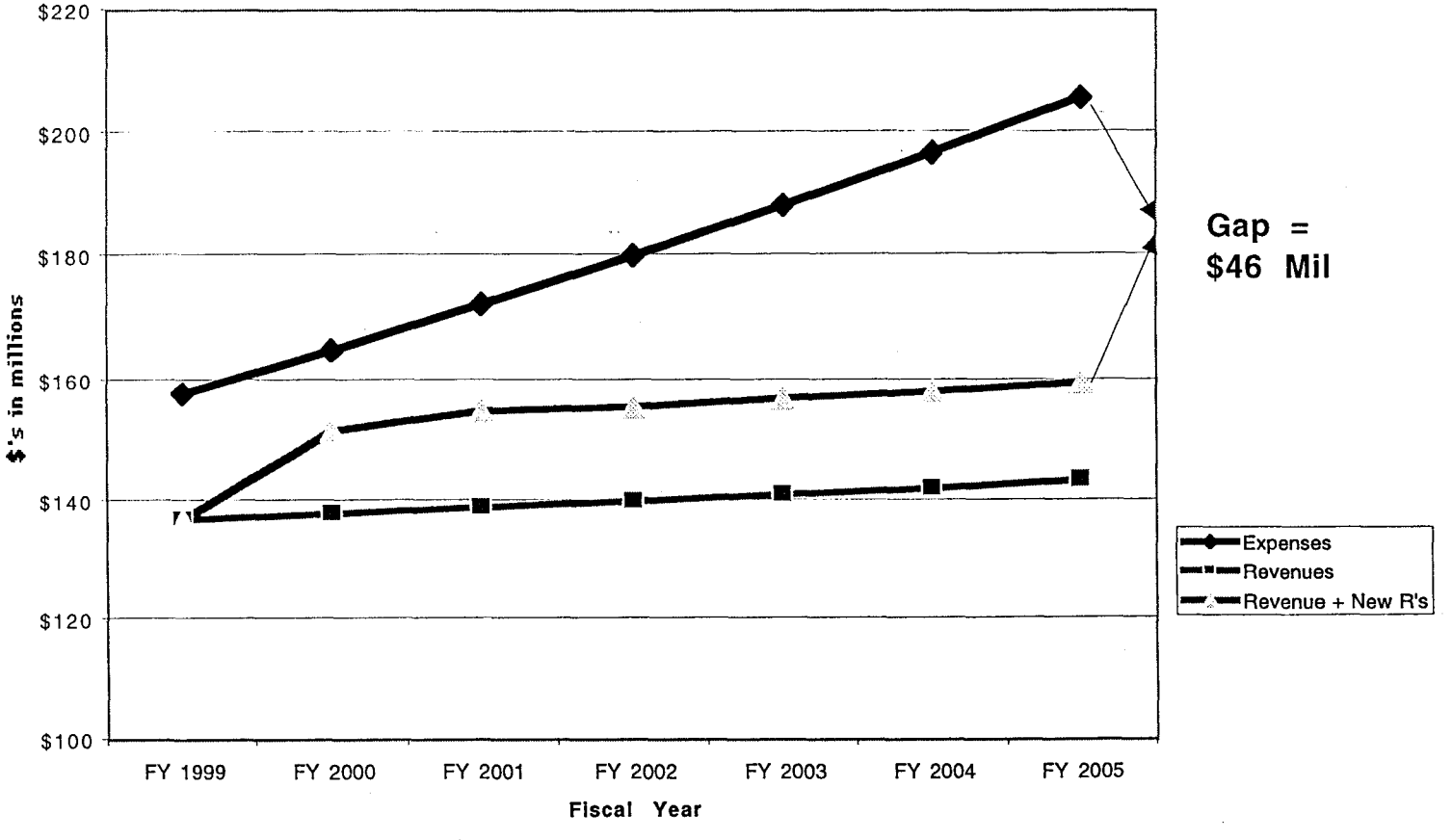
Key assumptions for status quo scenario:

- Average inflation for operations = 3% per year
- Physicians at training sites continue to contribute time for teaching on a pro bono basis
- MERC funding drops to the $5 million base appropriation
- Subsidy for education programs from physician practice revenues drops by 3% annually
- Medicare payments for indirect medical education decrease by 33% cumulatively by the year 2002
- Majority of residents trained in in-patient settings

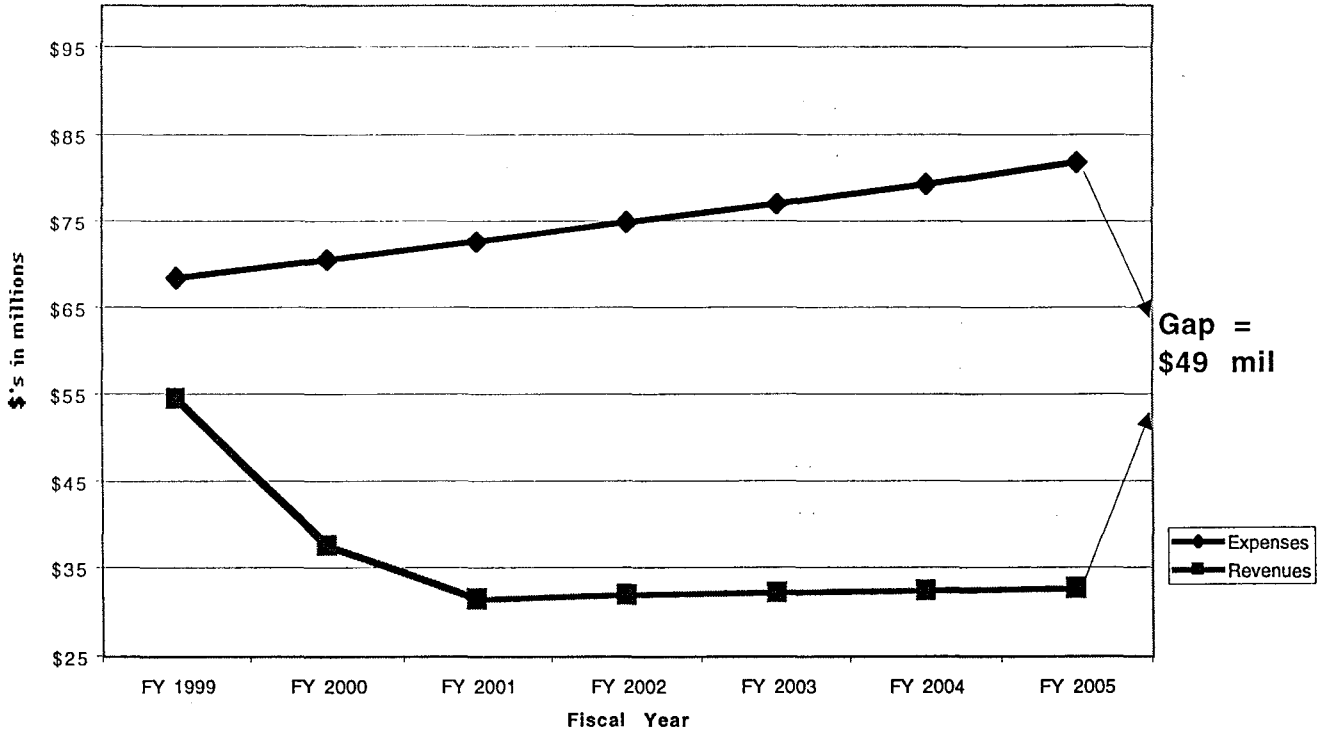
Academic Health Center at Status Quo
Health Professional Education Funding Gap



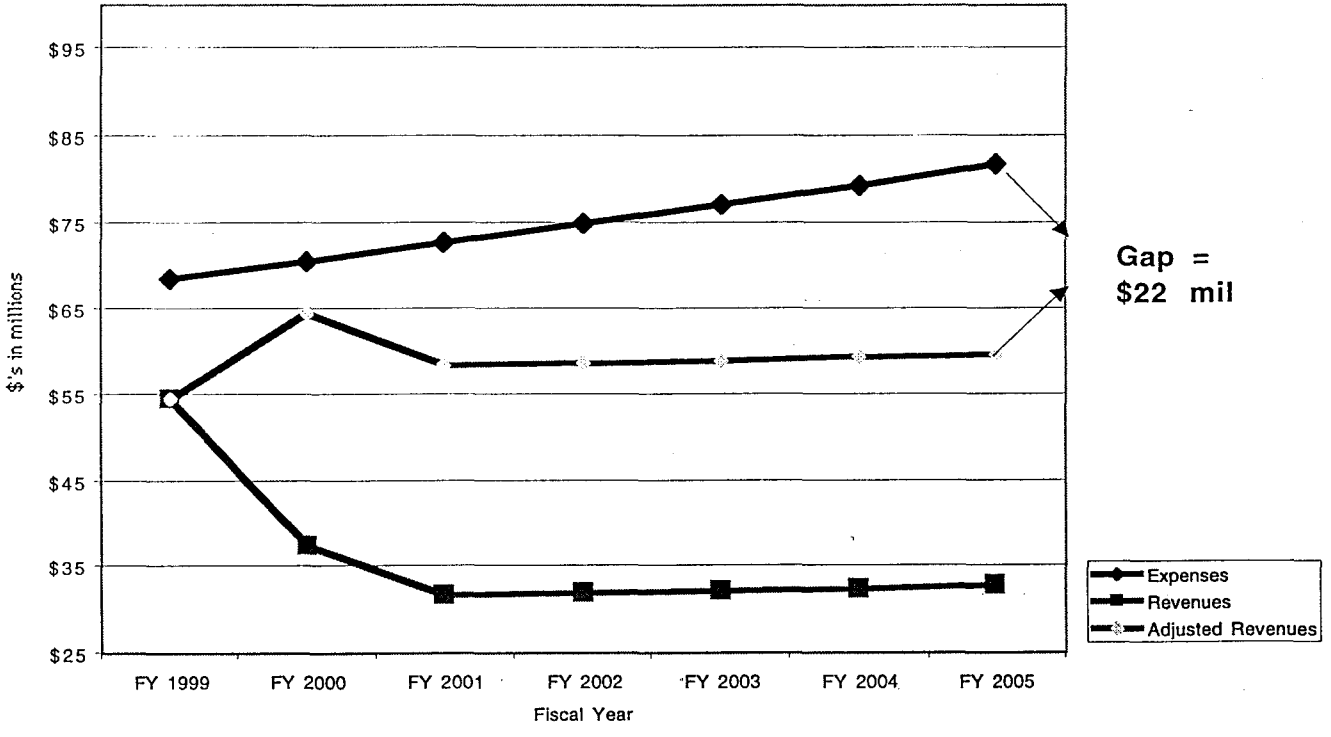
Academic Health Center
Health Professional Education Funding Gap
IF LEGISLATIVE INITIATIVE IS FUNDED



Health Professional Education Funding Gap
Status Quo

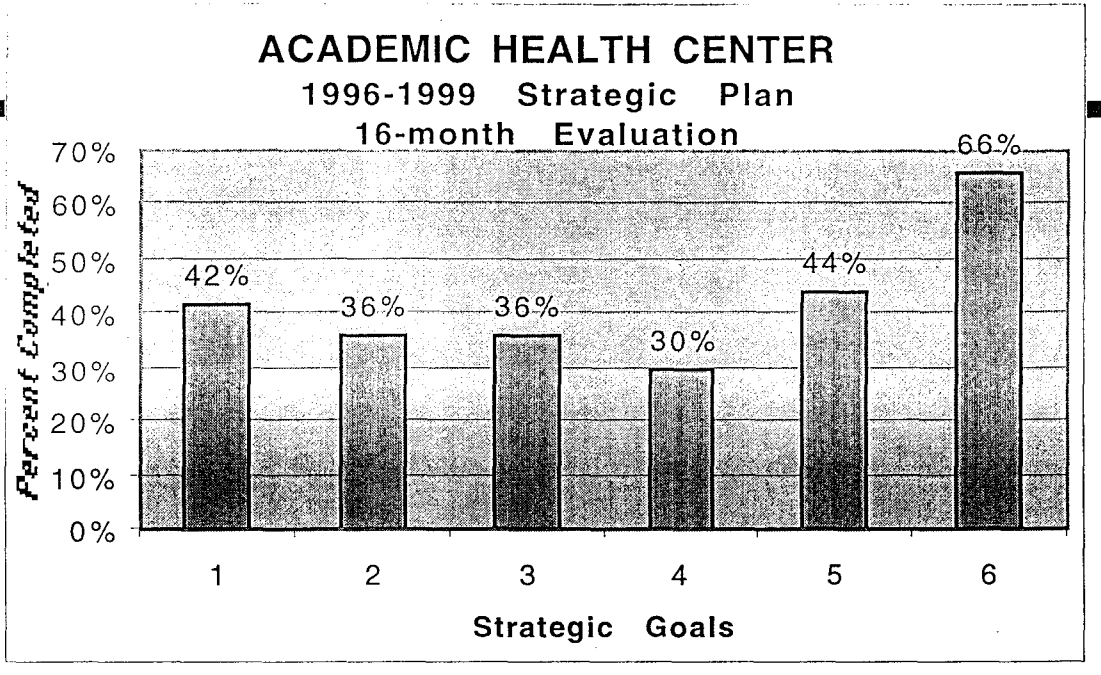


Health Professional Funding Gap for Clinical Sites
IF LEGISLATIVE INITIAVE FOR MERC IS FUNDED



What is expected if new funds are not allocated for FY 2000-2001?

- The Academic Health Center will not have a role in reshaping health care delivery systems in the State.
- The education programs will be resized (fewer students, fewer faculty, fewer staff).
- Research productivity will be at risk at a time when NIH funding is increasing at dramatic rates.
- Strong support by university research to the Minnesota medical device industry will be diminished.



Strategic Goals

1. Enhance the competitive relevance and position of AHC education and research.
2. Meet relevant work force needs and ensure AHC's leadership role in the health professions through adjustments in the size and mix of enrollments and educational programs.
3. Improve the competitive position of clinical/outreach functions for all health professional schools and the AHC.
4. Enhance the environment to promote faculty and staff creativity, excellence and productivity.
5. Strengthen financial management to promote flexibility, investment, and financial stability.
6. Maintain each profession's identity and excellence as AHC interscholastic programs develop.

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Enhance Competitive Relevance and Position of AHC Education and Research	1) Expand Rural Health School	1) Implemented
	2) Create Health Care Systems Center	2) In final stages of development
	3) Increase use of distance technology	3) Planning/Pilot programs
	4) Establish Research Service Organization	4) Implemented
	5) Establish community partnerships in education and research	5) Pilot programs in all schools
	6) Create Complementary and Alternative Medicine Program	6) Implemented
	7) Create Institute of Health Policy	7) Implemented with St. Thomas University and Health System

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Meet Relevant Workforce Needs for all Health Professionals	1) Health provider education content assessment	1) Completed
	2) Marketplace assessment for future education needs	2) Completed—report in process
	3) Adjust workforce size	3) Done for pharmacy, nursing, medicine
	4) Engage Commissioner of Health and Health Systems and Insurers	4) On-going; plan due in 1999
	5) Community-based team care initiatives	5) Urban and rural pilots established
	6) Educational programs that enhance professional experiences	6) Clinical Trial Masters program; Pharmaceutical Care program; Advanced Practice Nursing
	7) Promote interscholastic program development	7) Primary Care, Geriatrics, Complementary and Alternative Medicine Center for Spirituality and Culture

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Improve Competitive Position of Service/Outreach Functions	1)Form single practice plan	1)Completed
	2)Complete implementation of Fairview relationship	2)Established
	3)Enhance competitive contracting	3)State Health Plan Select; care system development
	4)Team care with medicine, pharmacy, nursing	4)Planning; new Primary Care Clinic
	5)Competitive service benchmarking	5) In process
	6)New program investment	6)Defined areas
	7)Expand distance technology for clinical care	7)Planning

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Establish Environment to Promote Faculty/Staff Creativity, Excellence, and Productivity	1) Enhance faculty development programs	1) New revenue to support innovation
	2) Enhance staff development programs	2) New training programs
	3) Develop effective human resources management support services	3) University projects: Enterprise, grants management, benefits packages, sabbatical opportunities, tech transfer
	4) Improve merit recognition systems	4) School specific initiatives
	5) Diversity	5) Task force complete, forwarded to AHC Deans
	6) Provide leadership tools to students	6) Leadership training program in preparation with Carlson School, Health Service Research and Policy Institute, health economics, etc.
	7) Interscholastic degree program	7) Between AHC Schools, Law School, Carlson School of Business

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Strengthen Financial Management to Promote Flexibility, Investment, and Financial Stability	1) Compact process to connect academic programs and budgeting	1) Implemented
	2) Establish benchmarks for financial performance	2) Done
	3) Simplify/standardize basic financial services	3) In process
	4) Provide on-line financial information	4) Done
	5) Balance school budgets	5) Achieved in FY 1998
	6) Understand and prepare for the external forces effects on AHC schools	6) Understanding; plans being developed and implemented
	7) Enhance philanthropy; plan for campaign	7) In process

Restoring Leadership to Care Delivery System

Goal	Deliverable	Status
Maintain Professional Identity and Excellence as Interscholastic Programs Develop	1)Improve structure of strategic planning process	1)Completed
	2)Enhance linkages between colleges and constituent professional organizations	2)On-going
	3)Define and enhance role of school dean as CEO of a school	3)Done
	4)Define role of department/ division head in school	4) In process
	5)Promote communication about contributions and value of each professional school	5) On-going

Support needed by the Academic Health Center

- Understanding of the enormous changes in the AHC that are driven by external forces
- Recognition of the tremendous efforts by faculty and staff in the AHC to respond to the change pressures
- Advocation of the legislative request for the Academic Health Center
- Consideration of the policy issues presented

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MEMORANDUM

December 10, 1998

To: Carol Carrier
Vice President for Human Resources

From: Deans, Academic Health Center
Frank B. Cerra, M.D.
Senior Vice President for Health Sciences

Subject: Report: "Putting the House in Order: A Report of the Joint Committee on Academic Appointments"

The report calls attention to several issues, issues that deserve careful consideration, reflection, and discussion across a broad community of faculty, staff, and administration at the University. The Deans Council of the Academic Health Center has discussed these and other issues related to faculty composition. Each college faces a unique set of needs and constraints in the make-up of its academic staff, and an improved ability to appoint academic staff to faculty positions (whether tenure tract or not) would be desirable. These decisions, however, are best retained at the collegiate level.

The University is a diverse community of scholars, with different cultures and missions, reflecting an adaptation to very different roles and conditions. Necessarily, the composition of the faculty reflects a similar diversity of roles, responsibilities and rewards. A centralized policy and procedure shaping a college's faculty composition may be ill endowed to respond to the forces that define a particular college's mission and needs. Similarly, a centralized system for decision making regarding the types of academic staff in a college may be shaped by forces separate from the college's needs and not accountable to the effects on the college's mission.

- The first issue raised is whether certain P&A staff ought to be classified as faculty. It makes sense that people performing essentially the same work should be generally afforded the same job title, status, compensation, and benefits. This makes employment policies at the University more clear and consistent and provides a fair basis for compensation and job review. In addition, a consistent system simplifies developing, accounting for and managing human resources, and provides a more reliable source of data for evaluation of trends and long term planning. Taking this step also avoids the difficult lesser status and "second class citizenship" for a variety of non-faculty academic personnel. Faculty status for all with similar academic roles would assure consistent recognition for both education and research/scholarly efforts and equality of roles in the mission of the University.

- The report suggests that employees that serve at least 25% in a teaching capacity should be appointed as faculty. While the percentage might be argued, the principle of tying faculty status to a measure of their activity is sound. It is perhaps more reasonable to assert that designation as a faculty member should require that a majority of one's efforts be "faculty-like", i.e., teaching in

any form (undergraduate, graduate, professional, outreach, clinical, etc.) or research or other scholarly efforts. If the aggregate of these efforts were 50% time or greater for a person with an appropriate education and experience, then the person should be designated as a faculty member within the University. As the report notes, this would require a significant population of university academic personnel to be reclassified. Faculty status should confer all of the rights and benefits that accrue to faculty, including promotion and performance review, and participation in curriculum design and collegiate strategic planning, faculty governance, and promotion decisions.

- The recommendations of the committee would make sweeping changes in employee categories and therefore in the structure of benefits and compensation and other costs of faculty. For example, the faculty have access to benefits not available to P&A staff, and vice versa. It is important to consider the financial effects of such broad scale reclassification as recommended by the report. These effects extend beyond simply salary to issues of benefits, sabbatical or semester leaves, research support and space, teaching loads, and graduate faculty support, among others.

- Separate from the issue of faculty status, there is the question of whether the faculty position should be tenure track or not. Decisions about whether a position should be a tenure track position impact on issues that extend beyond simple job class. A decision by a college to create a tenure track position has several long-term considerations for a college and its ability to achieve its mission.

1. Whether a position is tenure track may have significant implications on the college's ability to attract or retain a certain type of faculty member to the position. While this effect is self-evident when trying to attract a scholar of international repute in <u>both</u> education and research (a tenure track position is desirable), there are certainly times when tenure track designation may deflect applications from exactly the sort of people one wishes to recruit. The pressures of competing on a tenure track may discourage candidates from applying for positions for which they are well suited. For example, there may be positions where the principle need is for a person committed to necessarily repetitive, entry level, or survey level teaching, or a role that requires a mix of education and administration (program directors, etc.). The position might be principally committed to clinical service and education (health professionals, etc.), or research/ technology development professionals who are well suited for laboratory or field scholarship but ill inclined to accept large teaching loads. Forcing an inappropriate dictum that positions must be tenure track might effectively exclude the contributions these talented people can make to the University. The programs of the various colleges are too complex to expect one size to fit all, and each college is in the best position to understand its own needs.

2. In the decision to hire faculty, each college must weigh its ability to assure the funding for the position. Colleges vary remarkably in the sources they use to sustain the base of faculty. In some colleges, the principal sustaining base is state allocated dollars. In others, tuition plays a critical role. For many, the base of faculty salary support rests significantly on research grants or clinical income. Tenured positions carry with them a significant fiscal commitment. The college must be prudently assured it can sustain the salary of the position

without cannibalizing its long-term ability to serve its mission. Some colleges, to their credit, have grown the strength and impact of their programs well beyond the limits of their base of state funds and tuition income for faculty salary support. They have done so by leveraging the efforts of their academic staff to attract other external support for salaries, grants in all forms being a common vehicle. These colleges must make a calculated decision about what level of fiscal risk they can take in establishing which position will be tenure track and which will not. That risk is not static, it may ebb and flow with federal policy and other factors beyond the college's control. If a significant portion of current non-tenured academic positions were required to be tenured, then prudent leaders would have to reduce the size of the faculty to assure an adequate base of support. Such an action, while prudently necessary, would inevitably degrade the very base of activity that sustains the program and could create a spiral downward toward mediocrity. Ironically, the very action proposed by the report to sustain faculty quality (limiting the use of non-tenured faculty lines) could lead to a diminution of faculty numbers, loss of critical mass in a discipline, and the loss of national stature.

3. In a rapidly changing environment, the University is called on to be a leader in innovation in education and scholarly efforts. In doing so, there will be times that a college may chose to initiate a new program with no assurance that it will attract students, external support, or national preeminence. The very nature of progressive change at a premier University requires it to conduct these "experiments" in its efforts to grow, adapt, and excel. If each experiment is constrained to staffing its start-up with tenure track faculty, then inevitably the "failures" will leave behind a trail of faculty inappropriate to the college's mission. A college can not afford such effects, and innovation will suffer in the face of such risk.

All these considerations argue forcefully against a centrally controlled quota or cap system that dictates the make-up or terms of the academic staff of a college.

Recommendation:

The idea of providing consistent job classes for similar jobs makes good sense. Dictating the composition of the academic staff from a central vantage is unlikely to work to the benefit of an individual college's mission or the University's long term need for innovation, diversity of programs, and adaptation to external opportunities. There is no aspect of a college's make-up that more directly defines its mission than the composition of its academic staff. To dictate that composition from a central policy is inconsistent with the need for flexibility and adaptation by an individual college. The report states that exceptions could be made by a centralized authority requiring the approval of central administration and two university-wide faculty committees. At a time of decentralized decision making and the accountability of mission fulfillment at the college level, such a centralized system for a decision regarding an individual school seems excessively limiting to the school and its faculty. The compact process would likely provide a more individualized and efficient system while providing sufficient oversight from an institutional perspective.

From a University frame, several important questions need better answers before a global policy about the relative allocation of tenured positions could be considered.

- Given the resources used to support faculty, what model should be used to decide what fiscal risk at an institutional level is acceptable? How far beyond a given level of "hard money" support can the institution prudently grow without jeopardizing its core values and functions?

- By what mechanism might the above model be monitored in application? What criteria would define the acceptable risk for what sort of benefit to programs or mission?

- How might such a model and mechanisms be translated to a particular college's existing and likely future funding structure?

- Beyond the issue of fiscal responsibility, how can a college, program, or the institution as a whole assure that the solution has really enhanced the quality of its programs and performance?

Because of these issues, the appropriate course would seem to be to carefully study the effects of reclassification of certain P&A academic staff to faculty positions, separate from the issue of tenure status. Such considerations must proceed on a college by college basis, as close to the actual working level as possible to assure the vitality of programs and missions and their optimum growth and function in the 21st century.

CC: President Mark Yudof
Executive Vice President and Provost Robert Bruininks

The following Report was presented to the University of Minnesota Faculty Senate for discussion at its November 5, 1998, meeting.

A Guide to the Report of the Joint Committee on Academic Appointments

The Committee's Charge

- Describe and investigate current academic appointment categories and practices.
- Propose appropriate revisions.
- Ensure that appointments within each category meets the educational needs identified by SCEP and the Senate.
- Ensure that members of each appointment category participate appropriately in forming and implementing educational policy.

Reasons for Forming the Joint Committee

- A decrease in the total number of tenure and tenure-track faculty.
- A decrease in the proportion of those that are tenured and on tenure track.
- The increase in P&A personnel and decreases in full-time faculty, whether tenured and tenure-track or term appointments under the Tenure Code.
- Concern for the invisibility (outside their departments) of those doing faculty-like work.
- Concern about the work conditions of those doing faculty-like work and an apparent increase in the number of those hired part-time or by the quarter—these sometimes working more than full-time.

The Dangers of these Trends and Conditions

- They weaken the quality of both undergraduate and graduate education—the latter by reducing the number of graduate faculty members and support for graduate students as teaching assistants.
- They endanger the University's reputation for the cutting-edge research that is of value to the state, nation, and world—and upon which much of the University's reputation rests.
- They endanger grant income and the research and students that it supports.
- They make it more difficult to recruit and retain the best faculty and students.
- With increasing frequency, they separate those most intimately engaged in teaching introductory courses from the curricular decisions that create and keep them alive.

The Work of the Committee

- Met twice-monthly from 1/98 to 10/98.
- Heard testimony from:
  Central Administrators, e.g., Carrier, Bruininks, Zetterberg
  Sample of Department Heads
  Sample of "faculty like" P&A and part-time faculty.
- Reviewed documents other universities (e.g., U of Mich.), articles, associations (e.g., AAUP) on the changing nature of university faculties.
- Analyzed available data--scattered, periodic.
- Met with national experts--Jay Chronister and Roger Baldwin.
- Discussed with members of SCFA, FCC, SCEP, SCFP, ASAC, and the Tenure Subcommittee of SCFA.

Proposed areas for resolutions

1. All personnel who spend significant time teaching and directing of research would be placed in appropriate academic appointments that would enable us to count them and specify conditions of their hiring, duration of appointment, review, promotion, and participation in faculty governance.

This would likely mean the creation of new non-tenure track faculty types of appointment.

2. Assure balance between the need for a critical core of tenure/tenure track faculty with the need for flexibility in faculty hires.

The AAUP recommends that no more than 15% of the faculty of the university be non-tenure/tenure track, and that no more than 25% of a college or similar unit be non-tenure/tenure track. We recommend a similar limitation. But to accommodate some needs of a research university, we also propose that exceptions may be granted to the 25% limitation with the approval of the Executive Vice President and Provost and the concurrence of the SCFA and SCEP.

3. Provide multiple-year contracts for professional employees after a probationary period (e.g., 3-5 years) to improve work conditions, to increase job attractiveness and satisfaction, to reconnect the tasks of teaching and innovating educational policy and practice, and so generally to improve the quality of the institution.

Changes in Number of Faculty and Professional Staff at the University of Minnesota

	1987 (number)	1997 (number)	% Change
Faculty			
Tenured and Tenure-track	3208	2828	-11.8
Non-Regular, Term	392	473	+20.7
Total	3600	3301	-8.4
Professional Academic Appointments			
	1989 (number)	1996 (number)	% Change
	2175	2792	+28.4

N.B. 300-400 of these do primarily "faculty-like" work.

Source for the data in the chart: Office of Human Relations.

(kb: 3 November 1998)

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November 5, 1998

Professor Cynthia Gross
Chair, AHC-FCC
College of Pharmacy
7-149 Weaver Densford Hall

RE: "Clinical" Track Faculty

Dear Dr. Gross:

A topic that the AHC Deans Council has been discussing is the need and utilization of clinical and research track faculty. A summary of the use in table form is attached.

At the AHC Deans Council on October 27, 1998, the topic was again discussed. The discussion lead to an opinion that I am now forwarding to the AHC-FCC for discussion and consultation. The position is:

1) The Schools of the AHC have a need for a faculty track that is non-tenured, non-staff; and works in at least one of the areas of research, education, or clinical care/outreach.

2) The rationale providing the basis for this position is that the need arises:

   a) from the mission where it requires a focused area of work
   b) from constraints of financial risk
   c) from a need to recruit or retain

I think this area needs a lot of dialog but is a critical area as we move forward into the 21st Century.

Sincerely,

Frank B. Cerra, M.D.
Senior Vice President for Health Sciences

cc: AHC Deans
Terry Bock, Chief of Staff, AHC
Robert Bruininks, Executive Vice President and Provost
Carol Carrier, Vice President, Human Resources

Attachment

CLINICAL AND RESEARCH TRACK FACULTY
SUMMARY OF PROPOSALS FROM AHC DEANS
OCTOBER 23, 1998

	Public Health	Dentistry	Nursing	Pharmacy	Medical School	Veterinary Medicine
Current Practice	Uses temporary and fixed-term faculty and P&A Research Associates for research and service work.	Uses P&A clinical track faculty for clinical teaching.	Uses P&A Educational Specialists for clinical teaching.	Uses temporary faculty and P&A positions for teaching and clinical work.	Uses full-time, non-tenured clinical track faculty for clinical teaching, research, and service.	Uses P&A Clinical Specialists for clinical service and secondarily for clinical teaching and research in the Vet Teaching Hospital.
Current Problems	Convincing qualified academicians to take non-regular faculty appointments when duties are similar to regular faculty. Reluctance of Ph.D. trained faculty to take P&A positions. Must assign teaching and service duties to faculty hired to do research.	Central has allocated less money for salary increases for P&A clinical faculty. Have had to use collegiate funds to supplement.	Educational Specialists have lower salaries and fewer rights and benefits; viewed as "second class."	Rights, privileges, benefits, and criteria for promotion of temporary faculty and P&A positions are not well defined. Viewed as "second class."	Low salaries and too few incentives to recruit and retain faculty physicians.	Difficulty recruiting and retaining top qualified individuals. Viewed as "second class."
Need	Create a research track for faculty working exclusively on research.	Convert clinical track P&A faculty to full, non-tenured faculty status.	Create clinical and research tracks for faculty working primarily on clinical teaching and research.	Create either a non-tenure clinical track or a dual tenure-track model (basic science and clinical).	Change the title to clinical scholar; remove the limitations on number of clinical track appointments; clarify appointment expectations.	Create clinical track for faculty working on clinical service, teaching and research.

	Public Health	Dentistry	Nursing	Pharmacy	Medical School	Veterinary Medicine
Tenure	No. Multiple year contracts.	No. Multiple year contracts.	No. Rolling 3 to 5 year contracts.	Yes, if adopt dual track model. No, if adopt non-tenured track model; use multiple year contracts.	No. Multiple year contracts for associate and full professors.	No. Rolling 3 to 5 year contract after initial 2 year probationary appointment.
Salary	Same as regular faculty.	Same as regular faculty.	Same as regular faculty. May have to pay more because non-tenured.	Same as regular faculty. Guaranteed base salaries limited to state or tuition funds, supplemented by variable clinical income.	Increased base salaries.	Dependent on marketplace and other factors. Base salary plus incentive plan. With incentives, may have higher salaries than regular faculty.
Benefits	Same as non-regular faculty.	Same as non-regular faculty.	Same as non-regular faculty.	Same as regular faculty.	Increased benefits similar to regular faculty.	Same as regular faculty.
Rights and Privileges	Same as non-regular faculty.	Same as non-regular faculty.	Increased rights and privileges, although less than regular faculty.	Same rights and privileges as regular faculty.	Increased rights and privileges, although less than regular faculty.	Same as non-regular faculty.
Hiring and Promotion Criteria	Narrower focus: emphasis on research.	Narrower focus: emphasis on clinical teaching.	Narrower focus: emphasis on clinical teaching or research.	Different focus: emphasis on clinical teaching or services.	Narrower, clearer focus: emphasis on clinical teaching, research, and service.	Narrower focus: clinical service; some clinical teaching. Limited research.
Fiscal Impact	Increased financial flexibility. Potential O&M savings.	Increased financial flexibility. Potential increased central allocation for salaries.	Increased financial flexibility. Potential cost increase because of higher salaries.	Increased financial flexibility. Minimal financial impact.	Increased financial flexibility. Potential cost increase because of higher salaries and benefits.	Funded through clinical revenues. Increased financial flexibility.

Putting the House in Order: A Report of the Joint Committee on Academic Appointments to the Faculty Senate for Comment and Discussion, 5 November 1998

I. Executive Summary

Both the composition and the duties of university faculty have changed radically over the past half century, sometimes by rational choice but often by the acquiescence of faculties, administrators, and trustees to what seemed brute economic and political force. The changes in the composition of the faculty often have been for the better when viewed from the perspective of social diversity, but they have been for the worse when seen from almost all others. Tenured and tenure-track faculty proportionally are fewer and in some instances absolutely so. In their places are sometimes those who do nothing but research, sometimes teachers hired by the term, which varies from a quarter or semester to several years in length. Recently, university faculties and professional associations have taken special note of these changes in what seems to be jointly a crisis of conscience and a recognition that reform must come now or never, that we are near the end of a road. We propose resolutions concerning both crises. The principal one would modify Minnesota's job classifications and hiring practices so that all of those whose work is "faculty-like" are classified as such. Other resolutions concern setting appropriate ratios of tenured and tenure-track faculty and non-tenured faculty and improving our treatment of the latter.

II. The Charged Duties

This committee was created from members of the Faculty Consultative Committee, the Senate Committee on Educational Policy, and the Senate Committee on Faculty Affairs and charged with three general tasks. The first is to describe and investigate the current varieties of academic appointments at the University of Minnesota and the policies and practices concerning them. The second is to propose whatever revisions are necessary in the current classifications, policies, and practices so that these may be regularized and published as a single policy. The third is to devise ways of ensuring that hires within each category are made according to needs identified by the bodies charged with establishing educational policy (The Senate and the Senate Committee on Educational Policy), and further that members of each academic classification participate in forming and implementing educational policy in their units. Soon after its formation, the committee sought representation from the Academic Staff Advisory Committee and from the ranks of temporary and part-time teachers.

III. Caveat

Because we recommend changes in whom the University classifies as "faculty" and how such colleagues as these are appointed, two mistaken inferences have been drawn in. One is that we want to dilute the faculty by removing all distinctions between the "regular" (tenured and tenure-track) faculty and the various kinds of "non-regular" (non-tenure-track) faculty. The other is that we do not value those who do the work of faculty, though often without recognition that they do so, and want to remove them from our midst. Our recommendations are intended to strengthen the regular faculty. Yet we acknowledge the valuable contributions throughout the years of full-time non-regular faculty, especially in the professional schools, and of adjunct faculty throughout the university. They bring expertise to the teaching and often to the research and scholarship that are the University's reasons for being. We also acknowledge the need for the temporary and part-time teachers who help departments to survive unusual circumstances. It is hard to imagine a university without such members, nor do we want to work in such a place. Instead, we would like to count them as colleagues–to identify them as "faculty" in some sense–and also to regulate their employment. For we are convinced that the current situation endangers the vitality of this research university and that the manner of employing such teachers, and in some instances what has become an unhealthy reliance upon them, are major aspects of this danger.

IV The Major Issues

1. *The Decimation of the Tenured and Tenure-Track Faculty (TTTF).* There has long been a trend in American colleges and universities to employ more temporary, part-time, or what have come to be called loosely "adjunct" faculty (who often are full-time and effectively permanent except in hard times). In some instances the TTTF has grown more slowly, in others it has been reduced, and in many places it has remained the same in size–hence proportionally smaller. Between 1975 and 1995, TTTF fell from 45% of university and college teachers to 35%, while non-tenure-track (NTTF) and part time faculty increased from 34% to 47%. The remainder in these data are graduate assistants, whose share of the whole fell from 20% to 19%.[i] What it took the aggregate of American colleges and universities twenty years to accomplish, the University of Minnesota accomplished in ten. Between 1987-88 and 1997-98, TTTF were reduced by 12%, from 3,208 to 2,828, while term appointments of NTTF increased by 21&.[ii] Beyond that the picture is incomplete, because the data often do not exist.

2. *The Increase in Non-Tenure-Track Faculty (NTTF).* The rest of those teaching our students, some of them also doing research and service exactly as though they were TTTF, are hard to count because they do not count as faculty. Among those countable are the "term" faculty defined in the tenure code, and their numbers have increased in some parts of the university, declined in others. The Academic Health Center has turned to making a number of clinical appointments in a new kind of term appointment, a practice now described in the tenure code. Most other term classifications, however, have lost ground to the hard-to-count and easy-to-fire Professional Academic Staff, who by Regential definition are professionals "not engaged in full-time teaching and scholarly work, as are faculty, but rather are assigned to duties enhancing the research, teaching, and service functions of the University."[iii]

3. *The Proliferation of Uncounted Faculty-Like Appointments.* Yet within the sub-classifications of the category "Academic Staff: Professional" are the Teaching Specialists, the Education Specialists, and the Lecturers who do almost nothing but teach—usually *many* students. Their numbers are ascertainable only locally, because employment practices vary from unit to unit, and because, like term faculty employed at less than 67%, they are statistically invisible. In addition, we know personally and anecdotally of Professional Academic Staff members appointed within other sub-classifications who teach, do research and scholarship, and perform service or outreach just as though they were faculty. Others act in place of the faculty, doing the unacknowledged work of faculty, such as the Clinical Professors of the Law School, who, despite their title, are Professional Academics. But officially, by University policy, they are not counted as faculty. Yet they and the T Specs, Ed Specs, and Lecturers are the ones filling in the decimated faculty ranks. A similar loss of civil service personnel to Professional Administrative classifications is evident. Civil servants and the TTTF share one significant attribute: job security. That is not granted to most Academic Staff. Each year they are notified of their "non-reappointment" and then (most of them) later rehired in a legality-driven ritual that humiliates and makes anxious the affected members of the Academic Staff (some 75% of the total) and that disgraces our university.

4. *What's Wrong with This Picture.* It is badly askew from about every angle. The loss of TTTF has weakened the quality of education afforded graduate and undergraduate students alike. It endangers as well the university's reputation for the cutting-edge research that contributes so much to the economic, social, and artistic well-being of the citizens of Minnesota, both by reducing grant income and by making it more difficult to recruit distinguished older faculty, promising younger faculty, and graduate students of the highest quality. From another perspective, reliance upon temporary and part-time hires removes from decision-making about the curriculum (by TTTF) the very people most intimately knowledgeable about it (the NTTF who staff the basic courses). The key link between policy planning and practical suggestions for change is broken, since those teaching do not set educational policy for the very courses they

teach. On occasion such hires may put into the classroom teachers inadequately prepared and supervised. Most important to well qualified NTTF in all this is the frustration of their hope to realize their potential as professional educators. Finally, from the perspective of policy-making and planning for the University as a whole, there is the paucity of information available about who does what–and this in the "information age"!

V. RESOLUTIONS

Resolution 1. All appointments for which the assigned duty is teaching or for which the assigned duties consist of teaching in conjunction with other traditional academic work of the faculty (research and scholarship, service and outreach) shall be made within the "Academic" category "Faculty" (94xx), except for full-time employees who teach or do research for no more than 25% of their time. Any appointments of either nature currently made within other categories shall be changed to an appropriate Academic Faculty category (94XX), without any loss of benefits to those so reclassified. A new policy on "Academic Appointments" shall be written by the Tenure Subcommittee of the Senate Committee on Faculty Affairs, with participation by members of the Academic Staff Advisory Committee and temporary and part-time teaching staff. Appointments for research and scholarship or for service and outreach shall continue to be classified as they are now.

Comment. This reform of the appointment categories for "non-regular faculty" (i.e., for term faculty not tenured or on tenure track) and for "P & A" personnel who spend most of their time doing faculty work is intended to simplify the often bewildering categories of personnel who perform the duties of teaching and research that characterize membership in a university faculty and to make the numbers of TTTF and NTTF easily ascertainable. We recommend that *Academic Professionals* (AP) be defined as practicing professionals not primarily doing teaching or conducting research. The work that they do is related to a specific degree, without which they would not be qualified to do their work (Examples: psychologists, physicians, lawyers.) *Professional Administrators* (PA) do administrative work for which an advanced degree may or may not be required. Moreover, when one is required, the degree itself may not be directly related to the performance of one's administrative duties. (Examples: directors of programs or centers, presidents.) Personnel within these categories whose work is primarily not that of faculty would remain as they are. Currently employed P & As who do faculty-like work as teachers and researchers, however, would be re-classified into new categories for non-regular faculty. Such classifications represent more clearly current reality and would facilitate accounting–and provide accountability–for the work of academic personnel. Such reclassification of P & A who do faculty work would not lessen their fringe benefits or other entitlements. (We use here the loose term "P & A" because both Academic Professionals and Administrative Professionals turn up on the teaching rolls, when these can be created.)

While realizing that our recommendation to redefine the classifications Academic Professional and Administrative Professional lies beyond the scope of our charge, we hope that the Academic Staff Advisory Committee and the Office of Human Resources will find its intent to be friendly and consider doing something like it. The professional integrity of these useful colleagues seems to us to be compromised by current practice within some units.

Resolution 2. No more than 15% of the faculty of the university may be NTTF, and no more than 25% of the faculty of a college or similar unit may be NTTF. Exceptions to the limitation placed upon schools, colleges, and departments may be granted by the Executive Vice President and Provost (or other presidential designee), but only with the concurrence of the Senate committees on Educational Policy and Faculty Affairs. The decision will be based upon written justification for the exception and evidence that teaching and research of high quality will be maintained or improved within the unit requesting the exception. By a majority vote of the regular faculty, schools, colleges, and departments may reduce the proportion of non-regular

faculty allowable within their units, except that any non-regular term faculty and re-assigned Academic Professional personnel within the unit may not be dismissed as a consequence of this decision.

Comment. This resolution draws upon a recommendation of the AAUP and limits the number of NTTF by limiting their proportion within the university, colleges, and departments. Administrators and TTTF will then be accountable for observing these limitations. Calculations of these proportions may be by FTE. By permitting variances from the AAUP's 15%/25% model, however, the committee would enable professional schools and other possibly worthy employers of professional NTTF to represent their interests in a non-prejudicial manner.

Resolution 3. In order to increase the quality of education and to improve work conditions in the employment of temporary and part-time faculty such as Teaching Specialists and Education Specialists, departments employing such Academic Professional "faculty" immediately should hire by the year rather than by the term and reward the best of such NTTF by granting, after an appropriate probationary period, two- or three-year contracts. The *Statement from the Conference on the Growing Use of Part-Time and Adjunct Faculty, September 26-28, 1997* provides good guidelines for responsibly treating these junior colleagues. (See appendix.) These personnel will be appointed within the new non-regular faculty classifications called for in 4 below. While this change will assure more appropriate treatment in review, promotion opportunities, and the like, the number of NTTF who are temporary and part-time, and the impact of their employment upon the quality of the institution, will still need to be addressed. The Faculty Senate authorizes the creation of a committee reporting to the Senate Committees on Educational Policy and Faculty Affairs that shall recommend to the Senate ways of regulating the employment of temporary and part-time faculty at Minnesota.

Comment. The annual needs of most departments using temporary and part-time faculty are predictable enough that most such appointments at present need not be term-to-term. Professional associations are now recommending to their membership ways to do right by temporary and part-time faculty, within whose ranks are greater proportions of women and minorities than within the TTTF. (See the October 1998 issue of PMLA for the Modern Language Association's recommendations.)

Resolution 4. The Senate directs the Joint Committee on Faculty Appointments to devise a coherent and uniform system for non-regular faculty appointments outside the tenure system, one that will be congruent with the tenure code. The committee will integrate its proposals with those of the Tenure Subcommittee (as charged in 1 above) and will consult more widely than it has been able to do so as best to meet the needs of departments and colleges and to respect their traditional practices.

Comment: The subcategories of appointments within the class will have to be amplified, and the titles appropriate to each subcategory defined. Furthermore, for each subcategory, appropriate hiring criteria and procedures, probationary periods, work expectations, and terms of appointment will need to be defined. In consulting with colleges and departments about their traditional practices, the committee will also be able to identify those units most likely to seek an exceptional status and to begin to assess their special needs.

VI. Conclusions

Clearly, the radical changes in who teaches at colleges and universities in the United States will have profound influence upon the future. More specifically, both the system of tenure and the nature of the research university are in danger of being weakened or lost. The Michigan Report is eloquent on both counts: "if present trends continue, the tenure system may simply disappear, without a proper consideration of what would be lost." And again, "One of the hazards of the use of non-TT faculty is that

very often, in these cases, the link between teaching and research is broken: the faculty are hired either to teach, or to do research, but not to do both. If such faculty came to dominate this University, that would change the fundamental nature of the institution."

Our spotty evidence suggests that Minnesota may be in a somewhat better position than Michigan to resist these changes–or, more precisely, to manage them effectively. Despite our losses in TTTF, we seem to rely less upon NTTF, at least for teaching. To be sure, this iceberg may be abnormally heavy with ballast, so that the tip that we can see is proportionally smaller than we take it to be.

To know that, however, we have to reform our appointment practices so that we can tell at a glance–or at a computer's run through the data bases–where we stand. And while we are doing that we should put into place mechanisms for guiding decisions throughout the university about how we grow and reconfigure ourselves, whether as units or as a whole.

Respectfully submitted,

Kent Bales (SCFA), Chair; Karen Alaniz (ASAC); Carole Bland (FCC); Lucy Carlone (Italian); Eville Gorham (SCFA); Gordon Hirsch (SCEP); April Knutson (French); Katherine Kolb (French); Michael Korth (FCC; UMM); Roberta Humphreys (FCC); Kathleen Newell (SCEP); Cleon Melsa (SCFA; UMC); Richard Purple (SCFA); Palmer Rogers (SCEP); Kyla Wahlstrom (ASAC)

Appendix: Evidence for Recommendations

The joint committee considered many kinds of evidence. We sought and created for ourselves data concerning the University of Minnesota. We were granted a preliminary report by conference call of a study by Roger Baldwin and Jay Chronister into the use of NTTF at a number of American colleges and universities. We read with care two reports written during the 1997-98 academic year, *one The Report of the Study Group on the Changing Nature of the Professoriate* at the University of Michigan, the other the *Statement from the Conference on the Growing Use of Part-Time and Adjunct Faculty*, September 26-28, 1997, participants in which were convened by eight disciplinary associations, the AAUP, and the Community College Humanities Association.

Reliable data about who does what academic work at Minnesota has been hard to obtain, and what we have is as significant for what it cannot tell us as for what it can. Early on, we learned that our employment categories can be a barrier to getting at the reality of a situation, a discovery confirmed by Baldwin and Chronister's observation that Minnesota has one of the most complicated systems of employment categories that they encountered. Consider, for example, the annual recommendation to the Board of Regents of candidates for promotion and tenure. While in one place it purports to represent "the faculty" in a summary table, by this is meant appointments at 67% time or above. Omitted wholly in this accounting, then, is all teaching done by employees appointed outside the Tenure Code and many teaching part-time. It thus reports the clinical faculty of the Medical School and miscellaneous term appointments but excludes the Teaching Specialists, the Education Specialists, and the Lecturers who teach in such greater numbers these days in the College of Liberal Arts. CLA ran the present data for us, giving us a good sense of how much that college has come to rely upon these temporary and part-time Academic Professional teachers (and convincing us of CLA's concern that it treat these personnel better). CLA's is the richest data that we have, but it hardly represents the university as a whole. The most comprehensive data came from the Office of Planning and Analysis, which integrated the course registration system and the academic personnel database to create a report on "Sections Taught by Employee Type for the Academic year 1996-97." In somewhat simplified form, the results were these: TTTF taught 62.3% of courses and sections, NTTF taught 21.1%, and graduate students taught 15.1 %. (1.5% was "missing.")

Three things are wrong with this data, however. 1) Such a report cannot be constructed historically–we can't take a similar "snapshot" of 1987-88–so we can construct no trend-line using these databases. 2) It reports courses taught, so probably under-represents the proportion of regular faculty teaching, since TTTF are likely to have lighter loads than the T Specs, Ed Specs, and Lecturers who probably represent a good one-third of the NTTF's 21.1%. 3) The inclusion of graduate students complicates comparisons with Michigan's report, which excludes them. For purposes of comparison with that report, which counts the heads of TTTF and non-regular faculty on the Ann Arbor campus, we can represent Minnesota's TTTF as teaching 74% of the courses other than those taught by graduate students and the NTTF faculty as teaching 26%. Fudging the TTTF up a bit and the NTTF down a bit may get closer to reality.

In 1996, 66% of the faculty at Ann Arbor were TTTF; in 1987, 77% had been. During that decade the total faculty had increased from 3,446 to 4,402, the largest increases coming in the categories "Clinical" and "Lecturer," the later roughly equivalent to our P & A teachers. Since the number of Michigan's TTTF remained exactly the same during this time, they lost ground proportionally, while NTTF increased their numbers by 50%.

While it is unclear exactly what has happened at Minnesota during these years, 3,208 regular faculty (TTTF) and 392 non-regular faculty (NTTF, but not all of them) were reported to the regents in 1987-88, and 2,828 regular faculty and 473 non-regular were reported in 1997-1998. In ten years, that is, the university had lost 380 regular faculty (12%) and gained 81 non-regular (20%). Since the latter count excludes P & As, the increase in NTTF at Minnesota must be considerably larger than this reported 20%. (This we know from the OPA report, which shows 9.7% of sections taught by P & As, and anecdotally.) We can extrapolate what that increase might be from an analysis of the growth in NTTF within the Academic Health Center, since its non-regular faculty are reported regularly to the regents. In 1987-88, Medicine had 32 recommended for promotion and Public Health 6, and of those numbers 27 were tenured or to be tenured and 11 were non-regular. In 1997-98, however, Medicine recommended 44 for promotion and Public Health 6, and, of these 50, only 18 are tenured or to be tenured, while 32 hold non-regular appointments. In a decade, that is, the proportion of regular faculty has decreased from 71% of the AHC's candidates for promotion to 36% of them. In raw numbers, regular faculty recommended for promotion have decreased from 27 to 18, while non-regular appointments have increased from 11 to 32, or 290%, an increase that dwarfs Michigan's total of 50% but is in line with increases reported there by Medicine, Nursing, and Pharmacy. In short, the 20% gain in non-regular faculty reported to the Regents is attributable probably in whole to the Academic Health Center.

Compared to Michigan, then, our situation is this. Michigan's TTTF has remained the same in numbers but represents a substantially smaller proportion of total faculty. Minnesota's TTTF has been more than decimated in numbers (with a 12% loss in a decade) and is smaller by a proportion that we do not know, since we cannot count the NTTF under the current accounting system. Both Michigan and Minnesota have increased substantially the numbers of NTTF, but they know at Michigan how large that increase has been, while here at Minnesota we do not. That is because we maintain the fiction that "faculty" are only those described within the Tenure Code–all others to us are simply academic personnel.

The *Statement on Part-Time Faculty* provides a larger description of the changes that beset Michigan and Minnesota. Between 1970 and 1993, the proportion of part-time and adjunct faculty increased from 22% to more than 40% overall. The current mean for four-year institutions is about 29%, a proportion that the Statement implies is lower at institutions with post-baccalaureate programs because of the large number of graduate assistants employed by them. Since neither our study nor Michigan's breaks out these groups,[iv] we don't know how we stand on this change, but again we know that our not knowing is a consequence of the way we categorize those who do faculty-like work for us.

Notes

[i] Ernst Benjamin's AAUP data, as reported in the *Newsletter* of the Organization of American Historians, 26:3, August 1998. The proportional changes give a clearer picture of the changes: tenured faculty fell by 14%, from 29% of the whole to 25%; probationary faculty fell by 37%, from 16% to 10%; and graduate assistants fell by 5%, from 20% to 19%. NTTF, however, increased by 40%, from 10% to 15% of the whole, while part-time faculty increased by 33%, from 24% to 33%. TTTF and the graduate students they teach and mentor are the losers; some of those graduate students, by joining the ranks of the temporary and part-time, became winners of a sort. The story is well known.

[ii] Source: Annual Promotion and Tenure Recommendations to the Faculty, Staff, and Student Affairs Committee of the Board of Regents. See Section 6, above, for refinement of these data.

[iii] Board of Regents Policy on Academic Staff Professional and Administrative, subd. 2.

[iv] Michigan has current data but none for 1987, so omitted these categories. (*Report*, note 2.)

From: "Vickie Courtney" <courtney@mailbox.mail.umn.edu>
Date: Thu, 10 Dec 1998 15:34:44
To: senate@mailbox.mail.umn.edu
Subject: FWD: Dec. 15 Meeting with F. Cerra / Transitional meeting follows

Nicole: Please call new AHC FCC members and ask them if they can attend the meeting described below. Thanks much.-

---- Forwarded Message Starts Here -----

From: Courtney Vickie
Date: Thu, 10 Dec 1998 15:16:10
To: gross002@maroon.tc.umn.edu_ bebea001@maroon.tc.umn.edu_

Subject: Dec. 15 Meeting with F. Cerra / Transitional meeting follow

Hello:

tues

This message is to remind you that the FCC meets next Wednesday, December 15, 12:00 - 1:00 with Frank Cerra. Immediately following, the FCC will hold a transitional meeting with the incoming FCC members (who can attend).

As you know, Kent Bales, Chair of the Senate Subcommittee on Academic Appointments will meet with you at 12:00. Other members of the subcommittee might join him.

THE MEETING WILL BE HELD IN ROOM 488 CHILD REHAB TO ACCOMMODATE THE NUMBER ATTENDING. PLEASE LET ME KNOW IF YOU WILL NOT BE ATTENDING BECAUSE FRANK'S OFFICE IS ORDERING LUNCH.

As always, thank you.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

Patricia Ferrieri no
Kathleen Krichbaum
Stephanie Valberg yes
Timothy Wiedman yes

18 months.

----- Forwarded Message Ends Here -----

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

Martha - 8
FCC - 8
Frank 1
VC 1

AHC - FCC UPDATE FOR AHC ASSEMBLY
APRIL 13, 1998

Consultation Issues '97- '98

1. Communications: AHC-FCC Minutes abstracted for the CAPSULE

2. Creation of Subcommittees on Finance (D. Feeney, chair) and on Faculty Affairs (C.Bland, chair)

3. Evaluation at the AHC
   - composition and selection of review committee for Dean's review
   - proposed annual reviews of schools, departments, deans

4. AHC Grants
   - Report on process of AHC small seed grant distribution
   - Follow-up on larger grant distribution - in progress

5. Faculty recognition events
   - Newly tenured and promoted event to be held as done last year.
   - Proposal for event to honor retirees across the AHC

6. Memorandum of Understanding & Compacts, O&M /ICR Swap
   - Letter to Yudof and Cerra voicing concern about policies which disadvantage highly productive groups like the School of Public Health (SPH);
   - Change in wording of SPH Compact's focus on school-wide performance criteria, not individual benchmarks;
   - Request for tenure & school specific faculty hiring, departure data to track trends.

7. Strong rec. about Medical School reorganization infrastructure ESD.—

8. Fac. Governance Issues—

From: Gross Cynthia
To: Fred Hafferty <phaffert@cp.duluth.mn.us>
CC: "Vickie Courtney" <courtney@mailbox.mail.umn.edu>
Subject: Re: Tobacco Draft
Date: Mon, 30 Nov 1998 10:07:36 -0600

fred - thank you for the draft. Did you send it to Frank also? That would be fine. If not, I will ask Vickie to send everyone a request to comment on the draft report and we can collate the comments and forward them together.

At 11:36 AM 11/25/98 -0600, you wrote:
>(Cynthia: I sent this to everybody...with you and Peter and others as a
>Cc. Yours bounced back because I had the wrong email address. Here is the
>complete text. Have a nice Thanksgiving).
>
>Hi Everybody: Here is my take on the tobacco document. To save everybody
>time I'm going to be painfully, but hopefully not obscurely, succinct.
>Also, I will leave out things that were said at the AHC FCC
>meeting...realizing that this might leave a hole for Ziegler and Crouse.
>
>Introduction: This first sentence is nonsensical. What does the first
>clause in the sentence mean if it is not what is being referred to in the
>second half of the sentence. If the first clause refers to the cost of
>tobacco purchase...say so.
>
>Since I already have argued (at our meeting) that the demonstration product
>should sit at the core and that education and research should flow though
>this core literally and figuratively...reverse the order of "will undertake
>an ambitious research, education, and service agenda" to read; "will
>undertake an ambitious service, education, and research agenda."
>
>Each any every place things can be reordered so that service comes first,
>they should be.
>
>The second paragraph is good and emphasizes service and service to
>COMMUNITIES. These two messages should ring thought the report...both in
>terms of what is said and how the overall document is structured. Right
>now it emphasizes research...not just in terms of ordering but in terms of
>how much space in the document is devoted to issues of research and details
>about research.
>
>To our "unique ability" in the second paragraph I would add: "ties with
>other academic institutions." In other words, the U has formal and
>informal links around the world. These links have been forged over many
>years and millions of hours of collaboration and represent
>resources....resources that CANNOT be duplicated by private industry. We
>don't play this up enough.
>
>Objectives: Reorder and put demonstration project first. Emphasize
>"community" every time demonstration is mentioned.
>
>Outcomes: Too distant in focus. Make outcomes more time sensitive--which
>doesn't mean more mundane. Things like contacts with community members
>(how many people are being served), increase in publicity about
>anti-smoking efforts, whatever.
>
>Specific Proposals...yes...you do need a title and it needs to emphasize

>that this project is: "in service to the people of Minnesota.
>
>Organizational Structure: Ugh! Help! If somebody has an attachment to
>this, fine, but burry it somewhere back in the document....and appendix
>perhaps. The first Figure in this document should be: (1) simple) and
(2)
>reinforce the message that community service demonstration projects sit at
>the core of this application.
>
>Program Components: Reorder to emphasize community-based demonstration
>projects
>
>Education: Great. Develop a "model core curriculum" that can be used, in
>some modified fashion, by all kinds of health professionals. THEN, note
>that it can be exported to colleges, high schools, and grade schools...in
>some modified fashion. Education about smoking doesn't begin and end with
>medical/nursing students.
>
>Point #2. I'm going to step on toes here...but this whole idea of
creating
>a national-certified tobacco cessation and counseling specialist is just
>another example of big city bs. Most medical practices in MN (that being
>out of the metro area) do not have the resources to have somebody like
this
>on staff. You've got to train pre-existing personnel and extend their
>ability to function better with respect to smoking. Creating another
layer
>in an already over-layered health care system is never a good idea--and
>managed care is sending out this message loud and clear.
>
>I see--later on in the document--where there many be something like
>indigenous health care workers (see China and Cuba can teach us something)
>with respect to issues of smoking--but again, I worry about creating
>"specialization" where it many not be needed.
>
>Point #3. The clearinghouse idea is great but you need to bring
>state-of-the-art knowledge to me (the overworked and information
>overburdened faculty member) in some fashion that allows it to be
>painlessly inserted into my work (preferably teaching work).
>
>Unique Capabilities section: good. The only thing I'd play up is the CME
>angle. A big money producer for the AHC
>
>Outreach: This section reads well--but it reads "vague" (which may be why
>it reads well). I suppose legislators will like #4--but it means that
they
>will have to talk to yet another "specialist." I wonder if legislators
>would like to meet regularly with 3 or 4 AHC folks who can answer all
their
>questions about anything to do with health...and if they can't answer
>directly, get the info. If I was a legislator (that God for the citizens
>of this state I don't have that kind of aspirations), I'd hate to have to
>talk to somebody different for each kind of health care question. It
would
>make for a fat roladex and a confused legislator.
>
>Implementation Plan: Nice. Tight. Makes sense...although the "backbone
>is the first three components and not the affiliated faculty.
>
>Demonstration Project:
>
>First I read about targeting "special populations who might not otherwise
>be impacted by the broad-based media...." and then I find out that the

>special populations identified cover a whole lot of people.
>
>Second, this is where the above reference to "community workers" came
from.
>I still don't have a good feeling for a project that will create "the
>smoking lady/guy" in small communities. "Quick, hide the buts she comes!"
>
>This is the first time I read that the AHC will have a "state-of-the-art
>smoking cessation treatment program." If I'm one of those community
>workers in Thief River Falls, I'm not going to be referring my neighbors
>down to Fairview. Do you know how many cigarettes they will smoke during
>that drive?
>
>The whole issue of evaluation is GROSSLY UNDERPLAYED in this proposal.
>
>Research
>
>There's that sentence again...the cost associated with tobacco use.
>
>The pages and pages of details about research projects are completely
>unorganized. My humble solution. Take each of the SPECIFIC OBJECTIVES
and
>tie each research project to one or more objectives. Second, make sure
all
>research mentioned explicitly is linked to the demonstration projects and
>how the research will inform and facilitate the work of community service.
>If you can't find projects with a short-term, community focus then you're
>in trouble and with this sad state of affairs saying something about why
>the university is in trouble.
>
>Following the litany of projects (or what I like to think of as the
>Research Titanic), I don't see a closing pull-everything-together section.
>Sum it up for me...remind me of the core purpose-focus...remind me why I
>should love you so much that I should want to give you these millions of
>dollars.
>
>Cheers to all.....Fred
>
>
>

UNIVERSITY OF MINNESOTA

Twin Cities Campus

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Date: November 17, 1998

To: Members of the AHC Tobacco Strategy Group

From: Terry L. Bock
Associate Vice President and Chief of Staff

Re: Draft Report

Marilyn Speedie has asked me to forward to you a draft report for your review. Marilyn has written an introductory section summarizing our key recommendations and has edited the work group reports to prepare them in a similar format and to incorporate the discussion at our November 2 meeting.

Could you review the draft report and send me your comments by Wednesday, November 25. Thanks.

enclosure

DRAFT DRAFT DRAFT

PREVENTION AND REVERSAL OF THE HEALTH EFFECTS OF TOBACCO

Introduction

The dollar cost associated with tobacco use in Minnesota is extremely high, but becomes insignificant when compared to the cost of poor health and lives lost due to tobacco use. It is our goal to establish a coordinated, nationally-renowned program within the Academic Health Center of the University of Minnesota which will undertake an ambitious research, education, and service agenda focused upon **prevention and cessation of tobacco use** and **prevention and reversal of tobacco-related diseases.**

The three-part mission of the University of Minnesota – education, research and service – provides us the unique ability to mobilize the expertise of the university community to solve the problems of the people of Minnesota. This unique ability has been applied in several successful efforts to benefit the people of Minnesota. For example, ... *(Terry, Chris – help here)*. A major health problem facing the state today is that of tobacco use and the diseases resulting from it. We need to prevent children from beginning to smoke, we need to provide help to those who are trying to stop smoking, and we need to provide health care to those at risk from tobacco-related disease. Our ability to integrate the discovery, dissemination and application of knowledge about tobacco use and tobacco-related diseases, coupled with our preexisting links to the communities of Minnesota, allows us to play a critical role in channeling the expertise of the university to solve this major public health problem.

Objectives:

The objectives of this program are ~~five~~ four-fold and will be integrated to gain the synergies that can result from the overlap among the initiatives.

1. We seek to establish an **internationally-renowned research center** which will coordinate and focus the efforts of world class scientists within the Academic Health Center on an ambitious research agenda with the following emphases:

   - why people begin and keep smoking
   - what public policy, educational, behavioral and/or pharmacological interventions are most effective in preventing our youth from smoking and helping established smokers to quit
   - how do we prevent the occurrence of tobacco-related diseases
   - how do we best treat and reverse the diseases – cancer, emphysema, chronic bronchitis, heart disease – resulting from tobacco use.

2. We seek to **prepare all our current health professional students** with the skills and knowledge to intervene with patients concerning tobacco use and to prepare a significant number to be **nationally-certified specialists in tobacco counseling.**

3. We seek to mount an **outreach effort** using existing U of M infrastructure and collaborative linkages with the Mayo Clinic and other health training and research organizations. The outreach effort will use modern informational technology to

   - train the trainers – provide education and assistance to health providers, educators, administrators and community health workers who are working on the front lines to prevent and stop tobacco use

   - provide the latest research findings and technical assistance to individuals and agencies involved in tobacco use prevention and cessation and prevention and treatment of tobacco related diseases

   - provide "user-friendly" access to the significant resources of the university to all those engaged in the battle against the health and economic effects of tobacco use

   - advise and assist state agencies, legislators, the governor, and other agencies in developing optimal public strategies for tobacco use prevention and cessation.

4. We seek to engage in a **demonstration project** which will

   - provide smoking cessation interventions to a variety of special populations (e.g., Native-Americans, rural populations, early heavy smokers, youth-at-risk, medically-underserved urban populations) who might not otherwise be impacted by the broad-based media and behavioral interventions we anticipate others will provide within the state;

   - provide access to intensive interventions for those who are in need, such as medically compromised patients throughout the state who are already suffering from tobacco-related illness

     The project will leverage other projects within the Academic Health Center which have established critical links to the communities of the state, as well as the U of M extension service with its extensive infrastructure throughout the state.

Outcomes

We anticipate three major outcomes from our efforts:

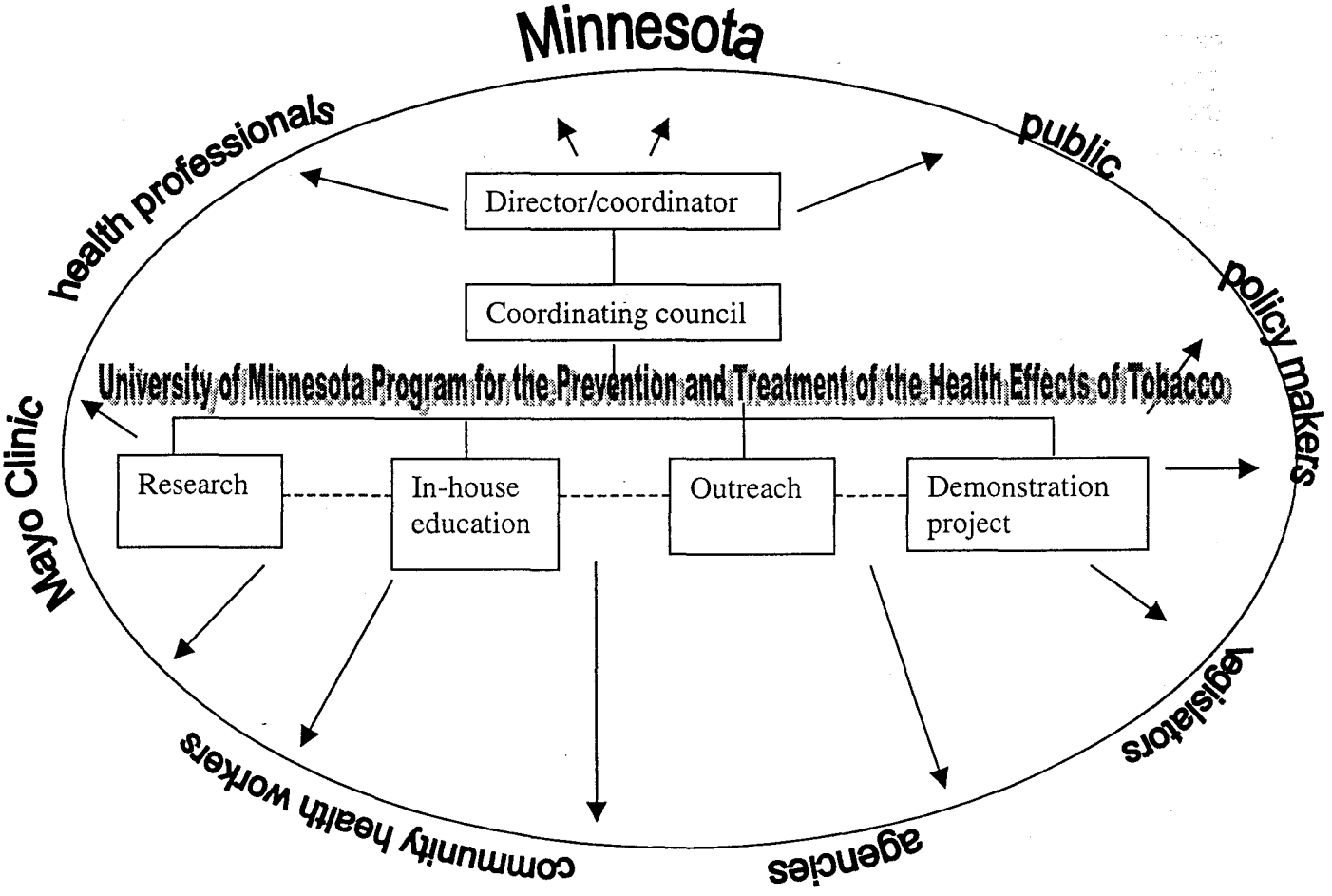
1. A reduction in the number of people who take up tobacco use and are unable to quit
2. A reduction in the incidence of disease and disability related to tobacco use
3. Improved life expectancy and quality of life for people with tobacco related diseases

The above outcomes will lead to a fourth important outcome:
4. A dramatic reduction in health costs associated with tobacco use in Minnesota.

Specific proposals:

The overall program (title needed?) will need to establish a small infrastructure to coordinate the various components and to provide a single point of access to any aspect of the program. The synergies gained by such coordination will far outweigh the costs of the infrastructure. Each component effort will be led by the outstanding faculty of the university. There are many faculty members with world class reputations in the areas needed to implement this program and we seek to focus, coordinate and enhance their efforts. The diagram illustrates the interaction between the components of the overall program as well as showing the extensive links to the people, agencies, and health professionals of Minnesota.

Organizational structure:



PROGRAM COMPONENTS

EDUCATION

Our goal is to prepare all our health professional students with the skills, knowledge, and motivation to intervene with patients concerning tobacco use and substance abuse. Since most practitioners will not have the time to perform follow-up or intensive interventions, we also seek to prepare a significant number of nationally-certified specialists to carry out the follow-up interventions and perform intensive interventions.

Each college or school within the Academic Health Center has some curricular components addressing tobacco and substance abuse. However, we know that our graduates are not intervening with their patients who are using tobacco to the extent that they should. Also, there is not currently an efficient way to transfer new information about smoking prevention and cessation and treatment of tobacco-related diseases into the various curricula. Furthermore, there is no program at the University of Minnesota that specifically leads to specialists who can be nationally certified to deliver intensive tobacco counseling and interventions.

There are national efforts to develop guidelines for the education of generalists and to define competencies for certification of specialists in tobacco use interventions. The exact details of the certification process are currently being determined and the University of Minnesota has two faculty members (Dorothy Hatsukami and Harry Lando) involved in this discussion at the national level.

Specific Objectives:

Our specific objectives then are as follows:

1. To develop a model core curriculum on tobacco and substance abuse including etiology, prevention, and treatment based upon the generalist skills and knowledge specified by the Secretary of DHHS or other national organizations who are in the process of developing education standards. It should include at a minimum basic factual information and instruction on the various intensities of treatment methods.

   The core curriculum should utilize a multimedia approach to presentation and should result in learning modules that can be used in a flexible manner with minor modifications in professional, graduate/resident, and outreach education.

2. To develop a curriculum of elective courses or modules available to all health professional students that will allow them to develop the advanced skills and knowledge in tobacco cessation and counseling. This set of modules should lead to national-certified specialized providers who will provide intensive cessation services in the context of community-based treatment programs. The certified providers will required to demonstrate continuing competency and will require continuing education on up-to-date intervention and treatment strategies.

3. To develop a resource clearinghouse that will, on an ongoing basis, bring state-of–the–art knowledge about prevention and cessation of tobacco use and prevention and treatment of tobacco-related diseases to the faculty teaching the core curriculum as well as to practitioners in the communities. This would include research findings resulting from work at the University of Minnesota, as well as research advances reported in the literature. Materials and resources could also be made available for continuing education of health professionals and support of the individuals around the state who are on the frontlines of the battle against tobacco use and tobacco-related diseases.

Unique Capabilities of the University of Minnesota Academic Health Center:

The University of Minnesota is the ideal site to develop this multidisciplinary curriculum. Content expertise on all aspects of tobacco and substance use resides among AHC faculty members. Thus, problems related to tobacco use can be approached from a variety of directions, with each discipline contributing unique insights and suggestions into a unified whole. As previously mentioned, the AHC has faculty members playing a key role nationally in the development of certification standards for specialized providers so we will be current in adapting our curricula to those standards.

In addition, collaboration will be sought with the School of Education for assistance and direction in curriculum development, and especially in evaluation of outcomes. Collaboration with Informational Technology and Media Resources will contribute to the quality of the electronic modules which will be developed.

Finally, the infrastructure is already in place to provide extensive continuing education to practitioners of all the various disciplines through out the state.

The resource clearinghouse will be a point effort between the education and outreach components of the overall program.

OUTREACH

Because of the University of Minnesota's research, teaching, and service mission, it has unique capabilities in the discovery, interpretation, and dissemination of knowledge related to tobacco use cessation and prevention. We propose the creation of an outreach program that utilizes these unique capabilities to enhance the expertise and effectiveness of the many agencies, organizations, and individuals in the region that focus their efforts on tobacco use cessation and prevention. While the outreach resource program would initially be focused upon tobacco, we recognize the health effects of other addictive substances and recommend that the program eventually build on this structure to include those substances.

The ultimate mission of the outreach program is to assist in the reduction of the habitual use of tobacco products. At a more immediate and realistic level, the mission is to make available in the most usable form new information from research conducted here at the University and elsewhere around the world. To accomplish, this outreach program will create a seamless and coordinated set of relationships between the Academic Health Center, with its vast professional resources, and other professionals, agencies and organizations who are on the "front-lines" of this public health battle. Policy experts at the university will be available to advise agencies and community leaders on tobacco policy issues and to evaluate the effects of various policies.

Specific Objectives:
Professional, technical, and support staff of the outreach program, working in conjunction with University faculty, will develop and sustain collaborative linkages with the Mayo Clinic and other health training and research organizations in the region in order to do the following:

1. Train the trainers – provide education and assistance to health providers, educators, administrators and community health workers who are working on the front lines to prevent and stop tobacco use;

2. Provide the latest research findings and technical assistance to individuals and agencies involved in tobacco use prevention and cessation and prevention and treatment of tobacco related diseases;

3. Provide "user-friendly" access to the significant resources of the university to all those engaged in the battle against the health and economic effects of tobacco use;

(Objectives 2 and 3 involve the resource clearinghouse described in the Education component; it would be maintained in a joint effort and would be available to both University of Minnesota faculty, researchers, practitioners and students, as well as to the population served by the outreach program).

4. Establish a policy group to advise and assist state agencies, legislators, the governor, and other agencies in developing optimal public strategies for tobacco use prevention and cessation. The group will include faculty members whose specialty is public policy and the evaluation of the effects of public policies (e.g. Jean Forster of the School of Public Health) and they will work to apply the scientific, clinical and educational expertise of the faculty and staff of the Academic Health Center to policy issues. Moreover, they will refer legislators and community leaders to other resources (e.g. model ordinances) that are available elsewhere for policy formulation.

5. Maintain contact with the Minnesota Partnership for Action against Tobacco, the Smoke-Free Coalition, the Minnesota Department of Health and other state wide organizations and agencies to avoid duplication and to enhance coordination of activities;

Implementation plan:

Success of the outreach effort will depend first and foremost on the creation and maintenance of effective relationships with its collaborative agencies and organizations. Therefore the organization and services of the outreach program will be structured to facilitate communication among all involved parties.

A primary staffing component will derive from a liaison function: two or three professionals with specific responsibility for attending to the multiple agencies and organizations, and, indeed, the public being served. These individuals will be responsible for ensuring that the outreach programs and services are being publicized and promoted to appropriate targets and, equally importantly, for ensuring that local and regional needs are being communicated back to the professional staff for appropriate consideration.

A second structural component will be its *communication and education technology staff.* This unit will consist of a team (two to four people) that will be responsible for developing and maintaining a WEB site, distance education, and technical data base services. The education technology staff will work with content specialists to identify, evaluate, and catalogue (electronically) information on programs, materials, and professionals who have demonstrated effectiveness in tobacco cessation and prevention. This group will also play a critical role in creating a more traditional newsletter for disseminating information on the program's activities and resources.

A third component will incorporate two or three *professional "content" specialists* with responsibilities centered on providing program development services. These individuals will work with faculty and other specialists to develop programs and services in direct response to the needs and desires articulated by citizens throughout the state as further refined by the liaison workers.

A fourth component will be a group of *affiliated faculty*, whose expertise, research interests, and consultation form the backbone of this program. Outreach program staff

will coordinate faculty involvement in projects and provide support services to maximize efficient use of their time.

A fifth component will be *professional and graduate students* who will extend the reach of the faculty and staff, and gain valuable experience working with faculty, staff, and community practitioners in field settings.

Finally, a *small administrative staff* will provide overall vision and oversight to the program's staff, and will work with state and national level agencies and organizations to ensure that activities remain relevant and critically positioned in the battle against tobacco use. This unit will also work in conjunction with advisory bodies drawn from both professional and non-professional service groups.

DEMONSTRATION PROJECT IN COMMUNITY-BASED SMOKING CESSATION

The Academic Health Center of the University of Minnesota is in a unique position to provide access for smoking cessation interventions to a variety of special populations who might not otherwise be impacted by the broad-based media and behavioral intervention efforts we anticipate others will provide within the state. We believe that there are a variety of special populations who would have better success at smoking cessation with the presence of a key individual in their community whose charge is to identify smokers, educate them and motivate them to quit smoking and then link them to other cessation interventions that are already in place or soon will be. The University of Minnesota can train these key individuals from the communities about tobacco, smoking cessation and motivational techniques, as well as resources available to help them and the smokers. Furthermore, we can provide this network of community workers information about state-of–the art intervention strategies (behavioral and pharmacological) and up-to-date information about resources available to aid the cessation efforts. This project will leverage other projects within the Academic Health Center which have established critical links to the communities of the state, as well as the state extension network managed through the U of M Extension Service.

The special populations we anticipate targeting for our efforts might include the following:

- Medically compromised patients throughout the state who are already suffering from tobacco-related illnesses – accessed through the Rural Health School and referrals to advanced level therapeutic options

- Native American Communities – accessed through the Native American and Minority Health Programs

- Rural communities – accessed through the network of the U of M extension service, the Rural Health School, and rural pharmacies

- Medically-underserved urban populations – accessed through the Kellogg project and CUHCC clinic

- Youth – early heavy smokers – accessed through the University of Minnesota (students) or high-risk youth programs

The Academic Health Center would be responsible for identifying community health workers in each of these communities with the help of the managers of the programs identified above. These health workers should be from within the community but could have a variety of other roles – educators, health professionals, lay individuals, community organizers. The AHC will train these individuals to identify people in need of smoking cessation efforts, to motivate the people they have identified to seek help, to provide information about smoking and smoking cessation, and to link them to services that are available across the state. Smokers with health problems would be referred to appropriate health care. The AHC can continue to serve a resource for these community health workers, bringing state-of-the art information to them using up-to-the-date informational technology.

In addition, the AHC will have as a resource a state-of-the-art smoking cessation treatment program with an emphasis on difficult to treat and medically compromised cases. This program will be multidisciplinary and will offer both inpatient and outpatient treatment services. Community health workers and others can refer smokers to this program for more intensive or more specialized interventions. Self-referrals also will be possible. Furthermore, this resource will be available to currently hospitalized smokers at Fairview University.

Another strength of the University of Minnesota is its ability to evaluate the effectiveness of the various programs. The community health workers would be trained to gather data about the prevalence of smoking among the various populations and the success of the smoking cessation efforts would be carefully evaluated, and similar communities with and without the community health workers would be evaluated to determine the efficacy of the approach. Additionally, various interventions, both behavioral and pharmacological, could be comparatively evaluated using patients identified within a given community. Knowledge can be gained about the relative efficacy of various intervention strategies in different populations.

We anticipate performing several pilot demonstration projects using a variety of locations and specific populations as described above. Knowledge gained from the demonstration projects can serve as pilot data for obtaining funding both for research about the best interventions for smoking, as well as establishing expanded cessation programs throughout the state, guided by knowledge we have gained about the most effective approaches to various populations.

RESEARCH

The Academic Health Center (AHC) seeks to establish an internationally renowned research program that will investigate the means to reduce the cost of tobacco use in Minnesota. The research program will be created by channeling our outstanding faculty into a coordinated team to address the three main outcome goals:

1. Reduce the number of people who begin to use tobacco and are unable to quit
2. Reduce the incidence of disease and disability related to tobacco use
3. Improve life expectancy and the quality of life

Why the University of Minnesota Academic Health Center should do it

The dollar cost associated with tobacco use in Minnesota is extremely high, but becomes insignificant when compared to the cost of poor health and lives lost. It is our goal to leverage a small portion of the settlement dollars by focusing the world class scientists in the AHC on an ambitious research agenda to reduce the true cost of tobacco.

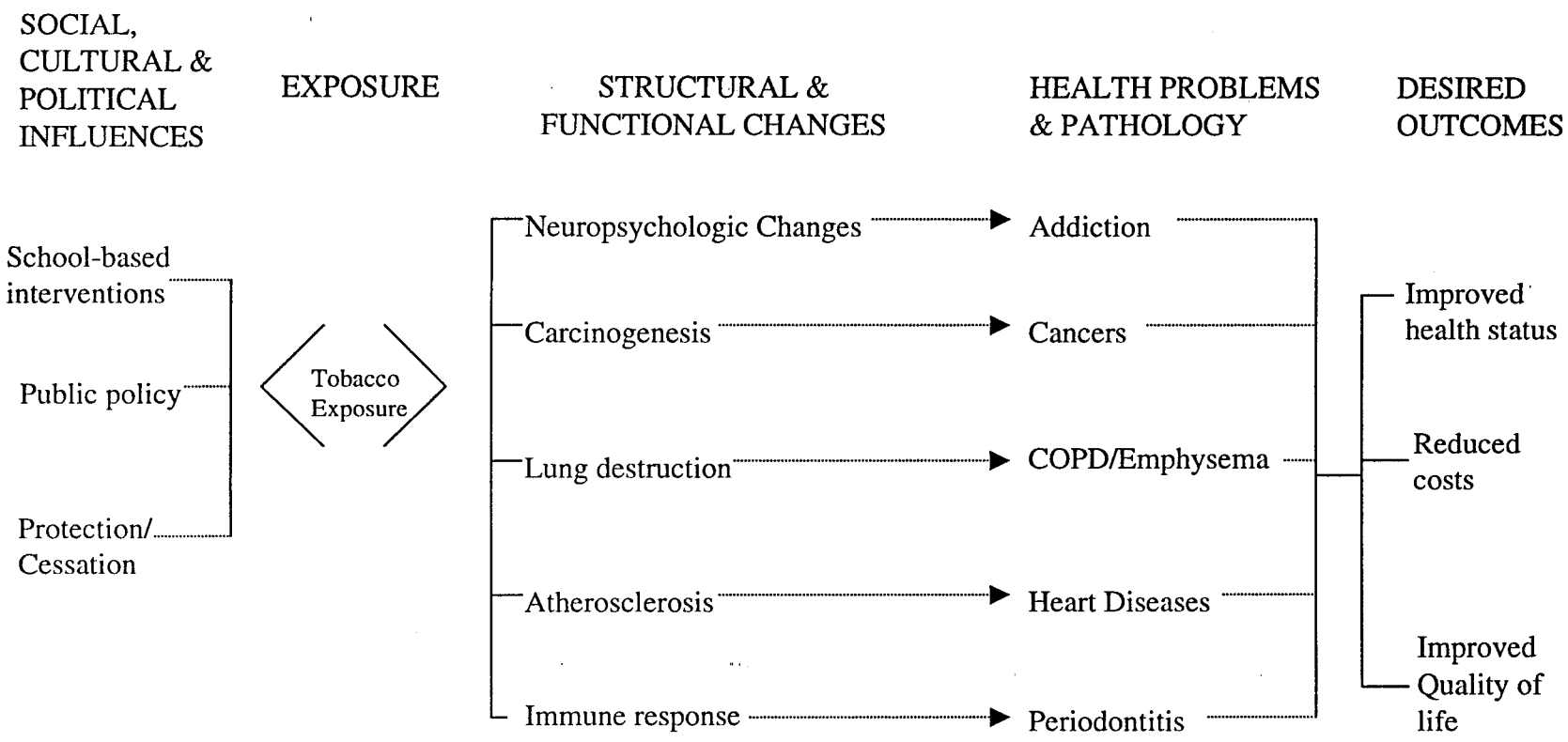
Specific objectives:

1. There is no better way to reduce the costs of tobacco use than to eliminate tobacco use. Therefore, our first goal will be to *carry out research into why people in Minnesota begin and continue to use tobacco.* Because our mission combines teaching, research and public service, the results of these studies can be applied directly to support education and public policy to stop our youth from starting to smoke and stop those who are smoking. The research also can be coupled immediately with basic studies of the chemical basis of addiction and tobacco-related diseases and can be applied to testing intervention methods to stop tobacco use.

2. The second main emphasis of our research program is to *reduce the costs of tobacco use by preventing the occurrence of tobacco-related diseases.* Basic scientists studying the molecular mechanisms of the development of disease will interact with scientists seeking means to prevent the occurrence of diseases such as cancer. It is clear that prevention of tobacco-related disease is best coupled with tobacco cessation programs which thereby requires a link to the first goal.

3. The final goal is to *carry out research in the treatment of diseases caused by tobacco use including cancer, emphysema, chronic bronchitis and heart disease.* Tobacco smoking is one of the most powerful predictors of the development and worsening of these diseases. Fortunately, the risk of heart disease in long-time ex-smokers approximates that of people who have never smoked making prevention and cessation of smoking a major goal. In contrast to the declining rates of death from cancer and heart disease, death from smoking-related lung diseases has accelerated markedly over the past 10 years placing a tremendous burden on daily function and quality of life. New methods are needed to treat these diseases and new approaches are required

Conceptual Famework for Organizing Thinking about the Multiple Streams of Research Within the AHC



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to reverse the disease process once started. This work has generated excitement about development of new cellular-based therapies.

While AHC researchers receive more National Institute of Health (NIH) grants for tobacco-related research than those in our peer institutions in Michigan, Illinois and Wisconsin, NIH devotes only 2.3% of its total extramural budget to this work. Support from the tobacco settlement funds will permit our strong faculty to link their efforts into a comprehensive program of research geared specifically to the needs of Minnesotans.

Some examples of the groundbreaking research currently going on in the AHC will illustrate our current strengths and highlight the large amount of work that remains to be done:

- *Dorothy Hatsukami, M.D.* and colleagues have been in the forefront of understanding why and how people become physically dependent on nicotine. In the recent past, she has been exploring medications that target different chemicals in the brain that might increase treatment success rates among those who are addicted to nicotine.

- *Stephen S. Hecht, Ph.D.* is an internationally recognized expert on carcinogens, the agents in tobacco and tobacco smoke that cause cancer. He and his colleages are studying the mechanisms by which tobacco causes cancer and developing agents to prevent cancer in people who continue to smoke or in ex-smokers.

- *David Jacobs, Ph.D.* is an epidemiologist who studies smoking behavior in different countries to try to understand the social, cultural and disease factors that influence the use and consequences of tobacco use. Thus far, the work has revealed tremendous consistency of the health risks of smoking across nations and across many causes of death.

- *Eric Stafne*, has established a tobacco cessation program that is delivered in conjunction with regular dental care. Together with epidemiologist *Harry Lando, Ph.D.*, he is evaluating the effectiveness of tobacco cessation programs for adolescents as administered in dental offices.

The path from understanding why people take up smoking to finding effective methods for preventing and treating the effects of tobacco use is long and complicated. We will use the funds to create a program of research composed of individual projects that are linked by a common coordinating core. This will allow investigators to share their findings early and stimulate each others' creativety in the search for new approaches to reduce the economic and human cost of tobacco use. In addition, we will be able to purchase expensive equipment and employ specialized staff members for more than one project.

By channeling the efforts of our world class investigators, we will be able to expand and speed our efforts toward answering the many vexing questions that remain about the use and consequences of tobacco. We believe that this approach will place Minnesota in a

leadership role that will not only help the people of Minnesota but every who must bear the cost of tobacco use.

Examples of projects to be pursued:

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Nicotine Addiction and Its Treatment

The Problem: Approximately one-third of children who experiment with cigarettes become regular smokers and 80% of adults smokers began smoking as adolescents. Currently, about 45 million people in this country smoke cigarettes and about three-quarter million in the state of Minnesota. Of these smokers, 70% want to quit smoking, 35% make a quit attempt for 1 day each year, but only 2-4% are successful. Innovative and interdisciplinary research in understanding the development, maintenance and cessation of nicotine addiction is imperative.

Key Researchers at the University of Minnesota:
The University of Minnesota is in an excellent position to explore these areas. We have internationally respected scientists in the area of addiction in genera (e.g.*George Wilcox, Sheldon Sparber, Marilyn Carroll, Matt Kushner* nicotine addiction in particular (*Dorothy Hatsukami, Harry Lando, Sharon Allen, Larry An, Alan Hirsch, Paul Pentel, Anne Joseph*). Researchers at the University of Minnesota, such as Dorothy Hatsukami, have been in the forefront of characterizing physical dependence on nicotine and understanding mechanism and treatments for nicotine addiction. In the recent past, she has been exploring medications that target different chemicals in the brain that might increase the treatment success rates among those who are addicted to nicotine. Collaborations with individuals such as Harry Lando, who is the expert in behavioral interventions for cessation, particularly among those individuals with chronic diseases, will help foster the development of effective treatments for this population of recalcitrant smokers. We also have, as faculty members, world renowned behavioral geneticists (*William Iacono and Matt McGue*).

Progress to date: These investigators have amassed a tremendous amount of longitudinal data from monozygotic and dizygotic twin children and adolescents on drug use behavior, including the use of cigarettes and other tobacco products. From this collected data and access to these twins, the development of nicotine addiction as well as the mechanism of heretability can be examined. This information will be important in better understanding effective ways to prevent and treat teenage smokers, which is another important area of investigation at the University of Minnesota (Lando, Hatsukami, Lazovich).

Next questions to be answered: The present researchers at the University of Minnesota have the potential to explore the (a) genetic and environmental factors that may increase the risk for tobacco use and addition, (b) neurobiological mechanisms that are responsible for the addiction to nicotine and the biological and behavioral consequences of this addiction, and (c) novel treatments, both psychosocial and medications, that will enhance success rates for tobacco cessation. Each of these areas of exploration need to work

conjointly in order to make a significant impact in reducing the addiction to nicotine. Furthermore, fostering interest in nicotine among faculty with a background in medicinal chemistry, neuroscience and magnetic resonance imaging will expedite the development of knowledge in these areas. With these resources and talent, the University will be in an unmatched position to contribute innovative and effective treatments for nicotine addiction as well as methods and areas to target prevention efforts to reduce the death and disease associated with tobacco use.

(Contact: D. Hatsukami)

Cancer Prevention Among Smokers and Ex-smokers

Rationale: Lung cancer will kill 2200 Minnesotans and over 160,000 U.S. citizens in 1998; tobacco products will cause 80-90% of this death toll. Tobacco products are also the main causes of cancers of the larynx, oral cavity, esophagus, pancreas, kidney, and bladder accounting for about 30% of all cancer deaths. The University of Minnesota has unique strengths in tobacco-related cancer. University of Minnesota scientists are internationally recognized for their research on the ways that tobacco products cause cancer and on the development of agents that can prevent cancer in people who continue to smoke or who have stopped smoking. It is important to prevent people from starting to smoke, and it is important to develop better ways of smoking cessation. However, these approaches have not been uniformly successful. Approximately 23% of Minnesotans still smoke cigarettes and many use other forms of tobacco. At least 75% of those who participate in smoking cessation programs still smoke one year later. Moreover, the risk for lung cancer remains elevated (more than 5 times that of a never-smoker) for at least 15 years after smoking cessation. Therefore, it is imperative that we understand better the cancer development process in people exposed to tobacco products, and find ways to decrease the risk for cancer.

Key Researchers at the University of Minnesota:

Stephen S. Hecht, Ph.D., Wallin Professor of Cancer Prevention. Dr. Hecht is an internationally recognized expert on carcinogens in tobacco and tobacco smoke, the mechanisms by which they cause cancer, and the development of agents to prevent cancer in people who continue to smoke or in ex-smokers. He has published over 450 scientific papers, most of them dealing with these subjects. He is a member of numerous national and international advisory groups dealing with issues related to carcinogenesis and tobacco. He has consistently had significant funding from the U.S. National Cancer Institute and presently holds an Outstanding Investigator Grant from that agency.

Lee W. Wattenberg, M.D., Professor of Pathology. Dr. Wattenberg is widely recognized as one of the founders of cancer chemoprevention, the science of discovering agents that can prevent cancer in susceptible individuals such as smokers. He is an internationally recognized authority in this area and his advice is widely sought by national and international agencies concerned with cancer research. He was awarded the American Cancer Society/ American Association for Cancer Research Lifetime Cancer Prevention Achievement Award in 1996. He is a past president of the American Association for Cancer Research, the largest cancer research organization in the world.

Sharon E. Murphy, Ph.D., Assistant Professor of Biochemistry. Dr. Murphy is an authority on mechanisms by which tobacco smoke carcinogens are processed enzymatically, leading to cancer development in the esophagus and oral cavity. She has published extensively in this area and is funded by the National Cancer Institute to explore mechanisms of cancer induction in the esophagus. Her laboratory combines the techniques of molecular biology and organic chemistry to delineate the fundamental mechanisms by which tobacco carcinogens cause cancer.

Lisa A. Peterson, Ph.D., Associate Professor of Environmental and Occupational Health. Dr. Peterson is a leading expert on the mechanisms by which tobacco carcinogens cause lung cancer by interfering with DNA repair processes. She is funded by the National Cancer Institute to further explore these processes and to develop preventive interventions. She is a member of the executive committee of the Division of Chemical Toxicology of the American Chemical Society, the world's largest professional society.

Robert A. Kratzke, M.D., Assistant Professor of Medicine. Dr. Kratzke is an authority on the molecular mechanisms by which tumor suppressor genes of the lung become inactivated upon exposure to tobacco carcinogens, thus initiating uncontrolled growth and metastatic cancer. Before moving to Minnesota, he was associated with the premier group in the world studying this phenomenon.

Progress to date: We know a great deal about the process by which tobacco smoke carcinogens cause cancer, but there are significant gaps in our knowledge which hinder the rational development of agents to block the cancer development process. For example, we have identified the main carcinogenic agents in tobacco smoke, we understand how they are processed by the body, and we understand many of their interactions with critical genes involved in cancer development. Moreover, we have in our hands a large number of agents which are potentially capable of blocking cancer in people who continue to smoke or in ex-smokers, but these agents need to be developed for use in humans.

Next questions to be answered: Although a large amount of information is available on processing of tobacco carcinogens in laboratory animals, we have significantly less data on these mechanisms in humans. More research is necessary in this area. We also need more research examining the reasons why ex-smokers continue to have such a high risk for cancer. The ways in which uncontrolled growth signals continue to be propagated even after smoking cessation need to be explored. In parallel with exploration of these concepts, we need to develop the agents that will inhibit the critical signals thus preventing cancer. This will involve testing in appropriate model systems, development of dosage forms, and extension to human clinical trials.

Targets for the next two years: 1) Improve our understanding of the ways in which tobacco products interact with cells in human tissues to cause cancer; 2) improve our understanding of the reasons why ex-smokers continue to be at high risk for cancer; 3) initiate the development process for new agents that can prevent cancer in ex-smokers and in people who fail in smoking cessation.

Summary: Research carried out under this part of our research program will significantly improve the health of Minnesotans by developing realistic and practical ways to prevent cancer in the large number of people who cannot stop smoking as well as in those who do stop but are still at high risk.

(Contact: S. Hecht)

Tobacco Use and Oral Diseases

Rationale: Oral cancer and periodontal disease are two prominent oral diseases that are associated with tobacco use. Tobacco use prevention and cessation programs are essential to reduce the risk for these diseases.

Oral cancer is a devastating disease that has a relatively low five-year survival rate (50%). Moreover, oral cancer survivors experience significant morbidity owing to the side effects of therapy. Tobacco and alcohol use have been implicated as prominent risk factors for oral cancer. Identification of more effective prevention and treatment methods for oral cancer will increase the
quality of life and decrease death from this disease.

Periodontal disease is a major cause of tooth loss in adults and tobacco use is a major risk factor for its occurrence. Periodontal disease increases with age and affects approximately 50% of the population by age 50. Periodontal disease primarily results in decreased quality of life and increased health care cost. There is also preliminary data that periodontal disease is linked to cardiovascular disease, low birth weight, and pre-term delivery.

Key Researchers at the University of Minnesota:

Eric Stafne is a faculty member in the School of Dentistry who has established the only tobacco cessation program in the AHC. This program is funded by the Oral Health Clinical Research Center, which is only one of four such NIH centers that focus on clinical studies of oral diseases. Dr. Stafne is past president of the Minnesota Section of the American Cancer Society and is collaborating with *Harry Lando* (Division of Epidemiology) on a major NIH funded grant to study the effectiveness of tobacco cessation programs in adolescents as administered in dental
offices.

Progress to date: Dr. Stafne has established the only tobacco cessation clinic in the AHC. This is an ongoing program that involves patients, students and faculty.

Next questions to be answered: Several important questions have yet to be answered. First, how effective is the program in reducing tobacco use? Second, to what extent does tobacco cessation reduce the risk for oral cancer and progressive periodontal disease? Finally, how does tobacco cessation influence the effectiveness of periodontal therapy?

Targets for the next two years: In the next two years, our researchers intend to:
A) Expand the existing tobacco cessation program to include interdisciplinary collaborations with the other schools of the AHC.
B) Establish measurement tools and databases for evaluating the effectiveness of the tobacco cessation program.
C) Develop and implement clinical protocols for evaluating the effectiveness of tobacco cessation programs in terms of risk for oral cancer and treatment outcome for the periodontal diseases.

(Contacts: B. Pihlstrom & C. Schachtele)

Cross-national Comparisons of Tobacco Risks

Rationale: After years of decline in cigarette smoking in the Minnesota adult population, Minnesota teenagers have begun to smoke again in increasing numbers, many starting by the sixth grade of elementary school. 76% of 8th graders and 90% of 10th graders say they could get cigarettes "fairly" or "very easily" if they want some. This is a tragic phenomenon because these young people are not aware of the level of addiction associated with cigarette smoking, or of the long-term struggle they face to give up the habit. It therefore is important to prevent smoking in the first place. Specialized school health education programs focused largely on seventh graders have been successful in reducing the number of young people who begin smoking, although the influence of these programs has lasted for only a couple of years. Important determinants of starting smoking are peer and family smoking: a living environment in which smoking is valued. Promising approaches to countering these factors include programs that involve peers and family. Reducing cigarette availability may be addressed through removal or sequestration of cigarette vending machines, and other strategies to enforce existing laws not to sell cigarettes to minors. Higher pricing for cigarettes seems to discourage smoking among teenagers, although older adults traditionally absorb price increases without changing their smoking habit. disallowing smoking in schools, offices and public places enhances the nonsmoking images. Powerful, attractive mass media campaigns are likely to help create an environment in which children are less likely to begin smoking. Research into these and related approaches is needed to prevent the chain of events which leads from smoking to disease.

Key researcher at the University of Minnesota: *David Jacobs, Ph.D., Professor of Epidemiology,* has completed a 25-year followup of a study of risk behavior in seven countries, providing a rich database for continuing analysis of the factors that affect the likelihood that individuals who use or are exposed to tobacco will develop disease and disability.

Progress to date: Dr. Jacobs has completed a 25-year followup of the 7 countries study, comprising more than 12,000 men, initially aged 40-59, in 16 cohorts around the United States, Europe, and Japan. It had been observed that Greek smokers had lower risk of stroke. The work has revealed a tremendous consistency of risk of smoking across all cultures and many causes of death, and explains the Greek smoking and stroke finding as a statistical anomaly.

Next questions to be answered: Continued surveillance of the association of smoking with various diseases is needed; for example, smoking likely enhance susceptibility for infection. Yet this has not been systematically documented. Many existing epidemiologic databases are available which continue to follow smokers, yet funds are not available for data analyses.

Targets for the next two years: To take full advantage of the large investment in creating this large database on tobacco risks, additional analysis is needed to clarify the associations of smoking and health. (Contact: David Jacobs)

Cigarette smoking among Urban American Indian Youth: A gateway to risk

Rationale: American Indian youth living in urban settings are among the highest risk young people in the U.S. for any number of poor health outcomes associated with involvement in risky behaviors in highly vulnerable social settings. Cigarette smoking, like other risky behaviors, is higher among American Indian youth than it is for nearly any other group of young people in the U.S. Close to half of all high school-aged American Indians in Minneapolis say they have smoked in the past month. Two-thirds have smoked some time in their young lives. Over one-fourth of grade school children also report that they have smoked cigarette in the past month.

Cigarette smoking is but one of the substances of choice among American Indian youth. However, it has long been viewed as a gateway substance, i.e., it begins the path often leading to other drugs. Marijuana use among urban American Indian children in Minneapolis is almost equal to cigarette use, in terms of daily use. And, unfortunately, alcohol use is pervasive for both boys and girls, in elementary as well as secondary schools. For these reasons, youth prevention efforts have increasingly placed priority on substance use, beginning with involvement in cigarette smoking, a behavior that typically launches young people into lifelong patterns of substance use.

Key Researchers at the University of Minnesota:
Beginning five years ago *Linda Bearinger* and *Renee Sieving* began a program of research in the Twin Cities that for the first time in the U.S. revealed a comprehensive picture of urban American Indian young people in elementary and secondary school.

Progress to date: These researchers uncovered a grim picture of risk, yet with signs of resilience among those that described close connections with their schools and families. The research brought together a number of youth-serving groups in the Twin Cities, including seven Minneapolis schools and a youth development program at the Minneapolis American Indian Center called the Ginew/Golden Eagle Program. Serving approximately 300 American Indian young people, ages 5 to 18, the program has received national recognition for its success. It is most appropriate that this research be done in Minneapolis, home to the second largest (after Oklahoma City) urban American Indian population in the United States.

The overaching aim of the research is to improve our understanding of the risks associated with involvement in a host of behaviors, including substance use. In addition to understanding what makes youth vulnerable, it is equally important to understand what can protect them against poor outcomes. For this reason the work has focused on internal strengths and supportive families, neighborhoods, and communities. From previous research with children and adolescents, we have learned that these strengths, at times, can offset risk factors and redirect the paths of vulnerable youth in positive resilient ways. This understanding, of both risk and resilience, is essential if we are to use "best practices" in developing priorities and policies that will lead to better outcomes for this most vulnerable group of young people.

Next questions to be answered: The Indian Youth Resiliency Impact Study, a longitudinal study funded by the National Institute of Nursing Research, taps into the

lives of 641 American Indian youths in Minneapolis, ages 9-18. All of these young people are still in school. Additional research to identify what puts urban American Indian youth at greatest risk as well as what best protects them will make it possible to measure the power of protective factors to offset risk. The clinical value of this type of analysis is to improve dramatically the capacity of practitioners to assess young people's involvement in risky behaviors and to recognize those who are at greatest risk and most in need of clinical intervention because of an absence of strengths in their young lives. From a public health perspective, it can provide a guide for setting priorities, developing policies, and guiding prevention efforts that will have the greatest likelihood for success with the most vulnerable young people in our state.

(Contact: L. Bearinger)

Interdisciplinary Research on the Prevention, Biology and Treatment of Smoking-Induced Lung Disease

Smoke exposure is responsible for three major lung public health problems: chronic obstructive lung disease (emphysema and chronic bronchitis); increased asthma in children and adults; and increased pneumonia. These are the most common adverse health effects directly attributable to smoke exposure. In contrast to the declining rates of death from cancer and heart disease, death from smoking-related lung diseases has accelerated markedly over the past 10 years. There also is a tremendous burden on daily function and quality of life. For example, smokers over age 60 have an 80% likelihood of being chronically limited or symptomatic from smoke-induced lung disease. The combined expertise of University groups in lung cell biology (Bitterman, Ingbar & others), chemoprevention of cell injury (Hecht), asthma (Blumenthal); clinical outcomes research (Gross); and clinical treatment of emphysema and bronchitis (Niewoehner) provides a major opportunity for focusing new collaborative research efforts on the problems of smoking-related lung disease. In addition to seeking advances in clinical treatment, new approaches to reverse emphysema in animals with vitamin therapy have generated excitement about development of new cellular-based therapies. No other University or
center in the state has a focused research effort directed at smoke-induced lung diseases and this would be a major step forward in addressing this giant health problem.

(Contact: D.Ingbar)

Smoking and Heart Disease

Coronary heart disease is the leading cause of death in Minnesota, and exacts a terrible financial and personal toll. The morbidity following survival from a heart attack is often debilitating, while open heart surgery to temporarily correct some of the underlying defects is extremely expensive. Tobacco smoking is one of the most powerful predictors of the development and worsening of this disease, promoting atherogenesis by such diverse mechanisms as reduction of oxygen availability in the blood, promotion of

oxidation of cholesterol, and cardiac irritability caused by nicotine. Fortunately, the risk of heart disease in long-time ex-smokers approximates that of never smokers. Therefore smoking cessation, and prevention of smoking in the first place, are promising strategies for the reduction of heart disease.

(Contact: D. Jacobs & D.Lazovich)

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Federal Grants at the University of Minnesota
Model: PI at the Center of the System

	Locus of Responsibility		
	1°	2°	3°
Oversight Finance/Accounting Regulations Facilities	University	College	Department
Management Funds Flow Personnel Bioethics Capital Depreciation/ Service Contract Annual Report/Renewal	PI	Department	College
Scholarship Work Publication Patent + Licensing Meeting/Travel	PI	Department	College

Operations

- All PI direct budget their management expenses. Develop templates for "typical" grant.

  2 Budgets

  Management

  Scholarship

- Responsibility can be ceded by 1° to 2°, 2° to 3° by mutual agreement

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Making Connections: Enhancing the Creation, Transfer and Commercialization of Technology Processes at the University of Minnesota

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Background

Institutions of higher education have always been in the business of creating new knowledge and disseminating that knowledge. Familiar forms for such dissemination include, articles, books, reviews, monographs, contract reports, web sites, presentations, courses, consulting and the education of students and post-doctoral research associates. This dizzying array of activities is focussed at "spreading the word" about the results of the research programs of a university. Although the previously cited examples are clearly instances of knowledge transfer (and in some cases know-how transfer) they do not satisfy the needs of what is popularly known as "technology transfer". As it is commonly understood today, technology transfer is the process by which new knowledge, technique and know-how are transferred, often in the form of intellectual property, from the creators of that innovation to others with the capability, interest and resources to develop the technology into a commercial product. Perhaps a more descriptive label for this process is "commercialization of technology" since the modalities of knowledge dissemination listed above do, in fact, contribute to the transfer of knowledge and technique from the academic sphere to a larger public and are justifiably recognized and valued as forms of technology transfer. In this white paper, we make an effort to assess the University of Minnesota's capabilities in the support of commercializing university discoveries and technologies and seek to open a dialogue about opportunities the university may seize in enhancing those capabilities.

As a public institution of higher education, we must clearly and consistently communicate our core mission and values to our students, our staff and the public that supports us. Perhaps a no more enduring statement of those values and purpose exists than the words inscribed above the entrance to Northrop Auditorium:

> **University of Minnesota**
> *Founded in the Faith that We are Ennobled by Understanding*
> *Dedicated to the Advancement of Learning and the Search for Truth*
> *Devoted to the Instruction of Youth and the Welfare of the State*

Put simply, commercialization of university technologies supports the mission of the University of Minnesota. Efforts to move university discoveries and technology from the laboratory to the marketplace squarely address the need to make those technologies

available in a form that will benefit the public. As one participant in a Fireside Chat hosted by the Board of Regents observed, "Technology transfer is not complete until it is used by a person on the street." New products and processes originating from University of Minnesota technologies create economic activity, jobs and perhaps life-saving new medical treatments. The work of commercializing a university technology is often difficult and requires a sustained commitment by the research team and the business partner – one faculty member at the University, a veteran of many successful partnership efforts with industry, refers to the process as a "contact sport". The challenge for a university is to create and maintain an environment that acknowledges, supports and rewards such contact while maintaining sufficient oversight in the process to win and sustain the public trust.

The Bayh-Dole Act (P. L. 96-517), passed in 1980, created a uniform patent policy among the many federal agencies that fund research. In particular, the Bayh-Dole Act provided the ability for small businesses, non-profits and universities to own the intellectual property created within their organizations with the sponsorship of federal funding. The impetus for the act was the recognition that the tremendous creative effort and innovative work products of our universities and federal laboratories was not being fully exploited. Discoveries and inventions were not being moved to the commercial sector with any sense of urgency or opportunity. In fact, universities and academic inventors rarely sought protection for the intellectual property that they had created since the federal government owned the property and such efforts to protect intellectual property were, in general, not recognized within academic reward structures. Potential investors were reluctant to invest in technologies that could not be protected and many innovative and creative ideas languished on the shelf. With the passage of the Bayh-Dole Act, the volume of university patent activity, nationwide, has increased from 250 patents/yr in 1980 to 1500 patents/yr in 1997. Not surprisingly, the number of university offices devoted to technology licensing has also mushroomed. The University of Minnesota can claim an early leadership role having devoted a staff member to technology licensing as early as 1957—well ahead of the incentives created by the Bayh-Dole Act..

The 80's and early 90's witnessed significant reductions of in-house funding of industrial research. Some of these rollbacks can be attributed to the end of the Cold War and the reduction of federally sponsored defense industry research. In other cases, rollbacks were in response to shareholder demands to reduce costs and improve the profitability of corporations. In some instances, corporations made strategic decisions to more heavily invest in university-based research in order to maintain a window on the horizon of new scientific and technological developments. During this period, universities enjoyed a rapid increase in industrially funded research. However, it is important to note that despite the increase the total remains a small fraction of the academic research enterprise (nationwide amounting to approximately 6.5% of the externally funded research support for universities).

The pace of innovation and the development of new products in several industrial sectors has been breathtaking (e.g. software, information technology, and biotechnology). The

gap between research questions and new products has narrowed in many sectors. One indicator of this narrowing is the increased citation of university research journal papers in patent applications. This indicator is especially strong in the biotechnology arena. Of particular importance to policy makers focussed on the role of publicly supported research in economic development is the strong geographic correlation between the location of the industrial patent applicant and the proximity of the university researchers cited in the patent. It is worth noting, in passing, that the linkages between software based research and software products is underestimated by this measure because of the relatively low incidence of patenting software products. Implications for universities and their responsibilities for commercialization of technology with this narrowing of the gap between university-based research and potential commercial application are evident. The narrowing gap provides further incentives for the University of Minnesota to look for every opportunity to remove barriers that delay the movement of technology from the laboratory bench to the marketplace. A sense and culture of urgency is required of those participating in commercialization of technology initiatives. The increased recognition of the linkages between university based research and innovations within the commercial sector will create a potent driver for increased industrial support of university research. Such linkages will also make more apparent to the tax-paying public the value of supporting university research.

Commercialization of university technologies through licensing is a relatively new field, so a generally agreed upon set of benchmarks has not yet been established by professionals in the field. However, measures used to date and widely shared between institutions include: the number of inventions disclosed; the number of patent applications filed, patents issued and licenses consummated; the amount of licensing revenue, and the number of commercial products produced and sold. More difficult to measure are benefits such as the capability to retain entrepreneurial faculty and attract outstanding graduate students; enhancement of the institution's reputation for innovation; the stimulation of university research; and, improving the university's reputation for providing highly trained students for the industrial workforce.

The following tables provide a snapshot of University of Minnesota activity in technology commercialization and it's relative standing among U.S. institutions of higher education.

University of Minnesota: Patent and Technology Licensing

	FY92	FY93	FY94	FY95	FY96	FY97
Disclosures	149	122	136	201	159	146
Patents Filed	52	61	63	105	71	103
Patents Issued	32	30	34	25	29	48
Licenses & Options	46	46	36	69	77	43
Royalties	$616K	$1178K	$1279K	$1906K	$6335K	$4891K
Research Expenditures	$317M	$332M	$318M	$336M	$341M	$340M

National Rankings

Total Sponsored Research	9th
Industry Sponsored Research	6th
FTE's for Technology Transfer	16th
Licenses and Options Executed	5th
Active Licenses	8th
License Income	14th
Legal Fees Expended	11th
Invention Disclosures Received	11th
Patent Applications Files	14th
Patent Applications Issued	12th
Inventions Disclosures per $MM Research	10th

Recommendations:

The University of Minnesota's technology commercialization and industrial collaboration strategy must be sensitive to the needs of researchers from a wide range of academic disciplines and to the needs of commercial interests from an equally wide range of industrial sectors. Moreover, the structure of relationships and partnerships that work well for collaborations between large companies and university researchers may not work well for collaborations with medium and small-sized firms. The University and its potential partners need a variety of vehicles to foster both research collaboration and commercialization of University of Minnesota technology. Some of these vehicles may require a careful reconsideration of university policy and past practice and may require substantial "buy-in" from the university community as well as key opinion leaders in the general public. Other initiatives will require additional investments in energy and financial resources.

The recommendations below are divided into three groups based on the position on a timeline for technology commercialization strategy implementation.

Near Term (during the next one to two years)

- An observation or theme recurring in each of the Fireside discussions was that for those in the industrial or business community finding the "right door to knock on" is an often-frustrating experience. Frankly, these frustrations are often shared with members of the university community. A single "front door" should be presented to the public for the purpose of engaging the University of Minnesota's research and scholarship resources. A single web page supporting information resources directing potential collaborators to faculty experts, to technology licensing associates, to grants administrators expert in working with industrial or private foundation sponsors, and to organizations supporting small technology based companies (e.g. Minnesota Technology, Inc.) is greatly needed. Although several of the collegiate units have begun to develop faculty expertise databases and make that information available to the public through web pages (e.g. the Institute of Technology's web site **www.cs.umn.edu/info-center/**) there currently exists no single data source that

would allow a member of the public or of the university community to locate or identify a faculty expert on a topic of interest. In conjunction with the Grants Management Project, such a faculty expertise database is being created. Staff capable of serving as liaisons between the business community and faculty researchers are needed to assist in the creation of mutually beneficial links between these two groups. The model developed by Minnesota Technology, Inc. in which MTI has sponsored a technology liaison between the small business community and faculty in the Institute of Technology should be further explored and extended to other parts of campus, as appropriate.

- In all of our discussions with members of the business and industrial community, we have been strongly encouraged to make use of local and regional expertise in business and technology development. One approach for leveraging such expertise is to develop collaborative relationships with other technology licensing organizations that share similar objectives for making the benefits of institutional research developments available to the public through product development and technology commercialization. Collaborations with technology licensing and commercialization organizations such as those at Mayo, the University of Wisconsin and the University of Chicago-ARCH would expand the network of contacts available to University of Minnesota technology licensing associates as well as creating the opportunity to "package" technologies in a fashion advantageous to both the university owners of the intellectual property and the licensing companies. Companies reluctant to negotiate with multiple universities to build the intellectual property portfolio required for a product development could well find such an organized effort for cooperation between the technology licensing offices to be attractive. Additionally, such packaging of intellectual property could well lead to the identification of fruitful, collaborative, inter-institutional research projects. We have already begun initial, exploratory discussions with Mayo.

- There is a sense in both the business community and the university community that University of Minnesota researchers are producing many more innovations and inventions with potential benefit to the public as well as commercial potential than are being recognized by individual researchers. There exists a strongly perceived need to be more aggressive in "technology prospecting" or harvesting. The University of Minnesota needs to be in the position to recruit technology commercialization professionals capable of keeping in touch with faculty research activities so that results with commercial potential may be recognized early in their development. Such recognition will stimulate intellectual property disclosures and enhance the researchers ability to secure intellectual property protection in a timely way. The ability to file provisional patent applications has greatly reduced the anxiety that researchers once felt about delaying publication of results until a patent was filed. It is important to note that by all reasonable measures of productivity in university based technology licensing, University of Minnesota PTM staff have demonstrated that they are both efficient and effective. However, there is simply not enough staff to support the desired expansion of technology prospecting, patenting, marketing and licensing activity. Stanford University's highly touted Office of Technology Licensing handles approximately 300 invention disclosures each year

with a staff of 25. By comparison, the University of Minnesota PTM staff handle approximately 150 disclosures with a staff of 10.5. The workload and "deal flow" of the University of Minnesota, on a per staff basis, compares well with such organizations as Stanford's. A reasonable expectation for the University of Minnesota, with it's current external funding support, is to anticipate a growth in the number of disclosures to a target of 200 to 250 disclosures within the next five years. Such growth should be supported with an increase in PTM staff size to 18. Because of the need to both manage disclosures in a timely way and to introduce the additional role of technology prospecting, it is highly desirable that among the additional staff we seek individuals that may have significant "seasoning" in the business community and who may be looking for a new challenge. Additional staff will also allow PTM to develop a "local" presence in the collegiate units. An obvious first choice for placement of a PTM professional would be in the Academic Health Center's Research Services Organization. Such a placement would further facilitate the identification of the RSO as a "one-stop shopping" organization for the support of faculty researchers. A cautionary note: because it may take several years for a technology to "ripen" to the point of generating a royalty stream, it may be necessary to frontload the cost of the needed additional staff as well as patenting costs.

- The University of Minnesota needs to develop a master agreement strategy to smooth the path for faculty researchers to work on industrially sponsored research contracts. At the present time, each new contract is separately negotiated. These negotiations may significantly delay the start of a research collaboration, creating a great deal of frustration for both the faculty researcher and his/her industrial collaborator. A master agreement between the university and a company describes all of the features of the research agreement except for the scope of work and budget for a project. Among the goals of the Master Agreement strategy would be to create a research contract environment that is consistent, easily managed and respects the needs and rights of both the industrial and university partners. Expected outcomes of such a strategy are an increase in the amount of industrially sponsored research at the University of Minnesota but, more importantly, an increase in the satisfaction of the contracting process of both the industrial sponsor and the university researcher.

- There is a tremendous need for the University of Minnesota to develop an easily understood and readily managed policy for the creation of in-house "safe zones" for the pre-commercial development of technology. Commercialization efforts for many university technologies would benefit greatly by the ability to further develop the technologies prior to presenting them to an investor or a company for licensing. The preferred model would be that the university investigator takes his/her technology to an incubation site for further development. All costs for such development would be clearly accounted for and the separation between the faculty member's university programs and the technology development program could be clearly identified. The absence of a university-based or near university located innovation center or incubator in the Twin Cities has created an enormous gap in the technology commercialization chain. Until such a development center can be created or built, we should pursue the option of creating spaces within existing facilities and management processes that will support pre-commercial technology development. The Natural

Resources Research Institute (NRRI) has proven to be a highly effective model for the University of Minnesota-Duluth.

- The University of Minnesota must be supportive of efforts such as those of the Minnesota High Tech Association and the SOTA TECH fund to develop resources for the support of pre-commercial technology development as well as the development of new companies based on university technology. The business acumen of those working to develop these resources is acutely needed in both the assessment of technologies and their potential markets and the development of business plans appropriate for the technology. An early connection between the research team and business/management professionals will greatly increase the likelihood of a successful enterprise and improve the chances that university technology will be brought to market for the benefit of the public. An increased effort to bring together University of Minnesota technology developments with the rapidly expanding entrepreneurial programs of the Carlson School is clearly on the agenda.

- Several of our peer research universities have used, to good effect, a technology marketing event or fair that brings together university researchers with the venture capital community. Such an event will allow us to showcase the work of university faculty and staff and may lead to matching of university technology with the capital needed to bring that technology to market. An additional important outcome will be an initiation of a dialogue between university researchers and members of the venture capital/business community. Such a dialogue will help university researchers better understand what hallmarks the business community looks for in an innovation before providing support for development and will help members of the business community better understand the capabilities of university faculty.

- The University of Minnesota currently enjoys the benefit of working with members of the technical and venture capital communities through the Technology Evaluation Council that advises PTM staff on the commercial potential of University of Minnesota technologies presented to the Council. The services of the Council have been of extraordinary benefit to the university. In anticipation of an increase in intellectual property disclosures, patent activity and interest, on the part of faculty, in new company start-ups, we must be prepared to expand the membership of the Council or even replicate it.

- The University of Minnesota's recently articulated strong message of support for industry-university partnerships has struck a resonant chord with many both inside and outside the university community. Administrative officers and academic administrators need to reinforce this message and support faculty interests in pursuing such partnerships. The Office of VP for Research will develop a seminar series addressing the legal, financial, technical and ethical issues surrounding the commercialization of publicly funded research. This seminar series will be targeted at university faculty and research staff as well as students and members of the local community. Faculty success in the commercialization of technology and industrial partnerships will be periodically recognized and celebrated. We believe that such success be measured by a broader set of metrics than royalty income.

Midterm (activity initiated over the next 2-4 years)

- The University should support the development of an on-campus or near-campus technology innovation center in the Twin Cities. Such a center should provide the physical infrastructure necessary for pre-commercial technology development and emerging business formation. It should not be designed as a location for small scale or light manufacturing. Initially, such a center should be limited to University of Minnesota researchers. It is anticipated that much of the early activity could stem from the relocation of technology development activities from the previously discussed "safe zones". In order to manage costs and to maintain a high level of flexibility, it may be necessary to limit the scope of such a center to life science based technologies and software (or those technologies with infrastructure requirements compatible with those of the life sciences and software). Supporting this center would be a professional staff with sufficient business and marketing acumen to assist researchers in the development of business plans, financial support packages and marketing assessments. Such a center would also provide a "living laboratory" for the entrepreneurial programs of the Carlson school. As the center matures, the potential for developing a professional research and development staff to support the R&D needs of Minnesota small and medium sized businesses is available. Such an expansion of mission could follow the highly successful models of VTT, associated with the University of Helsinki, and SINTEF, affiliated with the University of Trondheim in Norway.
- Working with the University can sometimes be difficult for small Minnesota companies. Without large legal staffs, negotiating research agreements and contracts can be a disproportionately large burden for small firms. Indirect costs and their charges are generally poorly understood and often become a stumbling block for small firms in their efforts to estimate the costs of working with university researchers. Nonetheless, these costs are real and if not paid by research contracts are borne elsewhere in the university in the form of reduced access to resources and services. Working with Minnesota Technology, Inc., the University can develop a Master Agreement appropriate for the small business community to reduce the negotiating burden for this important group of potential research collaborators. An incentive for such collaborations could be created with a fund that would offset the indirect cost charges on such projects. A fund of $500K should be sufficient to determine if such dollars create the appropriate incentives for increasing the level of research collaboration between university researchers and Minnesota small, but high tech enterprises. Additional incentives, including business tax adjustments for research investment at Minnesota's institutions of higher education provide opportunities for university researchers and Minnesota industries to engage in mutually beneficial collaborations.

Long-term (initiated over the next 3-5 years)

- The University of Minnesota should aggressively pursue opportunities for joint funding of major research facilities and programs with industry. Such facilities and programs would provide university faculty, staff and students with access to state of the art equipment, space, and stable research support. Industrial partners in such

ventures have the opportunity to leverage their own proprietary research investments with regular and significant interaction with well-funded and world-class faculty researchers and their students and visitors to the university.

This list of initiatives is by no means exhaustive but is intended to stimulate a larger dialogue about the role of the University of Minnesota in private-public partnerships. Comments and suggestions regarding these initiatives are both solicited and welcomed. .

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From: Courtney Vickie
To: bales@tc.umn.edu, kvanbeck
CC:
Subject: Meeting with F. Cerra on Dec. 15th
Date: Thu, 10 Dec 1998 15:32:33

Hello:

Professor Bales, thank you for agreeing to meet with Frank Cerra and members of the AHC FCC to discuss academic appointments (non-tenured track appointments) in the AHC.

The meeting is scheduled from 12:00 - 1:00, 488 Child Rehab. Also, lunch is provided by Frank Cerra. Martha, would you please let me know how many other subcommittee members plan to attend so that Frank's office can order the appropriate number of lunches? Also, would you please let them know the time and place of the meeting?

Thanks.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

From: Gary Engstrand <garye@umn.edu>
To: courtney@mailbox.mail.umn.edu
CC: s-evan@umn.edu
Subject: Fwd: new buildings
Date: Fri, 04 Dec 1998 14:02:32 -0600

Vickie:

Since this an AHC matter, you should know that this inquiry is underway. (David Hamilton emailed back to me that he's going to look into it next week.)

Gary

>Date: Fri, 04 Dec 1998 11:39:43 -0600
>To: dwh@lenti.med.umn.edu,dempsey@brain.biochem.umn.edu
>From: Gary Engstrand <garye@umn.edu>
>Subject: new buildings
>
>David and Mary:
>
>Sara asked that I find out your opinions on matters relating to the
>new cellular and molecular biology building.
>
>I have been told that that the new bulding will have less space than
> the buildings being torn down (and that they were not really adequate),
>and that in addition there are 23 or 28 or some number of biochemists
>coming from St. Paul--so nobody will have adequate research facilities.
>I'm also told that the Jackson Hall remodeling is already $4 million over
>budget.
>
>Since these are matters that will affect faculty rather directly, Sara
asked
>if you have any information that will shed light on this.
>
>Let me know.
>
>Thanks.
>
>Gary

(from a presentation by Vice Presidents Carol Carrier and Christine Maziar to the Board of Regents in October, 1998)

Graduate Student Issues: Compensation and Benefits

Introduction

Assistantships awarded to graduate students serve multiple purposes. The financial support available to graduate students through assistantships is a key means by which graduate students finance their education and may be potently used in graduate programs' efforts to attract the very best students to study at the University of Minnesota. Roughly fifteen hundred of the University's seven thousand graduate students are supported, at least in part, by such assistantships. The experience obtained by graduate students as Graduate Teaching Assistants (TAs) or as Graduate Research Assistants (RAs) is a valuable component of the students' professional development and preparation for accepting leadership positions within their chosen fields. The University community benefits, too, from the energy, talent and enthusiasm of these young scholars who continually renew and reenergize our classrooms and laboratories. Competitive compensation and support of our Graduate Student Assistants is needed not only for the well being of our students but is also a key strategic component of our efforts to sustain and advance academic excellence at The University of Minnesota.

Costs for Supporting Graduate Student Assistants

The primary components of support for our graduate assistants at the University of Minnesota include a cash stipend, health care benefits, and tuition benefits. Of the components of support, only the value of the cash stipend may be adjusted in a discretionary fashion within boundaries established by the Office of Human Resources. In the case of graduate teaching assistants, the costs of the assistantship are borne by the instructional budgets of departments and colleges. In programs for which teaching assistantships are the principle means of supporting students, the desire to provide competitive stipends is in tension with the desire to support as large a portion of the admitted graduate student population as possible. In the case of research assistants, the costs are borne by the research contract or grant of a member of the faculty or research staff. In general these faculty members serve as the research and academic advisors of the graduate assistant and determine the size of the student's stipend. In some cases (e.g. NIH Training Grants), the stipend of the student is capped by the funding agency and additional non-agency dollars are required to make the compensation competitive. In other cases, the funding agency will not permit the use of agency funds to support tuition benefits (e.g. USDA). In both cases, other institutional funds are required to piece together complete compensation packages.

Over the course of the past nine months, the University has moved forward in an aggressive fashion to address concerns about health care benefits available to graduate students and their dependents. We believe the University of Minnesota's health care benefits program is competitive with those of other public research universities but more importantly we believe that it will serve our students well.

In the past, the cost of graduate assistant tuition benefits was built into the fringe benefit rates applied to all academic employees. Such a practice was relatively common in research universities and allowed the cost of tuition support to be built into the fringe benefits cost of a relatively large pool of employees. Recent changes in OMB A-21 guidelines and their interpretation have restricted the tuition benefit cost recovery to those departments or PIs employing the graduate assistants. These changes have increased the cost of employing graduate assistants by more than $4000. It is believed that this rapid increase in the cost of supporting graduate assistants has led to the

decrease in the number of TA and RA positions offered to our graduate students (a decline from 1972 FTEs in 1993-94 to 1526 FTEs in 1997-98). In addition, this rapid increase in the benefit cost for graduate assistants has made it difficult for both departments and PIs on constrained budgets to make positive adjustments in students' cash stipends.

The Big Ten universities routinely share information about average TA and RA cash stipend and tuition costs. Peter Zetterberg, Director of the Office of Planning and Analysis recently developed an analysis of the data that reveals a troubling trend. While the combined cost of our average cash stipend and tuition places us at the mean of the public Big Ten schools, a position we have maintained for the past five years, our average cash stipend has fallen to ninth among the ten institutions (only Indiana University ranks below Minnesota in this measure). It is important, however, to also consider net cash stipends (cash stipend minus required fees and tuition if paid by the student) for graduate assistants. Although many if not most institutions provide a tuition benefit similar to Minnesota's, there are notable exceptions, including Wisconsin, which requires that its graduate assistants pay tuition.

The short table below is an effort to summarize the status of Minnesota in comparison with that of the average profile of the public Big Ten institutions:

Graduate Assistant Compensation Components:
"A Big Ten Comparison"

1997-98	Cash Stipend	Net Cash Stipend	Tuition + Stipend
TA: Minnesota	9784 (Rank 9th)	9310(Rank 7th)	14764 (4th)
TA: Avg. Big 10	11103	9915	14650
TA Gap	1319	605	(114)
RA: Minnesota	9960(Rank 9th)	9486(Rank 9th)	14940 (5th)
RA: Avg. Big 10	11666	10253	14988
RA Gap	1706	767	58

Filling the Gap

The cost to "fill the gap" between the University of Minnesota's average cash stipend and the average of the public Big 10 universities is approximately $2.3M ($930K for TAs and $1.4M for RAs). A reasonable argument could be made that a more appropriate metric is that of net cash stipend. Accepting that argument, the cost to fill the gap is approximately $1M ($430K for TAs and $570K for RAs). We believe that efforts to fund the closing of this gap should be included in the University's overall effort to develop a competitive compensation strategy.

Mechanisms for delivering additional funds in the form of increased cash stipends could take various forms:

1. Provide the additional funding to collegiate units. The number of graduate assistants appointed by those units would scale additional funding to the collegiate units. An explicit agreement with the collegiate units that such additional funding would be used to increase graduate student compensation levels would be required.
2. Increase the floor of the compensation bands for graduate assistants. Dollars to cover the increased costs of the raised floor could be assigned to affected units (collegiate or departmental) with the explicit understanding that those dollars are earmarked for improvement of graduate student compensation.

3. Discount tuition costs in the fringe benefit calculation for graduate assistants A discount in the fringe benefit cost reduces the overall cost of supporting a graduate assistant for either a department or a PI. Savings on the fringe benefit cost would then be available to PIs and departments to improve the cash stipends of the assistants. Dollars lost to the tuition pool would need to be backfilled by as part of the University's compensation strategy. Monitoring would be necessary to ensure that the fringe benefit savings were, in fact, translated into increased cash stipends.

Some Caveats

Aggregations or averages of compensation data across large research institutions masks important detail that may be important in developing effective compensation strategies. The disciplinary composition of graduate assistant populations varies from institution to institution yielding different competitive pressures for talented young scholars. As an example, Indiana University has no engineering programs, a relatively small science program and a very large fine arts program.

The data presented in the Big Ten study has not received cost of living adjustments. Although cost of living comparisons may not be routinely made by newly recruited graduate students and such comparisons may not play a large role in their selection of a graduate school; our graduate students keenly feel the rapidly increasing cost of housing.

Comparisons of average compensation data fail to identify those programs in the graduate portfolio in critical need of additional funds to recruit effectively. Additionally, market forces may not be the only issues we wish to address in a compensation strategy.

CLINICAL AND RESEARCH TRACK FACULTY
SUMMARY OF PROPOSALS FROM AHC DEANS
OCTOBER 23, 1998

	Public Health	Dentistry	Nursing	Pharmacy	Medical School	Veterinary Medicine
Current Practice	Uses temporary and fixed-term faculty and P&A Research Associates for research and service work.	Uses P&A clinical track faculty for clinical teaching.	Uses P&A Educational Specialists for clinical teaching.	Uses temporary faculty and P&A positions for teaching and clinical work.	Uses full-time, non-tenured clinical track faculty for clinical teaching, research, and service.	Uses P&A Clinica Specialists for clir service and secondarily for cli teaching and resea in the Vet Teachin Hospital.
Current Problems	Convincing qualified academicians to take non-regular faculty appointments when duties are similar to regular faculty. Reluctance of Ph.D. trained faculty to take P&A positions. Must assign teaching and service duties to faculty hired to do research.	Central has allocated less money for salary increases for P&A clinical faculty. Have had to use collegiate funds to supplement.	Educational Specialists have lower salaries and fewer rights and benefits; viewed as "second class."	Rights, privileges, benefits, and criteria for promotion of temporary faculty and P&A positions are not well defined. Viewed as "second class."	Low salaries and too few incentives to recruit and retain faculty physicians.	Difficulty recruitir and retaining top qualified individu Viewed as "secon class."
Need (current perception)	Create a research track for faculty working exclusively on research.	Convert clinical track P&A faculty to full, non-tenured faculty status.	Create clinical and research tracks for faculty working primarily on clinical teaching and research.	Create either a non-tenure clinical track or a dual tenure-track model (basic science and clinical).	Change the title to clinical scholar; remove the limitations on number of clinical track appointments; clarify appointment expectations.	Create clinical trac for faculty workin clinical service, teaching and resea

	Public Health	Dentistry	Nursing	Pharmacy	Medical School	Veterinary Medicine
Tenure	No. Multiple year contracts.	No. Multiple year contracts.	No. Rolling 3 to 5 year contracts.	Yes, if adopt dual track model. No, if adopt non-tenured track model; use multiple year contracts.	No. Multiple year contracts for associate and full professors.	No. Rolling 3 t year contract aft initial 2 year probationary appointment.
Salary	Same as regular faculty.	Same as regular faculty.	Same as regular faculty. May have to pay more because non-tenured.	Same as regular faculty. Guaranteed base salaries limited to state or tuition funds, supplemented by variable clinical income.	Increased base salaries.	Dependent on marketplace and factors. Base sa plus incentive pl With incentives, have higher sala than regular facu
Benefits	Same as non-regular faculty.	Same as non-regular faculty.	Same as non-regular faculty.	Same as regular faculty.	Increased benefits similar to regular faculty.	Same as regular faculty.
Rights and Privileges	Same as non-regular faculty.	Same as non-regular faculty.	Increased rights and privileges, although less than regular faculty.	Same rights and privileges as regular faculty.	Increased rights and privileges, although less than regular faculty.	Same as non-reg faculty.
Hiring and Promotion Criteria	Narrower focus: emphasis on research.	Narrower focus: emphasis on clinical teaching.	Narrower focus: emphasis on clinical teaching or research.	Different focus: emphasis on clinical teaching or services.	Narrower, clearer focus: emphasis on clinical teaching, research, and service.	Narrower focus: clinical service; s clinical teaching. Limited research
Fiscal Impact	Increased financial flexibility. Potential O&M savings.	Increased financial flexibility. Potential increased central allocation for salaries.	Increased financial flexibility. Potential cost increase because of higher salaries.	Increased financial flexibility. Minimal financial impact.	Increased financial flexibility. Potential cost increase because of higher salaries and benefits.	Funded through clinical revenues Increased financi flexibility.

From: Courtney Vickie
To: gross002@maroon.tc.umn.edu, bebea001@maroon.tc.umn.edu,*
CC:
Subject: Meeting Reminder
Date: Tue, 24 Nov 1998 16:54:28

Hello:

REMINDER

THE AHC FCC MEETS TOMORROW, WEDNESDAY, NOVEMBER 25, 12:00 - 1:30, A303 MAYO. Lunch will be provided.

Christine Maziar will meet with you from 12:00 - 1:00

Topics
Equipment replacement fund in lieu of capital depreciation
Investigator indemnification
Handling gifts and honoraria to faculty - conflict of interest
Facilitation of grants submission
Graduate education
Institutional training grants.

The group also asked that VP Maziar set one agenda item and ask for input.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

From: Peggy Rinard
To: courtney@mailbox.mail.umn.edu
CC:
Subject: AHC-FCC election
Date: Sun, 22 Nov 1998 14:31:36 -0600 (CST)

Vicki,

I need you to okay the following paragraph for the Nov. 25 issue of News Capsules. What date was the election held? (I'm assuming the nominees were approved)

I need to hear back from you Monday a.m.

THANKS! Peggy

Nominees for the AHC Faculty Consultative Committee were approved in a faculty election held _____. New AHC-FCC members are Carston Wagner and Timothy Wiedmann, College of Pharmacy; Mary Walser and Stephanie Valberge, College of Veterinary Medicine; Fred Hafferty, Duluth School of Medicine; Patricia Ferreri and Philip McGlave, Medical School; Bernie Feldman and Kathy Krichbaum, School of Nursing; Donna Arnett and Judith Garrard, School of Public Health Jan 1, assume positions. David Hamilton, Medical School, and Muriel Bibeau, School of Dentistry, are returning members. Bibeau will chair the new committee, which will convene for the first time on Jan. 1, 1999. (check with Vicki Courtney

Peggy Rinard
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UNIVERSITY OF MINNESOTA
BOARD OF REGENTS

Committee of the Whole **November 12, 1998**

Agenda Item: Sponsored Project Management Report

☐ **review** ☐ **review/action** ☐ **action** ☒ **discussion**

Presenters: Vice President Chris Maziar
Senior Vice President for Health Sciences Frank Cerra

Purpose:

This presentation will summarize the history, current status and actions being taken by the institution in Sponsored Project Management. The desired outcomes of the Project are:

1. To improve service to principal investigators in competing for and managing sponsored research.
2. To improve the efficiency of institutional processes supporting sponsored research.
3. To promote a culture of compliance with grants management regulations within the institution.
4. To provide assurance of compliance both within and outside the institution with regulations pertaining to sponsored research.

Achieving these outcomes of the Project will also provide the basis for the restoration of expanded authorities and removal of the exceptional designation by the National Institute of Health.

This Project is linked to the Enterprise Project. The functionality desired in the Sponsored Research Management Project will rely in some key areas on the functionality of the software and processes being implemented in the Enterprise Project.

Outline of Key Points:

1. The workplan established with the National Institutes of Health is moving forward. This workplan addresses four areas of sponsored project management: roles and responsibilities, policies and procedures, education and training, and electronic support systems. The targeted completion date for the workplan is Fall 1999.
2. The management model internal to the institution distributes authorities, responsibilities, resources and accountabilities to the appropriate decision makers at the department and school level. Pre and post-award on-line support is provided in the Electronic Grants Management System (EGMS) An oversight system provides help in decision making both on-line and with expert consultants.
3. The institutional official is the Vice President for Research. The interface with granting agencies external to the institution is via Sponsored Projects Administration. This agency, as well as the sponsored research management and oversight processes, resides in the Office of the Vice President for Research.
4. The development and implementation have been greatly enhanced by a faculty-administrative partnership since February 1998.

UNIVERSITY OF MINNESOTA
BOARD OF REGENTS

Educational Planning and Policy Committee **October 8, 1998**

Agenda Item: Health Professional Education: New Demand Model

☐ **review** ☐ **review/action** ☐ **action** ☒ **discussion**

Presenters: Executive Vice President and Provost Bob Bruininks
Dr. Frank Cerra, Senior Vice President for Health Sciences

Purpose:

This Category I discussion and review item is intended to provide background information and to establish a conceptual framework for policy issues the Committee will be addressing during this year related to the mission, goals, and academic initiatives of the Academic Health Center. This is the first of two proposed policy related discussions on this topic.

Outline of Key Points:

Health Professional Education: New Demand Model--This session will focus on the conceptual framework; the scope of the program, including quality and quantity issues; changing roles and responsibilities of the faculty under the new mode; and current and future policy and financial implications, including human resources.

As preparation for this discussion a report developed by the University of Minnesota Academic Health Center addressing the issues outlined above is attached.

Background Information:

This session is a Category I critical discussion and review as identified in the 1998-99 workplan for the Educational Planning and Policy Committee.

FUNDING HEALTH PROFESSIONAL EDUCATION
at the Academic Health Center

A Report to the Regents
of the University of Minnesota

The University of Minnesota Academic Health Center (AHC) is one of Minnesota's most important resources and among its best investments. Our faculty educate 70 percent of Minnesota's health professionals; conduct world-class research leading to major discoveries and breakthroughs; find cures for diseases and develop new devices and drugs; advocate for and support preventative medicine and complementary care; support agriculture by educating veterinarians and finding solutions to serious animal related problems; provide leadership in research and discussion of major health policy issues; and provide the highest quality patient care both at Fairview-University Medical Center and also in communities across the state.

The breadth and depth of programs make the AHC one of the most comprehensive health research and education centers in the United States. The Açademic Health Center comprises the School of Dentistry, the School of Nursing, the Medical School (Twin Cities), the College of Pharmacy, the School of Public Health, the School of Medicine (Duluth), and the College of Veterinary Medicine. The Academic Health Center includes the National Cancer Institute designated University of Minnesota Cancer Center, the Biomedical Engineering Institute, and the Center for Bioethics--important interdisciplinary programs that have distinguished themselves in research and service. The Research Services Office (RSO) also opened in January 1998 to increase the amount of industry-sponsored research in the Academic Health Center.

Each year, the AHC's seven schools and colleges serve 5,000 students, primarily graduate and professional, who are taught and mentored by its 1300 faculty members. The University offers 62 degree options in 36 health science disciplines, including the AHC's allied health sciences with programs in occupational therapy, physical therapy, mortuary science, and medical technology. Of the Medical School faculty, 400 are physicians actively engaged in patient care through the newly created private practice plan, University of Minnesota Physicians.

Although the University is a land-grant institution, state taxpayers contribute only 20 percent of the AHC's $453 million annual budget. AHC revenues in FY 1998 included $90 million in state appropriations (20 percent), $26 million from tuition (6 percent), $166 million awarded in grants (37 percent), $28 million from gifts (6 percent), $100 million in generated revenue, primarily clinical services (22 percent) and $43 million from a variety of other sources.

Facts about Health Professional Education

Fact 1.. Preparing for a career in the practice of medicine requires extended years of study and training. For example, a physician spends a minimum of thirteen from matriculation in an undergraduate program of study to completion of a residency, as shown on Chart 1.

Fact 2. The years of preparation are expensive for both the institution and the student. The average cost of educating and training a physician approaches $100,000 per year. The average physician enters the medical profession carrying $75,000 of debt.

Fact 3. The education and training of health professional students requires a partnership of teaching institutions that is unique in higher education. As shown on Chart 2, instructional activities take place in classrooms and laboratories on the university campus and in clinical settings (primarily hospitals) throughout the immediate geographical region.

The Challenge

Changes in the healthcare delivery system, together with the new Medicare legislation (in the Balanced Budget Act of 1997), have created both programmatic and educational challenges for institutions that train health professionals. For the last thirty years, the programmatic environment has been oriented toward in-hospital care delivered one encounter at a time. A substantial part of the cost of training health professionals has been borne by payments to hospitals and physicians for patient care and by the Federal government. Insurance plans and government agencies are now seeking to reduce their responsibility for financing the training of health professionals.

Changes in the way health care is delivered is having a major impact on the education process in the health professions. Care that was once delivered exclusively in hospitals is now moving to out-patient clinic settings. The focus on encounter-based health services is changing to community-based and population-based care models. Health care delivery requires practitioners who are community-based and population-oriented and have skills in non-medical areas such as information systems, finance and contracts, preventive health and wellness, outcomes assessment, Epidemiology, and Continuous Quality Improvement techniques.

Other forces -- the impact of managed care on the marketplace, advancements in scientific knowledge, changing demographics, a changing health care paradigm, and new technologies -- continue to reshape American health care, significantly affecting the ability of universities to offer high quality health professional education. Many of these factors have been outside the control of the University or Minnesota. The University and the state have responded, but a closer look at the issues shows that more needs to be done.

<u>The health care environment is changing.</u>

- Traditional hospital- and clinical-based service remains an essential element of health care. Increasingly, however, care is more population- and community-based with emphasis on illness prevention and health promotion. This means that health professional curricula must change to assure our students will be aware of and ready to participate in this new environment. In addition to the skills required for care of the ill and injured, graduates must understand the new generation of health delivery systems, must be skilled in team care, and must have practical experience in community settings. This new model for care will generate new costs for the Academic Health Center to maintain and enhance the quality of the educational enterprise.

- The setting for educating health professionals is also shifting from the hospital bedside as the dominant site to the clinic, office and home as pressure for cost containment in hospital expenditures mounts and more of the care is delivered outside the traditional hospital. For example, a patient needing a hip replacement in 1980 was in the hospital for 10-12 days-plenty of time for students and residents to learn about the patient's problems, the giving precious little time for education, or even interface with students.

<u>The expectations for health sciences students and faculty are increasing.</u>

- Students in the health sciences must know more than they did a generation ago. ***As professionals***, they must have greater knowledge of the federal and state statutes and

regulations, business practices, managed care, information technology, patient rights, shared decision making, and government programs. ***As practitioners***, they must have broader knowledge in ethics, preventative health, wellness, complementary medicine, community-based practices and team care approaches. ***As scholars***, they must have greater knowledge of recent scientific discoveries, new products and bio-medical devices, gene therapies, and new drugs and treatments. These educational demands also generate new costs for the Academic Health Center.

- Expectations for faculty are also increasing. As the environment changes, they must develop new skills and knowledge necessary to teach students about new science, managed care practices, technology, health economics, prevention and other topics unheard in health professional curricula even a decade ago.

- Faculty, especially in medicine, are also under growing pressure to increase clinical activity as the revenue stream for patient care decreases as managed care drives down reimbursement. For the past 30 years, the clinical revenue stream of practicing faculty has have contributed significantly to the University's research and education enterprise.

The demand for health professionals is growing.

- The health needs of our citizens have exploded as the baby boomers age and life expectancy increases. Health care consumers are expecting more as well as needing more from the health delivery systems. This places pressure on academic institutions to prepare the appropriate workforce to meet these needs.

- As pressure for primary care providers increases, the health professional surpluses of the 1990s could vanish as communities compete for fewer numbers of graduates and as current providers retire. This is an especially serious issue in rural Minnesota. According to a new report from the American Association of Medical Colleges, the University of Minnesota prepares the greatest number of primary care physicians (290) of any university in the nation. Demand remains high for advanced practice nurses, pharmacists and dentists as well.

The traditional sources of financial support for health professional education are eroding.

- *Federal Revenue.* The Balanced Budget Act of 1997 included changes that reduced payments from the federal government for graduate medical education (GME) to support the training of residents.

- *Clinical Revenue.* As reported in an October 1995 article in Academic Medicine, "The single greatest threat to medical schools today is the expected decline in faculty practice plan revenue brought about by managed care's aggressive cost containment." In 1994, medical schools reported that about 28 cents out of every practice plan dollar went to support medical education and research. The most recent financial data, from the September issue of the Journal of the American Medical Association, shows that 34 percent of the average budget for medical programs comes from private practice revenues. But, many medical schools, including the University of Minnesota, are projecting declines in physician

practice revenue of 3 to 5 percent annually over the next five years. Accordingly, that piece of the funding pie will shrink, leaving a gap of $9 million for the Academic Health Center.

- *Research Funding.* A critical component of the educational program is the discovery of new knowledge through research. Over the years, AHC researchers have been extraordinarily successful in supplementing state, federal and clinical revenue through funding from industry and government agencies for health research. This source of revenue is also at risk as more time is directed to maintaining clinical revenues.

Actions Already Taken to Address the Financial Issues

Minnesota (along with California and Massachusetts) encountered the problem with declining financial support for health professional education well before most states, because of its early migration to a managed care environment. Accordingly, in many respects, the state and the Academic Health Center have a head start on managing the effects of the changing healthcare delivery system. Both have moved expeditiously to implement actions intended to minimize the impact of changes in the traditional revenue streams for health professional education.

Initiatives of the Academic Health Center

Over the last three years, the Academic Health Center has initiated these actions which were designed to reduce costs while maintaining the highest quality education and research programs:

- Formed a single physician practice group (consolidating 18 former practice groups) to increase efficiency and service
- Merged the teaching hospital with a prominent health system
- Adopted a strategic plan to reshape the education and research organization including:
  - ⇒ The implementation of substantial changes in the curriculum of the seven health professional schools
  - ⇒ Plans to meet relevant work force needs and ensure AHC's leadership role in the health professions through adjustments in the size and mix of enrollments and educational programs. To date, enrollments in the Medical School have been reduced from a high of 3,092 (full-year equivalents) in 1994-95 to 2,857 in 1997-98
  - ⇒ Initiatives to improve the competitive position of clinical/outreach functions for all health professional schools and the AHC
  - ⇒ Activities that enhance the environment to promote faculty and staff creativity, excellence and productivity
  - ⇒ Programs to strengthen financial management and to promote flexibility, investment, and financial stability
  - ⇒ Activities to maintain each profession's identity and excellence as AHC interscholastic programs develop.
- University Senior Vice President for Health Sciences, Dr. Frank B. Cerra, and the CEOs of Minnesota's health systems are working on a report to the legislature and the commissioner of health regarding plans for the strategic direction and vision of the Academic Health Center. The report, which is due on January 15, 1999, will address workforce needs, the ongoing educational needs of health professionals, implications for existing education and training programs, and plans for input from the health community on AHC research and education programs.

Initiatives of the State

- Over the past several years, the Minnesota Legislature and Governor Arne Carlson helped support the University through the reorganization of the Academic Health Center and the sale of the hospital. Special appropriations helped to assure that the interests of the taxpayers and the employees were represented during the transition.

- More importantly, the Legislature and Governor Carlson have responded to the financial crisis by creating the Medical Education and Research Costs Advisory Committee (MERC) to determine a path for assisting clinical sites with the costs. In the Fall of 1997, a major effort was undertaken to collect information about costs incurred in clinic settings for the training of health care professional students. Through the survey, the costs for the training of several different health professional in clinical sites were calculated as shown:

Advanced Practice Nurses	$20,537
Dental Students	$105,788
Dental Residents	$136,052
Medical Students	$23,489
Medical Residents	$146,765
Pharmacy Students	$22,093
Pharmacy Residents	$60,796

A total of $301 million was reported as the cost of training these health care professionals in clinical settings. Almost $18.0 million was distributed to the participating 154 programs, which covered approximately 6 percent of the reported costs. Sites where AHC students are trained received about $7.4 million or 42 percent of the total. The pool of funding will increase to about $32 million for the 1998-99 academic year.

The Next Step: Funding the Health Professional Education Initiatives

For the FY 2000-2001 biennium, the University of Minnesota seeks $37 million in recurring funds to stabilize funding for health professional education and graduate health education. These funds are necessary to ensure an adequate supply of highly skilled health professionals equipped to deal with the changes occurring in America's health marketplace. The University also supports the Minnesota Department of Health's request for $130 million to stabilize funding for graduate health professional education. An additional $20 million is requested from the tobacco settlement for University research and programs on chronic and addictive conditions, primarily those related to tobacco. The summary of the request can be found in Chart 3.

Objective 1: To ensure an adequate supply of highly skilled health professionals in Minnesota by

A. Strengthening health professional education: $ 32 million recurring for the AHC

The cost of educating students for the new health care environment is increasing as education moves from campus into the community. As some patient care moves from individual encounters to population-based approaches, new educational models must be developed. Additional support will also ensure that health professionals--new graduates and long-time practitioners--are prepared to serve an aging and more diverse population. These new

programs will also ensure that the right practictioner is at the right place at the right time with the right skills.

B. Stabilizing funding for graduate health education: $130 million recurring for Dept. of Health to distribute to clinical sites

The University supports the Minnesota Department of Health's request that will end the uncertainty about the future of health professional education. These funds will replace decreased patient care revenue collections and lost federal Medicare support and will flow to the training sites. It is expected that approximately 40 percent of the funds will be allocated to clinical sites where University students and residents are trained. The University currently has over 1,000 residents.

Objective 2: To support and respond to the shift of health professional education and care to a more community-based and population-based system by

A. Developing and expanding successful care and illness prevention models across Minnesota: $2.5 million recurring

The University of Minnesota will strengthen education, enhance community-based care, and increase attention to underserved populations in rural Minnesota and the Twin Cities. Funds are sought to expand the Rural Health School, the Rural Physician Associates Program and the Community-University Health Care Clinic serving the Twin Cities. The AHC also seeks funding to expand nursing collaborations, to improve access to pharmaceutical care and services, and to establish School of Dentistry training sites in Hibbing and Fergus Falls to educate dental students and also to support underserved citizens. Increasing access to practitioner-oriented graduate programs (pharmacy, public health and nursing) is also a priority for the AHC.

B. Conducting health services and health outcomes research: $1.5 million recurring

The University of Minnesota will expand its support for community health by creating a new Center for Health Promotion and Disease Prevention in the School of Public Health and a new Center for Chronic Illness Education and Research in the School of Nursing. The University also seeks an increase in the state special for Health Services Research in the School of Public Health to establish a system to measure health workforce needs in rural Minnesota. The increase will also fund a managed health care center to work with providers and consumers to improve the performance of these new forms of health care delivery.

C. Improving access to health information: $500,000 recurring

The University of Minnesota will improve the health knowledge of citizens and health practitioners by extending the expertise and service of the University Cancer Center to people across Minnesota and expanding the collaborative consumer health information services of the Academic Health Center. In a separate initiative, funding is sought for the University's Bio-Medical Library to assure that students and faculty have access to the most current information.

D. Strengthening the connections between health sciences and agriculture: $1.5 million recurring

The College of Veterinary Medicine will broaden its support for agriculture and medicine by creating a Center for Food Animal Health, Productivity and Food Safety, enhancing the

integration of veterinary research investigating human disease, and building one of the nation's leading research and technology development programs in animal and animal disease genetics.

E. Conducting research and developing care and prevention models for chronic and addictive conditions, especially those related to tobacco: $20 million from tobacco proceeds

The University of Minnesota strongly supports the use of funds from the 1998 tobacco settlement for health related purposes, including cancer and smoking-related conditions, and University projects to support smoking prevention, cessation and care initiatives.

The Outcomes

If funded, the University of Minnesota will be able to:

- continue to educate the majority of Minnesota's health care professionals;
- stabilize the finances of the Medical School so it may continue to educate physicians for Minnesota;
- provide for an appropriate number of graduate health education positions;
- ease the transition of care to a population- and community-based model;
- assure that its health professional graduates are properly prepared for new expectations, the applications of new therapies and treatments, the team model of care, technology advancements, and the business of the healthcare marketplace
- contribute to improving the health of Minnesotans through research on health services, health outcomes and chronic and addictive conditions;
- strengthen agriculture and its relationship to health sciences;
- improve access to health information for both consumers and providers; and
- increase the national rankings of the Academic Health Center and its schools, colleges, and programs.

The Benefits

The University of Minnesota Academic Health Center legislative request:

- builds on past investments made by the Minnesota Legislature to stabilize finances and to enhance education and research;
- strives to keep quality health care available in communities across the state;
- expands service to rural Minnesota;
- leverages the existing resources of the University of Minnesota to improve the health of Minnesota communities and to serve and inform their citizens;
- increases attention to urban, underserved populations;
- expands the commitment to agriculture through the College of Veterinary Medicine; and
- will result in new generations of health professional graduates armed with the knowledge, skills and experiences to succeed the contemporary health care environment.

THE EDUCATION OF A PHYSICIAN
AN OVERVIEW

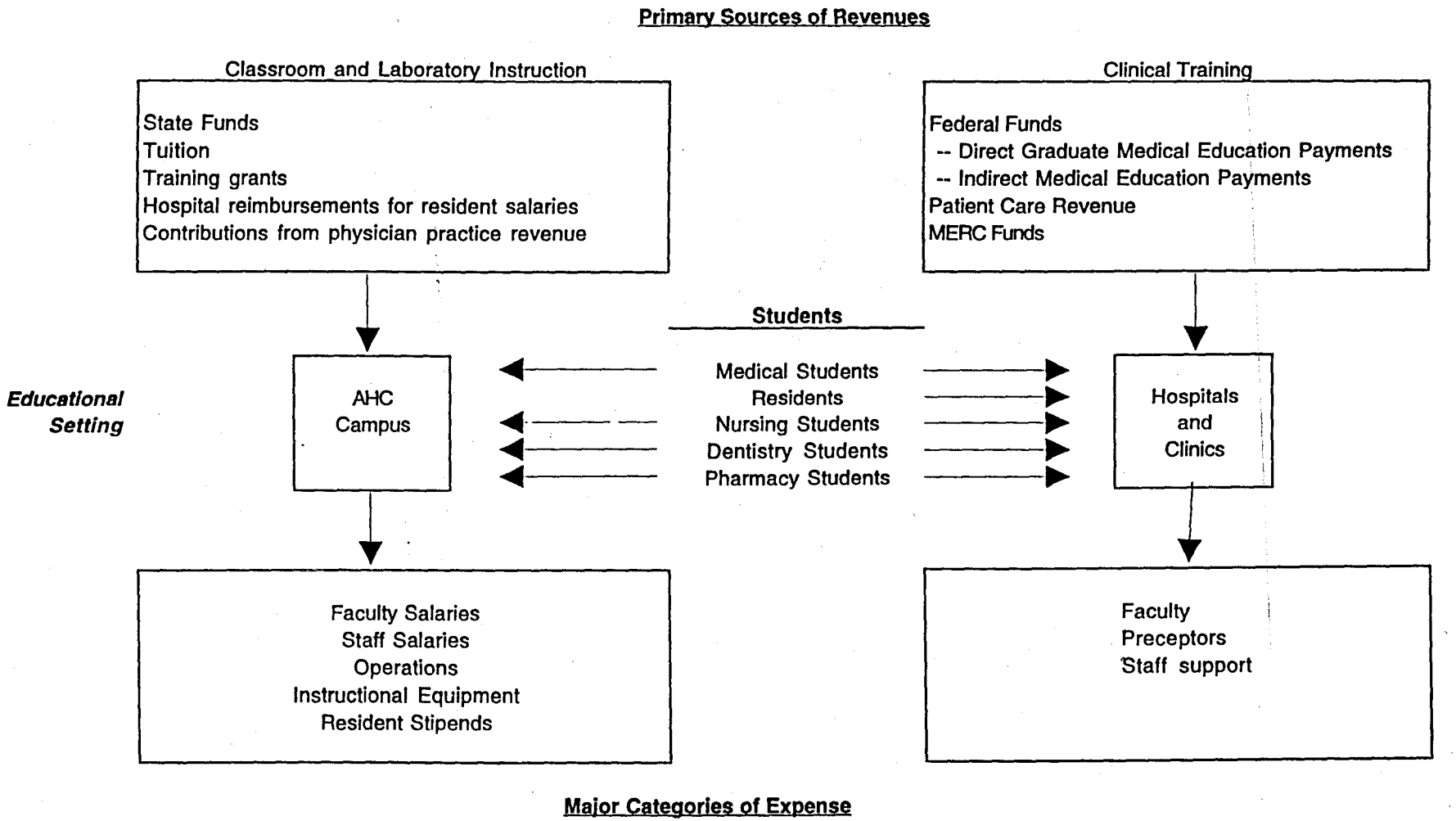
Stage:	Undergraduate	Medical School	Residency	Fellowship	Practice
Time:	4 Years	4 Years	3 - 8 Years	1 - 3 Years	Life
Degrees:	BA/BS	MD	Primary Area; e.g., Family Practice Internal Medicine General Surgery	Specialty Area; e.g., Cardiology Cardiac Surgery	Continuing Medical Education
Revenue Sources:					
Self	XXXX	XX			X
State	XXXX	X	X		
Federal	X	X	XX	X	
Faculty Practice $'s		XX	XX	XXXX	

Average From Medical School to Practice:	Challenges:
- 8 years - $80K - $100K/Year Cost - $75K Total Debt	- Declining revenue sources - New types of knowledge/skills - Shift to interscholastic, interdisciplinary, community-based, population orientation - Reducing costs - Workforce number, type, demand

X - Relative financial contribution to program cost.

Table Education of Physician, Barb Shared Folder
(9/18/98)

THE ORGANIZATION OF EDUCATION FOR HEALTH PROFESSIONALS
The Academic Health Center of the University of Minnesota



University of Minnesota's Academic Health Center
1999-2001 Biennial Budget Request
Four-Year Financial Impact
($'s in millions)

	1999-2001 Biennium			2001-2003 Biennium		
	FY 2000	FY 2001	Total	FY 2002	FY 2003	Total
Objective 1:						
Health Professional Education						
Allocation to the Academic Health Center	$15.00	$17.00	$32.00	$17.85	$18.74	$36.59
Increase to MERC Trust Fund	$65.00	$65.00	$130.00	$65.00	$65.00	$130.00
Objective 2:						
Community-based and population-based services						
Allocation to the Academic Health Center						
--Prevention models	$1.25	$1.25	$2.50	$1.25	$1.25	$2.50
--Outcomes research	0.75	0.75	1.50	0.75	0.75	1.50
--Health information access	0.25	0.25	0.50	0.25	0.25	0.50
--Health sciences and agriculture connections	0.25	0.25	0.50	0.25	0.25	0.50
Total	$2.50	$2.50	$5.00	$2.50	$2.50	$5.00
Allocation from Tobacco Settlement Proceeds						
--Care and prevention models for chronic and addictive conditions	$10.00	$10.00	$20.00	$10.00	$10.00	$20.00
Total for the Academic Health Center	$17.50	$19.50	$37.00	$20.35	$21.24	$41.59
Other Support for Health Programs						
MERC Trust Fund	$65.00	$65.00	$130.00	$65.00	$65.00	$130.00
Tobacco Settlement Proceeds	10.00	10.00	20.00	10.00	10.00	20.00
Biomedical Library	0.30	0.63	0.93	0.63	0.63	1.27
Food Animal Health in Agriculture Initiative	0.50	0.50	1.00	0.50	0.50	1.00
	$75.80	$76.13	$151.93	$76.13	$76.13	$152.27

Office of the Senior Vice President for Health Sciences
File: kmj/FY 1999-2001/Request

Revised September 24, 1998

Funding Health Professional Education

Presentation to the

University of Minnesota
Board of Regents

October 8, 1998

AcademicHealthCenter
UNIVERSITY OF MINNESOTA

Overview

- Health professional education is not keeping pace with today's health care delivery:

  •A fundamental change in the skills and non-medical knowledge necessary for health care providers requires a comprehensive revision of the curriculum and how we train our students.

  •An aging population with its high incidence of chronic disease will require more and a different mix of health care providers.

  •Substantial cuts in federal funds and intense competition in the health care market place are significantly reducing funding for health professional education.

National Problem

- This is a national problem affecting all academic health centers.
- We are working with the Association of Academic Health Centers and the American Association of Medical Schools to address the problem on a national level.
- Much of the country is looking to this AHC and state for a solution to the problem.

What Has Changed and Is Changing:

- Medical Education and Training
- Medical Practice and Health Care Delivery

The Education of a Physician

Stage:	**Undergraduate**	**Medical School**	**Residency**	**Fellowship**	**Practice**
Time:	4 Years	4 Years	3 - 8 Years	1 - 3 Years	Life
Degrees:	BA/BS	MD	Primary Area;e. Family Practice Internal Medicine General Surgery	Specialty Area;e.g Cardiology Cardiac Surgery	Continuing Medical Education
Site:	University	Univ./Comm.	Community	Community	Community
Revenue Sources:					
Self	XXXX	XX			X
State	XXXX	X	X		
Federal	X	X	XX	X	
Faculty Practice $'s		XX	XX	XXXX	

X - Relative financial contribution to program cost.

Medical Education and Training

Knowledge: Science, technology, business, and ethics of health care.

Science: Our understanding of the human body, its functions, and disease is now at the cellular, molecular and gene level.

Technology: Practitioners must understand sophisticated technology for rapid, accurate diagnosis and treatment. Health care professionals need to be skilled in medical information systems, sophisticated diagnostic tools, electronic medical records, telemedicine, outcomes-based assessments, and evidence-based medicine.

Prevention and Wellness: There is a new emphasis on prevention and wellness. Practitioners must understand the use of complementary care.

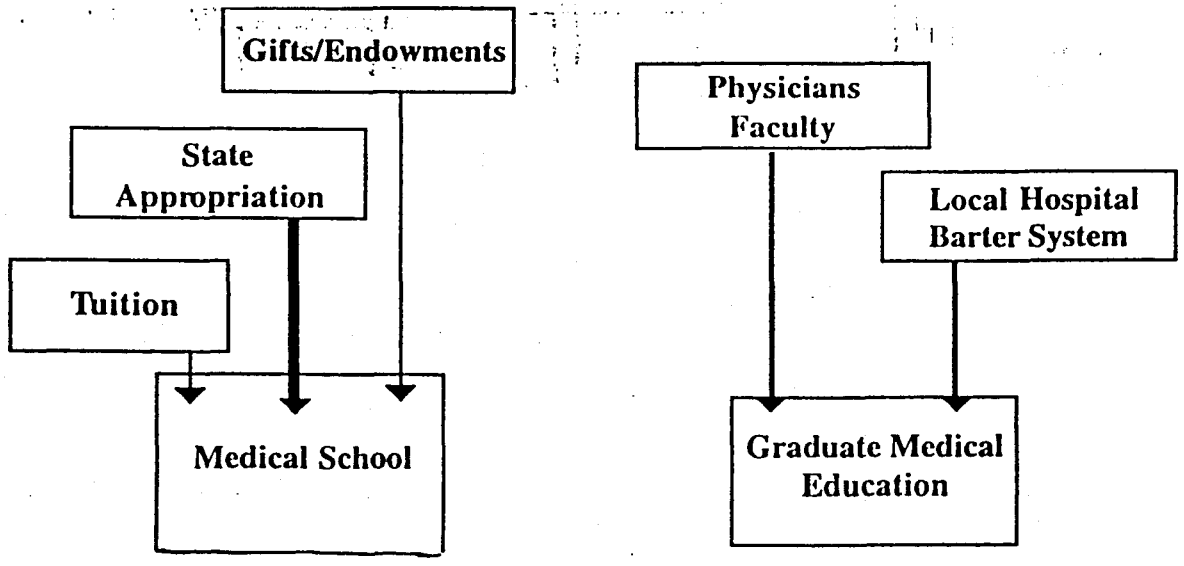
Business: Practitioners are now expected to understand the business side of health care.

Ethics: New medical knowledge and tools have created new ethical issues: end of life care, use of life support systems, gene therapies, genomics, and the consideration of resource use as part of therapeutic decisions.

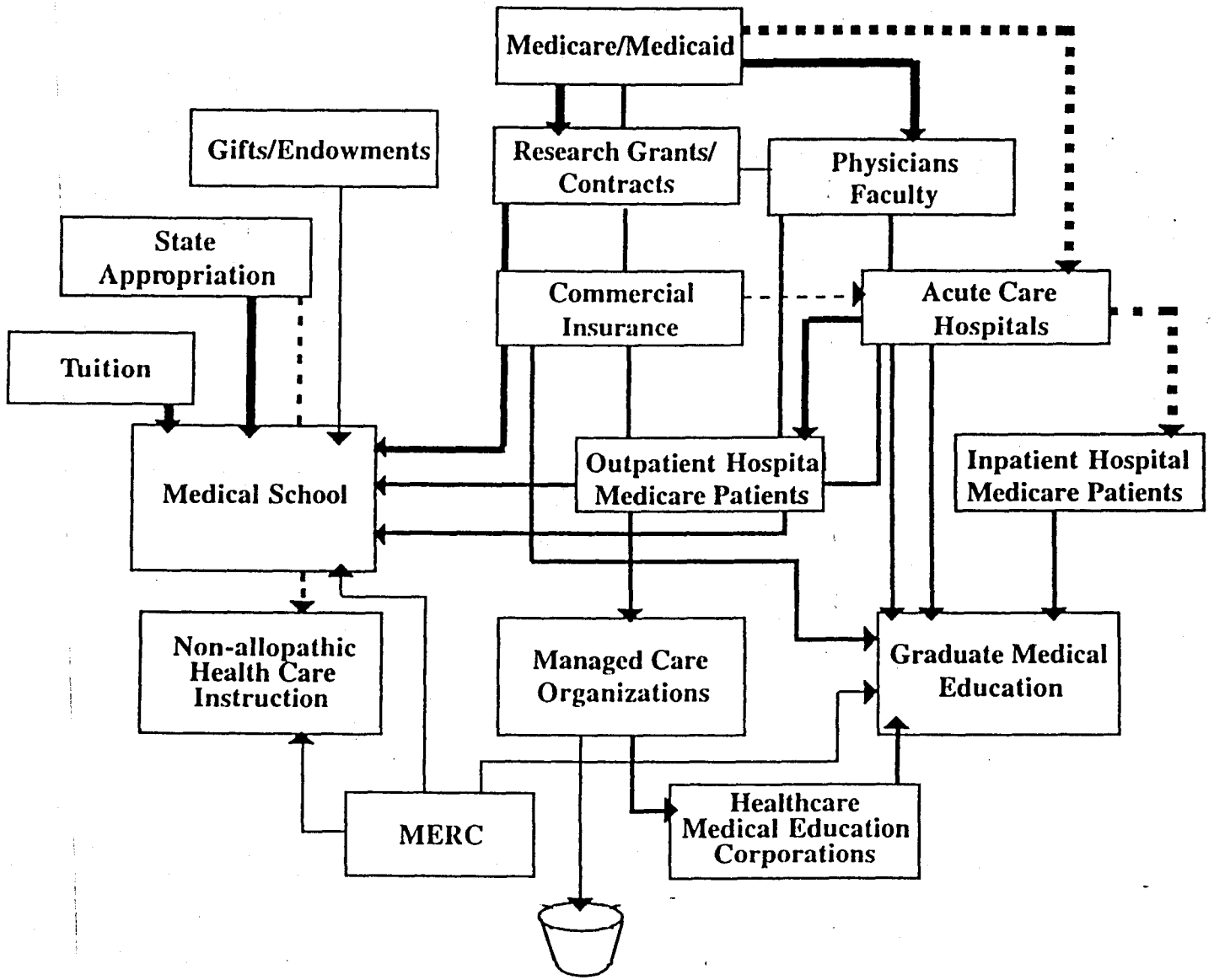
Setting: Training is shifting from hospitals to clinics, patient's homes and other community settings. Tightly scheduled patient appointments reduce time for educating our students.

Finance: Complex system. Insurers and third party payers do not want to pay for education. Decreased federal Medicare funding for education. The current financing system is based on training occurring primarily in hospitals. Student tuition is already high and student debt is large; loans are at commercial rates and must be repaid immediately upon graduation.

Funding for Health Professional Education Prior to 1964 and the Enactment of Medicare



Funding for Health Professional Education Today



Medical Practice and Health Care Delivery

Our education and training of health care professionals must prepare them for the way health care is practiced and delivered today.

Model: Care is provided increasingly in clinics, at home, and in other community settings rather than hospitals. Orientation is on managing "episodes" of disease. Focus is shifting from treatment of disease to prevention and wellness. Focus is moving from treatment of individual patients to groups/populations of patients. Care is being provided by teams of health care professionals rather than individual practitioners. The lines between the professions are blurring.

Practice: Physicians work as employees of health systems or as members of group practices. They are highly scheduled. Workload and compensation are based on performance standards. Access to patients is controlled by third party contracts. Prices are set by third party payers. Insurance coverage and other payment systems are complex.

Delivery Systems: Health care is delivered through large consolidated health care systems in urban areas. Small town hospitals and clinics are disappearing and regional centers are developing. A shortage of physicians and other health care professionals is developing in certain geographic areas and specialties. Care is being providing increasingly in community settings by teams of health care professionals.

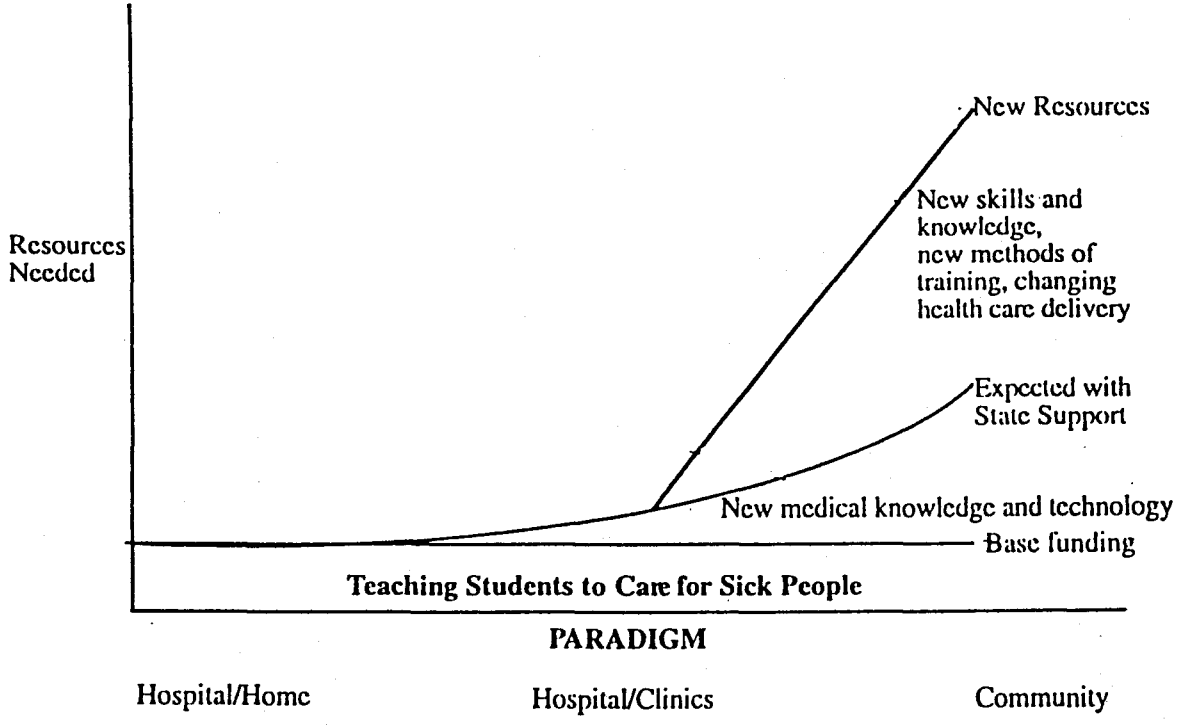
Government Regulation: Regulation has become extraordinarily complex with overwhelming paperwork requirements. "If it's not documented, it didn't happen."

Summary

- Health professional education is not keeping pace with today's health care delivery:
    - A fundamental change in the skills and non-medical knowledge necessary for health care providers requires a comprehensive revision of the curriculum and how we train our students.
    - An aging population with its high incidence of chronic disease will require more and a different mix of health care providers.
    - Substantial cuts in federal funds and intense competition in the health care market place are significantly reducing funding for health professional education.

Why Does the Academic Health Center Need New Resources?

Cost of changes in education and training



Declining revenues from Medicare and clinical practice that have supported education:

- Reductions in graduate medical education funding for residents and fellows mandated by the 1997 Federal Balanced Budget Act
- Reductions in Medical School faculty clinical practice revenues
- Only 14% of the Academic Health Center's and 10% of the Medical School's budgets are supported through state appropriations.

The University is Asking For:

- **The education of health professional students:**
  --$37 million to the University for its health sciences schools and colleges.

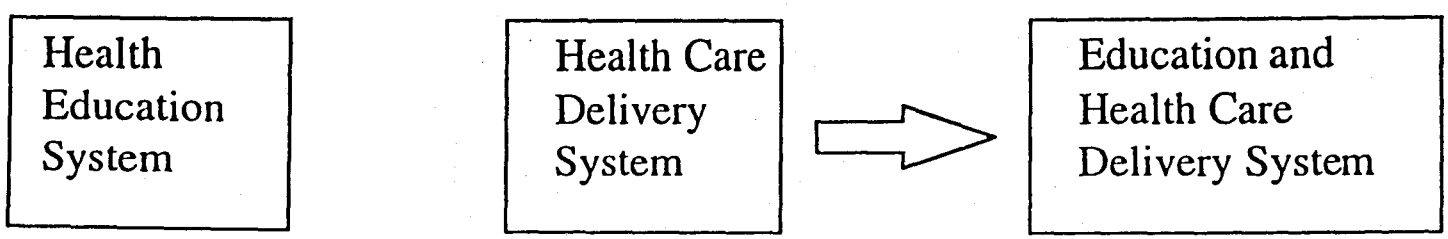
- **Training of residents and fellows:**
  --Increase the MERC Trust Fund by $65 million annually. Funds go directly to hospitals, clinics, and other training sites across Minnesota to pay the cost of training residents and fellows -- ours, Mayo's and others.

- **Health Systems**
  --Continue to allow our students, residents, and fellows into their facilities and allow their practitioners the time to teach and train them.
  --Work with us on a long-term solution to the funding of health professional education, including the possibility of direct financial contributions by the health systems.

- **Private Practitioners:**
  --Continue to educate and train our health professional students, residents, and fellows.

The Goal

The University of Minnesota, working with the health care community and the federal and state governments, must assure that the state has the right types and numbers of health professionals with the right skills and training practicing in the right locations and serving the right populations of Minnesotans.



FOR ACTION
ASSEMBLY STEERING COMMITTEE

MOTION:

That the Assembly Steering Committee ratify the following slate of nominees for the AHC Faculty Consultative Committee election:

College of Pharmacy:	Carston Wagner Timothy Wiedmann
College of Veterinary Medicine:	Mary Walser Stephanie Valberg
Duluth School of Medicine:	Fred Hafferty Write in
School of Medicine:	Patricia Ferreri Philip McGlave
School of Nursing:	Bernie Feldman Kathy Krichbaum
School of Public Health	Donna Arnett Judith Garrard

COMMENT:

As you may recall, in August 1998 the Faculty Assembly Committee on Committees identified the individuals listed below to serve as the Nominating Committee for the AHC Faculty Consultative Committee election. The Faculty Assembly Steering Committee, acting on behalf of the Faculty Assembly, ratified the membership of the nominating committee. The Steering Committee is also charged with ratifying the above slate of nominees. In the future, the Faculty Assembly Committee on Committees will be asked to handle the AHC FCC election.

Members of the Nominating Committee (membership constitutes the AHC Committee on Committees):

Mila Aroskar, Public Health
Elaine Robinson, Vet Med
Patricia Tomlinson, Nursing
Susan Berry, Pediatrics
Thomas Shier, Pharmacy
Douglas Wangensteen, Physiology
Thomas Huntly, UMD School of Medicine
T. Michael Speidel

appr unan
11/12/98

UNIVERSITY OF MINNESOTA

University Senate

427 Morrill Hall
100 Church Street S.E.
Minneapolis, MN 55455-0110

612-625-9369
Fax: 612-626-1609
E-mail: senate@mailbox.mail.umn.edu

November 16, 1998

MEMORANDUM

TO: Academic Department Heads
The Academic Health Center

FROM: Sara Evans, Chair
Faculty Consultative Committee

RE: Discussion with FCC

A few years ago, the (Faculty Senate) Faculty Consultative Committee scheduled a series of meetings with various groups of faculty (department chairs, senators, assistant professors) to discuss issues of concern to the faculty and to academic departments. FCC members found those discussions very useful as they tried to represent the views and concerns of the faculty to the University's senior officers.

We would like to resume those discussions, and would like to meet with those of you serving as department heads in the Academic Health Center. We would appreciate it if you would join us Thursday, January 14, 1999, from 12:15 – 1:30 in Room 626 Campus Club. We will provide lunch. Please RSVP to Nicole Boldt, 5-9369 or senate@mailbox.mail.umn.edu by October 30.

As you may know from the minutes of our meetings, we had last week a very lively discussion with the AHC senators and members of the AHC Faculty Consultative Committee. (A copy of the summary of that meeting is enclosed.) A number of serious issues were raised, issues which we believe require further attention. As a result, we have scheduled a follow-up meeting with them, also on January 14. We also have asked the AHC senators and AHC FCC members to join our discussion with you, because it is our judgment that a full and frank discussion can help us, and you, identify appropriate recommendations to address faculty concerns.

I have one other favor to ask as well. FCC would like also to meet with groups of assistant professors from time to time. Would you please provide to Gary Engstrand (garye@umn.edu, 6-0884) the names of 1-2 assistant professors with whom FCC could usefully discuss the issues and problems that junior faculty face.

We hope these meetings can be productive. With your help, the FCC can do a better job of carrying faculty views to the administration and the regents. We look forward to seeing you.

cc: The Faculty Consultative Committee
Ms. Vickie Courtney

Minutes*

Faculty Assembly Steering Committee
Thursday, November 12, 1998
12:45 – 3:00
Room 238 Morrill Hall

Present:	Sara Evans (chair), Linda Brady, Mary Dempsey, Stephen Gudeman, David Hamilton, Roberta Humphreys, Fred Morrison, V. Rama Murthy, Matthew Tirrell
Absent:	Kent Bales, M. Janice Hogan, Leonard Kuhi, Marvin Marshak, Judith Martin
Guests:	Senators from the Academic Health Center and members of the Academic Health Center Faculty Consultative Committee; assistant professors
Other:	Linda Johnsrud, American Council on Education Fellow

[In these minutes: issues of concern to AHC faculty; issues of concern to assistant professors]

I. Discussion with Academic Health Center Senators and FCC Members

Professor Evans convened the meeting at 11:00 and welcomed the representatives of the Academic Health Center (AHC). She explained that FCC is holding several meetings with various groups of faculty during the year (Senators, department heads, assistant professors); the purpose of the meetings are for FCC members to hear about the major issues and concerns of the day. Those present made a number of comments, summarized as follows.

-- The University has lost its compass, moved in the direction of bean-counting as the standard by which to make judgments, and has thus lost sight of its core values and mission. Creativity is not efficient and does not pay off immediately. This is especially true in the AHC, which has been driven by the need to generate clinical income; this emphasis constrains the advance of medical science.

There is no rhetoric from the top about "who we are and what we must be." The President and the Regents must speak to scholarly creativity – if this is not to become a technical training institute. One hears the University has aspirations to be in the top five, but one does not SEE anything that will get it there.

---

* These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate or Twin Cities Campus Assembly; none of the comments, conclusions, or actions reported in these minutes represent the views of, nor are they binding on, the Senate or Assembly, the Administration, or the Board of Regents.

-- There are fewer and fewer tenured and tenure-track faculty, which has a serious impact on the research potential of the AHC and the entire academic environment. The proposed transfer of funds into clinical departments so those faculty can teach requires careful scrutiny. With more and more temporary faculty brought in, to replace tenure and tenure-track faculty, there is loss of control over education. The tenured and tenure-track faculty are more pressured to obtain outside research funding, and judged to have no merit if they do not do so – no matter what teaching or governance they do.

-- Re-engineering continues, with the central consolidation of power of decision-making over teaching, research, and service. Administrative directors are appointed, secretarial staff are pooled, and departments do not control their budgets or space. (In one unit, departments were dissolved and staff pooled; the result was a drop in morale and staff departures, increased administrative expenses and diversion of funds from faculty, and increased incompetence in how things were done. The departments have since been restored.) The administrative staff in central AHC offices continues to grow, while there is no money for new faculty. Most new funding goes into interdisciplinary programs and centers, to which faculty must apply for funding; this undermines the departments.

The status of departments is critical. They have been eliminated or merged, and faculty lose their affiliation, a way to express their views and position. It is not clear if this is a plan or a plot, but the result is that faculty lose their voice and their morale. Departments are the core of the institution. (The reorganization of the basic sciences is going well, and will as long as the administration continues to support it. In this case, there WILL BE departments and they have effective leaders; the concern is that the effort will peter out and funding drop.)

Parallel to the erosion of the departments is erosion of the colleges. Special pools of funds are created to support initiatives, which are supposed to be decided on by peer review. In the case of small grants, there is peer review; in the case of large grants, "there is a veneer of peer review." Legislative funds seem, however, to go to the issue of the moment; "scientific priorities seem to be set by PEOPLE magazine." The funds for these items are taken from the colleges

-- Consultation is after the fact or faculty are only given hours, and decisions become emergencies. Things happen under the table. Decisions are being made by administrators that should be made by the faculty. The faculty are demoralized and have given up – this is true of all the AHC schools. They have turned inward, and protect their territory. They work and push on things, and see no change. On the other hand, morale was dismal when Dr. Brody left, and things have now settled down some, and it will be hard to get the faculty roused again.

In the case of the compact process, faculty had virtually no time to consult. Everything is an emergency – that is the largest indictment of the administration. There is a recurring problem that there is never enough time for consultation – while

the faculty are trained to meet deadlines and deal with them all the time. The only time there is an emergency is when the administration is involved. The faculty should have 3-4 months to participate in compact discussions. The problem is also related to the confusion in the AHC about the purview of the dean and the lack of clear budgets and departments.

-- There is considerable dissatisfaction with the leadership of the AHC. Those responsible for bringing re-engineering to the AHC, under former Provost Brody, remain in office. Reviews of deans are not completed; what is FCC doing to press administrative reviews?

-- It appears that education is also being centralized in administrative offices, such as the dean's office or the senior vice president's office, and it is there decisions will be made about what will be taught and who will teach.

II. Discussion with Assistant Professors

Professor Evans next welcomed a small group of assistant professors to talk with the Committee about the elements of their jobs they find problematic and those they find positive. The following points were made:

-- There is a lack of staff support

-- There is mentoring for research, but not for other parts of their job

-- It is hard to get a sense of the size of the University; they are disconnected from the rest of the institution, it is easy to feel affiliation only to their own department, and they would see value in building relationships across units. Facilitating such contacts would be helpful. [FCC is joining with AAUP to sponsor such events.]

-- Assistant professors are not asked to do too much, although the job is stressful; a very big problem has been the change to semesters, which takes a huge amount of time and makes it difficult to manage one's work.

-- There is NO "typical" workload across the University.

Professor Evans thanked everyone for coming, and adjourned the meeting at 1:15.

-- Gary Engstrand

UNIVERSITY OF MINNESOTA

University Senate

427 Morrill Hall
100 Church Street S.E.
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Fax: 612-626-1609
E-mail: senate@mailbox.mail.umn.edu

November 11, 1998

President Mark G. Yudof
President's Office
202 Morrill Hall

Dear Mark:

It is my understanding, from the memo from Katie DeBoer in the Regents' Office, that a number of policies will be reviewed by the administration. I attach a copy of the memo.

It seems to me that should these policies come under administrative scrutiny for possible change, they should also be placed for consideration before the appropriate committees of the Senate.

I would appreciate knowing which of these policies your administration may take action on, and that you permit us time also to review them.

Thank you.

Cordially,

Sara

Sara M. Evans, Chair
Faculty Consultative Committee

cc: Professor Fred Morrison
Professor Stephen Gudeman
Professor Judith Martin
Mr. Steven Bosacker
Executive Vice President Robert Bruininks
Senior Vice President Frank Cerra
Dr. Tonya Moten Brown
Ms. Vickie Courtney
Dr. Gary Engstrand

UNIVERSITY OF MINNESOTA

Board of Regents
Office of the Executive Director and Corporate Secretary

220 Morrill Hall
100 Church Street S.E.
Minneapolis, MN 55455-0110
612-625-6300

October 30, 1998

MEMORANDUM

To: Martha Kvanbeck, Clerk and Administrative Director

From: Katie DeBoer, Policy/Project Assistant

Re: *Fall Policy Review Period*

Below is a list of the Board of Regents policies recently distributed to the administration for review this period.

ACADEMIC
- *Educational Materials*
- *Patent and Technology Transfer*

ADMINISTRATIVE
- *Private Practice: Medical School*
- *Private Practice Plan: School of Dentistry*
- *Private Practice Plan: School of Nursing*

FINANCIAL
- *Central Reserves Management*
- *Eminent Domain*

Please feel free to contact me if you have any questions or comments regarding these or any policies.

UNIVERSITY OF MINNESOTA

University Senate

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Minneapolis, MN 55455-0110

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November 16, 1998

MEMORANDUM

TO: Senators from the Academic Health Center
The Academic Health Center Faculty Consultative Committee

FROM: Sara Evans, Chair
Faculty Consultative Committee

RE: Another meeting

After our lively discussion last week, it was suggested that we consider having a follow-up meeting. I agree that this is a good idea, and would like to invite you to join the Twin Cities members of the FCC on January 14 at 11:00.

We recognized both the energy you brought to the discussion last week and the dismaying lack of morale, and sense of loss of control, that appears to prevail among the AHC faculty. One question raised by one of you, after our meeting, was along the lines of "What can the FCC do for us?" Rather than approaching the issues you raised in that way, I would prefer to think about the kinds of faculty-initiated solutions we can begin to work on together. It would be helpful if, in your various discussions before January 14, you consider what kinds of recommendations we might make to address the serious matters raised last week.

Our original schedule had called for meeting with the AHC department heads on January 14. I think it would be wise to do so, in light of our discussion last week. We will meet with them beginning at 12:15, and invite you to stay for that for that discussion. We will provide lunch.

Please RSVP to Nicole Boldt, in the Senate office, 5-9369 or senate@mailbox.mail.umn.edu. We will later confirm the meeting on the 14th, including the location.

Thank you.

cc: The Faculty Consultative Committee
Ms. Vickie Courtney

From: Cerra Frank
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re: Nov. 6 AHC Faculty Assembly
Date: Fri, 16 Oct 1998 07:08:26 -0500

Introduction, whatever comments she wants to make, and a question and answer for
a few minutes. I will also speak with her about this when we meet after she
returns.

Responding to the message of <199810151411.JAA28734@mailbox.mail.umn.edu>
from courtney@mailbox.mail.umn.edu:
>
> Frank and Cynthia:
>
> Christine Maziar will be able to meet with the AHC Faculty Assembly on
> November 6 for about 15 minutes or so...she can come around 12:15...
>
> Do you want her to talk about anything specifically or is this simply an
> introduction and then she makes some general comments? Her office has
> asked that I provide them with this information.
>
> Thanks.
>
> Vickie
>
>
> Vickie Courtney
> U Senate
> 427 Morrill Hall
> 625-4805
> courtney@mailbox.mail.umn.edu
>
>
> .

From: gross002.tc.umn.edu@mhub2.tc.umn.edu
To: courtney@mailbox.mail.umn.edu
CC:
Subject: Re:
Date: Thu, 15 Oct 1998 13:52:07 -0500

Vickie, my suggestion is that Chris introduce herself and how she sees her role and sphere of influence and then mention a couple of her top priorities for the coming year.

At 09:21 AM 10/15/98, you wrote:
>Frank and Cynthia:
>
>Christine Maziar will be able to meet with the AHC Faculty Assembly on
>November 6 for about 15 minutes or so...she can come around 12:15...
>
>Do you want her to talk about anything specifically or is this simply an
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>Vickie
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>427 Morrill Hall
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>
>
>

Hlth care

September 13, 1996

Sandra S. Gardebring
Associate Justice
The Supreme Court of Minnesota
Minnesota Judicial Center
25 Constitution Avenue
St.Paul, MN 55155

Dear Sandra:

For many years I have searched for a trail which the various health professionals might travel together to better serve the health needs of people. Often there were believers in a team concept but there never seemed to be the right time. As we began the attempts to change the structure of the Academic Health Center it seemed timely to try get Provost Brody to name an interdiscliplinary task force to address this opportunity. I felt that I needed nursing, public health, pharmacy and medicine representation. When I went to discuss this with then Dean Cerra I expected that I would need to be persuasive. Within two minutes after I started to share with him my dream, he responded with "let's do it!" You now know the outcome.

For me, there was another very important consideration. I believed that we needed a good leader who's expertise was in a field not closely related to health care. The person had to be experienced in handling a committee whose members represented professions in which strong competition existed. There was agreement to search for such a person. The committee members shared my excitement and enthusiasm when you agreed to accept this challenge.

Earlier this week the report "Developing Health Care Teams" was presented to Provost and the Health School Deans. My impression was that there was considerable enthusiasm and an acceptance of the recommendations in the report. Provost Cerra indicated that it would serve as the foundation for interdisciplinary education in the Academic Health Center. It will also get wide distribution in order for others to develop their own programs which would assist us to more rapidly improve health care and decrease costs. The Association of Academic Health Centers will use it as they move toward addititional studies of this concept.

A key element in our success was your ledership. You did an extraordinary job in guiding us along the right paths to success. I feel confident in thanking you for all of us for your splendid leadership. Perhaps David Hume said it best:

> "The sweetist path of life leads through the avenues of learning, and whoever can open up the way for another ought, so far, to be esteemed a benefactor to mankind."

Kind regards and best wishes.

Sincerely,

Lawrence C. Weaver, Ph.D.
Dean & Professor Emeritus

CC. Provost Cerra
Dean Edwardson
Dean Franks
Dean Leyasmeyer
Dean Speedie

Funding for the Education of Health Professionals

Projected Gaps between Revenues and Expenses

Assumptions

	FY 2000	FY 2001
INFLATION ASSUMPTIONS		
State Appropriations	0.00%	0.00%
Tuition	3.0%	3.0%
Training Grants	0.0%	0.0%
Hospital Payments	0.0%	0.0%
Private Practice Revenues	-3.0%	-3.0%
Faculty/Staff Salary&Benefits	5.0%	5.0%
Resident Salary&Benefits	3.0%	3.0%
Operations	3.2%	3.2%
OTHER ASSUMPTIONS		
MERC funding (in millions)	$20.0	$20.0
# of Trainees by Site		
Residents	700	700
Medical Students	400	400
Per Student Costs for ResidentTraining		
Payment for physician preceptors (1998 dollars)		
Cost per educational contact hour	60	60
# of teaching hours per week	30	30
# of teaching weeks per year	40	40
Payment for clinic support and operations		
FY 1998 MERC data		
Costs per Medical Student	$26,966	$28,584
Payments to Sites for Clinic Training Costs **		
Planned Phase-in of New Costs	5%	10%

** Total cost will be phased in over a multi-year period

Funding for the Education of Health Professionals

Projected Gaps between Revenues and Expenses

Dollars in thousands

	Actual FY 1998	FY 2000	FY 2001
TRAINING AT CLINICAL SITES			
Expected Revenue DECREASES			
Direct Graduate Medical Education Payments **		0	0
Indirect Medical Education Payments **		15,819	17,257
Total for Clinical Sites		-$15,819	-$17,257
ACADEMIC HEALTH CENTER			
Projection of Revenues			
State Appropriations	$51,089	$51,089	$51,089
Tuition	23,265	24,682	25,422
Hospital Payments	32,690	33,671	34,681
Private Practice Revenues	28,970	27,258	26,440
Total	$136,014	$136,699	$137,632
Projection of Expenses			
Faculty and Staff Salaries	$75,897	$84,473	$88,697
Fringe Benefits	17,722	20,025	21,287
Operations	24,126	25,695	26,517
Charges from Clinical Sites for Training Expenses			
Residents and other hospital charges	32,690	34,681	35,721
Payments to sites for Resident Training			
Physician Preceptors		$2,778	$5,834
Clinic Operations		3,100	6,449
Payments for Medical Students		759	1,587
Total Payments	32,690	41,318	49,591
Total Expense	$150,435	$171,512	$186,092
FY 98 Variance/Future Expected Shortfall for AHC	-$14,421	-$34,812	-$48,460
Grand Total Unmet Need in Health Professional Education	-$14,421	-$50,631	-$65,717

** DECREASE ONLY -- Total revenues for Direct Medical Education and Indirect Medical Education Payments not included

ACADEMIC HEALTH CENTER
Proposed Sources of Funding Total Shortfall

	FY 2000	FY 2001
Total Projected Shortfall		
Clinic Training Sites	-$15,819	-$17,257
Academic Health Center	-34,812	-48,460
	-$50,631	-$65,717
Potential Sources for Funding Shortfall		
Clinical Sites		
Expected Payment from MERC	8,340	8,340
Remaining Need	-$7,479	-$8,917
Academic Health Center		
University's Compensation Initiative	$4,846	$9,693
AHC's Legislative Initiative	17,000	18,000
Annual increases in resident stipends	1,991	3,031
Remaining Need	-10,975	-17,736
Total Remaining Need	-$18,455	-$26,653

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Department of Biochemistry
Medical School

4-225 Millard Hall
435 Delaware Street S.E.
Minneapolis, MN 55455-0347
612-625-6100
Fax: 612-625-2163

September 2, 1998

Dear Frank:

Attached is the final version of my memo on post-tenure review. I hope it will be helpful to AHC faculty and administrators. Please let me know if you have any questions or suggested changes.

With regard to distribution of the memo and its attachments -- Robert Jones requested a copy -- I'll send that to him today. If you are happy with the material, please send it to the AHC-FCC, the tenured faculty and deans and department heads.

Best Regards--

Mary

9/17/98
1) To FCC-AHC for dept meeting
OR By end of week.
going on Web
Letter will go to fac.
saying its on WEB
Provost will send copy out

August, 1998

To: Tenured Faculty Members in the AHC

From: Mary E. Dempsey
Chair, Tenure Subcommittee
Senate Committee on Faculty Affairs

Re: Implementing Post-Tenure Reviews;
Responsibilities of Faculty and Administrators;
Timelines

The following comments are intended to assist faculty in the AHC to develop policies and procedures for post-tenure review, as required by the current Tenure Code. These comments also respond to questions raised by elected faculty representatives belonging to the AHC - Consultative Committee, AHC-Committee on Faculty Affairs, AHC- Committee of Finance and Planning, and the AHC- Assembly.

1. Read carefully the documents entitled -- "Rules and Procedures for Post-Tenure Review" and "Faculty Compensation Policy" and also the information provided in Table I, entitled "Duties, Responsibilities, and Timeline for the Post- Tenure Review Process". These documents and Table I are attached to this memo.

2. Understand the following background points:

- There are three interrelated University policies or procedures affecting faculty life --Promotion and Tenure Procedures, the Compensation Policy, and Post-Tenure Review Process. All these procedures or policies are derivatives of the Tenure Code. Faculty are familiar with the Promotion and Tenure Procedures; however, many faculty in the AHC are not familiar with the Compensation Policy and the new Post-Tenure Review Process.

Both the Compensation Policy and the Post-Tenure Review Process call for faculty in each department to develop and formally approve criteria and procedures for: 1) merit review and annual salary increases, in the case of the Compensation Policy, -- and 2) annual post-tenure review, in the case of the Post-Tenure Review Process. As discussed below under section 3, you have the option to combine both processes.

- **I wish to stress that both the Compensation Policy and the Post-Tenure Review Process are peer driven. You have the opportunity to shape your own destiny and that of your department. You also have a number of choices regarding these processes; -- choose and adopt ones that are best for your department. Understand that you can vote to change your policies and procedures, if you find some aspects no longer appropriate.**

- **The purpose of the Post-Tenure Review Process is to affirm and maintain faculty members vitality through review and recognition of their contributions by peers and administrators. The secondary purpose is to improve, if necessary, the performance of each tenured faculty member in the areas of teaching, research and service. This review process and its policies are intended for tenured faculty only. Probationary and term faculty are also reviewed annually -- but not under this process.**

- **Development of the policies and procedures to be used in each department for the post-tenure review process [and the parallel compensation and merit review process] is the responsibility of the tenured faculty of each department. Faculty are also responsible for participation in the peer review committees called for by this process; see Table I.**

- **The Post-Tenure Review Process will not itself result in dismissal or suspension of a tenured faculty member. The latter events can only occur as a result of proceedings initiated by a dean under Sections 10 and 14 of the Tenure Code. Such**

proceedings may be initiated by a dean whenever a faculty member engages "in sustained refusal or failure to perform reasonably assigned duties adequately" or other conduct forbidden by Section 10.21 of the Tenure Code. As described in the "Rules and Procedures for Post-Tenure Review", a Special Post-Tenure Review Panel may also recommend to the dean that dismissal or suspension proceedings be initiated -- but the Special Review Panel cannot initiate these proceedings.

3. Responsibilities of Faculty Members --Further Details

You and the other tenured faculty in your department are required to meet and formally adopt two policy statements [i.e., 1) your goals and expectations for tenured faculty members and, 2) the procedures you plan to use for post-tenure annual reviews]. At this meeting you also are to elect an Annual Post-Tenure Review Committee and decide on the mechanism for the turnover of this committee, e.g., for a committee of 5 members, one or two would be replaced each year by vote of the faculty. You also have the option to vote to designate an existing committee [e.g. a previously elected Promotion and Tenure Committee or a previously elected Compensation and Merit Review Committee] as the Annual Review Committee for your department. Another possibility is that you and your colleagues could meet to elect the Annual Review Committee and charge it to bring the two post-tenure review policies to the departmental faculty at their next meeting for formal adoption. Also, the faculty of a small department could decide that the full faculty of their department will be the Annual Review Committee. On the other hand, the faculty of a large department with divisions could decide to conduct this process in each division. In the latter case, each division head would function as a department head for the initial stages [i.e. Annual Review] of this process. Similarly, the faculty of a school or college that is organized into divisions could vote to have each division head function as a department head for the Post-Tenure Annual Reviews.

With regard to the two policies --

Policy 1. The goals and expectations for tenured faculty members .

- **The " Rules and Procedures for Post-Tenure Review" advise you to adopt goals and expectations that are sufficiently flexible to allow for changing career patterns and are simple, i.e. not filled with extensive detail. You have the option of modifying the indices you have adopted for promotion and tenure [Tenure Code - Section 7.12- Statements] and using the same or similar guidelines for Post-Tenure Review. Alternatively, your department may already have a goals and expectations policy for merit review and compensation decisions. You may wish to modify, if necessary, and then adopt this policy for use as your annual review goals and expectations policy.**

- **Specific details [e.g. courses to be taught, grant applications, service activities, etc.] for the following year's goals and expectations of an individual faculty member should be agreed upon at the annual review meeting between the department head and faculty member.**

Policy 2. Procedures for Conduct of Annual Post-Tenure Reviews

You and your colleagues need to decide the following --

- **When the annual review of each faculty member will occur [e.g. Spring];**

- **Will the annual review serve as both a post-tenure review and merit review for compensation purposes or will there be separate reviews for each process; it appears simpler to conduct these reviews simultaneously, as long as the purposes of both reviews are met.**

• Who will conduct the reviews [e.g. the department head, or an existing elected committee designated by the faculty for this purpose, or a newly elected Annual Post-Tenure Review Committee or both the department head and an elected committee] -- [Note: If the department head conducts the reviews, the Annual Review Committee will not function until the department head consults with the Committee regarding possible substandard performance by a faculty member; see section 4, below];

• What will occur during the review [e.g. review of year's accomplishments, expectations for coming year];

• How will brief records of the decisions made during the review be maintained; see Responsibilities of Department Heads in the section 5, below.

• What will happen if it is determined that a faculty member's performance is substantially below the goals and expectations agreed upon in the previous year's review; [see "Rules and Procedures for Post-Tenure Review" for details of the Special Review Process];

• The composition, number of members and rank , turnover, and manner of election of the Annual Post-Tenure Review Committee;

4. Responsibilities of Annual Post-Tenure Review Committees

• The Annual Post-Tenure Review Committee may or may not be involved in the annual post-tenure reviews of faculty members; see Table I and section 3, above.

• The Annual Post-Tenure Review Committee is required to review the possible substandard performance of a faculty member detected during an annual review by a department head; to concur in that observation; and to participate in planning the

steps necessary to improve the performance of the faculty member. If the Annual Review Committee does not concur with the department head's observation, no further action is warranted regarding the faculty member's performance.

- The Annual Post-Tenure Review Committee is also required to review the performance of the possible substandard faculty member the following year and, if necessary, to concur with the department head in requesting the Dean for a Special Review.

5. Responsibilities of Department Heads

- Each department head is responsible for submitting the Post-Tenure Goals and Expectations and Procedures policies to the dean by a deadline to be set by each dean. A reasonable deadline is November 16, 1998.

- If a department has not previously submitted its Merit Review and Compensation Policy, this document should accompany the Annual Review Policy documents.

- In this packet sample cover letters are provided for use by a department head in the submission of the required review documents.

- Faculty may wish to review the Section 7.12 -- Statements that they use for promotion and tenure in their departments and revise these statements to reflect their current goals. Revised Section 7.12 Statements should also be submitted to the dean with the newly adopted Goals and Expectations and Procedures Statements for Post Tenure Annual Review, as well as new or previously adopted Merit Review and Compensation Statements.

- Department heads are responsible for maintaining brief records in their departments of the decisions made during each Post-Tenure Annual Review. Department heads may use a simple form for this purpose. The Procedures for Annual Review

Statement should include mention of how the brief records of Annual Review decisions will be maintained [a form, a dictated note, etc.] and whether or not the faculty member and department head are required to sign the brief record.

- **Department heads also have additional responsibilities if there is a need for a "Special Post-Tenure Review" of a faculty member; see "Rules and Procedures for Post-Tenure Review" and Table I.**

6. Responsibilities of Deans

- **Each dean is responsible for review and approval of the Annual Post-Tenure Review documents, i.e., the Goals and Expectations for Tenured Faculty and the Procedures for the Conduct of Post-Tenure Reviews [and the Merit Review and Compensation documents, if not previously submitted]. These documents are prepared and approved by the faculty of each department and submitted by the head of each department; see sections 3 and 5, above.**

- **Each dean has the responsibility to see that the Post-Tenure Annual Reviews [and Merit and Compensation Reviews] are conducted in each department.**

- **Deans also have additional responsibilities if there is a need for a "Special Post-Tenure Review" of a faculty member; for details, see "Rules and Procedures for Post-Tenure Review" and Table I.**

7. Timelines: The first Post-Tenure Review Annual Reviews of tenured faculty members in the AHC will occur in Spring, 1999. "Special Post-Tenure Reviews" [for details see "Rules and Procedures for Post-Tenure Review], if necessary, would occur after the Annual Review Process in Spring, 2001 [see Table I].

cc. Senior Vice President Cerra

- **EXAMPLES OF LETTERS FROM SEVERAL DEPARTMENT HEADS TO THEIR DEANS REGARDING POST-TENURE REVIEW POLICIES**

Date

To: Dean ----------
College or School of ----------
Academic Health Center

From: Professor ----------
Head, Department of ----------
College or School of ----------
Academic Health Center

Re: Post-Tenure Review Goals and Expectations and Procedures;
Revised Merit Review and Compensation Policy;
Revised Promotion and Tenure Statement

I am enclosing with this memo <u>three</u> documents recently approved by a vote of the tenured faculty of my department. These documents are submitted to you for your review and approval.

- **The <u>first</u> document contains our new Post-Tenure Review Goals and Expectations statement and the Procedures we plan to use for post-tenure review of faculty members.**

- **We also voted to approve revisions, reflecting our current goals and practices, in <u>two</u> related documents --**

2. Our Merit Review and Compensation policy and --

3. Our statement [in accord with Section 7.12 of the Tenure Code] used for Promotion and Tenure of faculty.

[As described in the attached memo, faculty have several options to chose from regarding the means they use to

develop their departmental Post-Tenure Goals and Expectations – one option follows–]

With regard to our Post-Tenure Review Goals and Expectations: My faculty voted to use our criteria for promotion and tenure [our revised Tenure Code Section 7.12 Statement] with a modification that allows for changing career patterns of tenured faculty, e.g. increased emphasis on teaching with less emphasis on research.

[Faculty members also have several options to chose from regarding their Procedures for Post-Tenure review [see attached memo] – two possible options follow]

[Option #1 – Faculty Votes to Have Department Head Conduct Reviews]

With regard to the Procedures we will use for post-tenure review: My faculty voted to conduct the review process as follows--

1. In April, faculty members will submit to me a summary of their activities in research, teaching and service for the past year and their proposed plans for work during the coming year and future plans.

2. I will meet with each tenured faculty member to discuss past performance and future plans. This meeting will constitute the faculty member's annual review for merit and compensation and post-tenure review. I will follow the requirements and criteria for each of these processes as approved by my faculty. Plans for the next year may involve a redistribution of effort agreed upon by the faculty member and myself. I will keep a brief note of our agreement and send a copy to the faculty member. This agreement will then serve as a basis for the faculty member's post-tenure and merit review the following year.

3. If I determine during a subsequent annual review that a faculty member's performance may be substantially below the goals and expectations of our department, I will refer the case to our elected Post-Tenure Review Committee. If this Committee and I agree that the faculty member's performance is substantially below our goals and

expectations, we will follow the steps outlined in the Tenure Code and "The Rules and Procedures for Post-Tenure Review".

4. The elected Post-Tenure Review Committee consists of 5 members and an alternate. Three members are from the rank of Professor with tenure and two are from the rank of Associate Professor with tenure. None of the members hold an administrative appointment. The alternate is from the rank of professor with tenure and will serve on the Committee in case a Committee member is the subject of a review by the Committee. One member [rank of professor] serves a two-year term, the others hold one-year terms.

[Option #2 – Faculty Votes to have a committee conduct the reviews]

With regard to the Procedures we will use for post-tenure review: My faculty voted to conduct the review process in our department as follows --

1. In April, faculty members will submit to me a summary of their activities in research, teaching and service for the past year and their proposed plans for work during the coming year and future plans. I will then refer this material to the elected Merit and Post-Tenure Review Committee for their recommendations.

2. The Committee will review each faculty member's activities and future proposals. This review will constitute the faculty member's annual review for merit and compensation and post-tenure review. The Committee will follow the requirements and criteria for merit and compensation and post-tenure review as approved by the departmental faculty. The Committee will send me their conclusions and recommendations. I will then meet with the faculty member to discuss the Committee's recommendations and make plans for the faculty member's activities during the coming year. Plans for the next year may involve a redistribution of effort agreed upon by the faculty member and me. I will keep a brief record of the agreement and send a copy to the faculty member and the Committee. This agreement will then serve as a basis for the faculty member's merit and post-tenure

review for the following year. I will also make every effort to implement the compensation recommended by the merit review of the faculty member by the Committee.

3. If the Committee determines during a subsequent merit and post-tenure annual review that a faculty member's performance may be substantially below the goals and expectations of our department, they will refer the case to me. If I agree with the Committee that the faculty member's performance is substantially below our goals and expectations, we will follow the steps outlined in the Tenure Code and "The Rules and Procedures for Post-Tenure Review".

4. The elected Merit and Post-Tenure Review Committee consists of --- [for example, see item 4 in the first option presented above]

TABLE 1

DUTIES, RESPONSIBILITIES, AND TIMELINE FOR THE POST-TENURE REVIEW PROCESS

Timeline	Department				Dean	College Assembly
	Tenured Faculty	Head	Peer Annual Review Committee	Peer Review Special Committee		
Fall 1998	Vote to: 1. Adopt goals & expectations 2. Adopt review procedures 3. Elect Peer Annual Review Committee	Submits policies 1 and 2 to Dean for review	Elected		Reviews & approves goals & expectations & review procedures	Ensures each department adopts goals and review procedures
Spring 1999 and 2000	Each provides relevant information for review	Reviews each faculty member	May participate in reviews			
Spring 2000	Possible substandard performance by a faculty member	Head and Review Committee concur that a faculty member falls substantially below goals and expectation; notify faculty member & make plans for improvement; assist faculty member to improve				
Spring 2001	Each provides relevant information for review	Review each faculty member	May participate in reviews			
Spring 2001	Possible substandard performance by a faculty member	Review performance of the faculty member-If still substantially below goals & expectations, request Dean for special review			Reviews file & agrees to special review	
	Elect Special Review Committee			Elected		
Fall 2001	Possible substandard performance by a faculty member	Consults with Dean; implements decision		Complete review & recommend action	Consider recommend-ation and takes action	

June 23, 1998

From: Courtney Vickie
To: gross002@maroon.tc.umn.edu, bebea001@maroon.tc.umn.edu,*
CC:
Subject: Future Meetings AHC and Faculty Assembly
Date: Thu, 24 Sep 1998 15:57:23

hello:

At the meeting today, we discussed possible dates for future AHC FCC meetings as well as the Faculty Assembly. Please let me know which dates work for you.

AHC FCC Meeting Dates
October 6 12:00 - 1:30

October 7 1:30 - 3:00

Or October 12 12:00 - 1:30

FACULTY ASSEMBLY

October 30 12 - 1:30

November 2 12 - 1:30

November 6 12 - 1:30

Thanks.

Vickie Courtney
U Senate
427 Morrill Hall
625-4805
courtney@mailbox.mail.umn.edu

Don't forget to mark these dates on your calendar!

AHC FCC MEETINGS WITH VP CERRA 1998-99

September 29	12:00 – 1:00	475b Child Rehab
October 14	12:00 – 1:00	475b Child Rehab
November 24	12:00 – 1:00	475b Child Rehab
December 15	12:00 – 1:00	475b Child Rehab
January 20	12:00 – 1:00	475b Child Rehab
February 16	12:00 – 1:00	475b Child Rehab
March 17	12:00 – 1:00	475b Child Rehab
April 21	12:00 – 1:00	475b Child Rehab
May 18	12:00 – 1:00	475b Child Rehab
June 16	12:00 – 1:00	475b Child Rehab

If you are unable to attend, please inform Vickie Courtney (5-4805). Lunch will be provided.

MEETING SCHEDULE
DEANS COUNCIL
1998

September 8	Cynthia Gross
September 22	Muriel Bebeau
October 13	Cynthia Gross
October 27	Peter Bitterman
November 10	Judy Garrard
November 24	Judy Garrard
December 8	Muriel Bebeau
December 22	Muriel Bebeau

Meetings are held from 2:00 – 5:00, conference room in suite 475b Child Rehab. Kathy Anderson in VP Cerra's office is your contact person. She will send you the agenda and/or notify you if the meeting is canceled or a portion of it is closed.

Thank you.

Cc: Kathy Anderson

UNIVERSITY OF MINNESOTA
SCHOOL OF NURSING

TO: Cynthia Gross, Chair of AHC Faculty Consultative Committee
FROM: Sheila Corcoran-Perry
DATE: August 26, 1998
RE: Resignation from Committee

Cynthia,

This memo is to serve as my formal resignation from the AHC Faculty Consultative Committee. On August 15, 1998, I began a two-year phased retirement. During this time, my responsibilities will include only the following: working on our NINR-funded research, advising graduate students, and mentoring faculty who have asked me to do so. So I will not be serving on any school, AHC, or university committees.

I wish you and the committee continuing success in representing the AHC faculty. This is a very important faculty governance function.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Academic Health Center
Office of the Senior Vice President for Health Sciences

Box 501 Mayo
420 Delaware Street S.E.
Minneapolis, MN 55455-0374
612-626-3700
Fax: 612-626-2111
Offices located at:
410 ChRC
426 Church Street S.E.
Minneapolis, MN 55455-0374

MEMORANDUM

September 11, 1998

TO: Vickie Courtney
University Senate

FROM: Katherine Johnston
Chief Financial Officer for Health Sciences

SUBJECT: Financial Performance for Fiscal Year 1998

Attached for your review is a summary report of the financial performance in the Academic Health Center for fiscal year 1997-98. I am pleased to report that all the schools in the Academic Health Center ended the year with balanced budgets, except for Nursing which pre-planned a draw from reserves to cover some one-time purchases.

You will also note in the report that most of our schools increased the carryover cash balances. This is a planned part of our effort to achieve financial stability. We have established a range for the cash balances that we expect each school to maintain. The cash reserves are intended to cover fluctuations in revenues, unforeseen emergency expenses, and cash to make timely investments in new programs. As a rule, a readily available cash reserve between 20 and 30 percent of the annual operating expense is optimal. The following describes our rationale for establishing the 20-30 percent target.

Tuition -- a minimum of 10 percent of the annual tuition collections should be retained to protect against enrollment downturns

Indirect Cost Recovery revenue -- a minimum of 10 percent of annual recoveries should be retained to cover decreases in ICR revenue

Equipment -- a minimum of 8 percent of the current value of the equipment inventory should be retained to cover emergency repairs and replacements of key instructional and research equipment

Grant and contract revenue -- a minimum of 10 percent of the annual sponsored programs expense should be retained to cover salaries and fringe benefits of faculty and staff in the event that there is a lag in the receipt of grant revenue or new contracts

We will soon have more detailed reports on our web page. I will be pleased to answer questions about the attached reports, or provide additional information.

KMJ/bd

Attachment

cc: Frank Cerra, M.D. (without attachments)

ACADEMIC HEALTH CENTER

University of Minnesota

The Final Report of Financial Performance

for Fiscal Year 1997-98

Final financial data for the 1997-98 fiscal year, including 14th period adjustments, was released on August 28. A summary of financial performance for the Academic Health Center in Fiscal Year 1997-98 is enumerated in the attached report and described in the following narrative. A more detailed report for each school and administrative unit can be obtained from the on-line performance reporting system.

Evaluation of Composite Performance

Revenues exceeded expenses for the 1997-98 fiscal year in non-sponsored programs by $2.6 million. Six of the seven schools ended the year with positive balances. In fact, in total, $14.5 million was added to the combined current fund balances of the schools and colleges in the Academic Health Center. The difference between the $14.5 million added to the collegiate unit balances and the overall change in the AHC of $2.6 million (a negative year-to-year variance of $11.9 million) was recorded by the units in the AHC-shared Activities organization and the Office of the Senior Vice President for Health Sciences. The primary cause of the negative change in the non-collegiate units was the transfer to the schools and colleges of funds received in prior years. For example, the state appropriations from 1996 were distributed to the Academic Health Center late in the 1996-97 fiscal year but not transferred to the schools and colleges after the start of the 1997-98 fiscal year.

Change in Current Fund Balances

As a result of the positive ending balance, the current fund balances in the Academic Health Center now exceed $80 million, with $70 million of the amount held by the schools and colleges. Shown on Schedule 2 is an analysis of those fund balances.

Analysis of Actual Revenues and Expenses

Composite financial results for non-sponsored programs in the 1997-98 fiscal year for the seven schools of the Academic Health Center are summarized below:

Revenue collections in non-sponsored programs for FY 1998 were $297.4 million, which is $6.8 million better than budgeted and $11.9 million more than recorded in FY 1997. The variances can be explained, in part, by the following changes:

⇒ In reality, revenues grew by only $4.1 million. FY 1998 was the first year allocations were issued for IMG space management. While $7.8 million was distributed to AHC for the IMG Space Charges, a charge in the same amount was made later in the year.

⇒ Centrally allocated funds grew by $632,000 year-to-year.

⇒ Total tuition was within $61,000 of the budget.

⇒ Indirect cost recovery (ICR) revenue, was $1.4 million above the budget target.

⇒ The net private practice revenue in the Medical School was underbudget by $11.7 million. The variance is a result of the two significant accounting changes that were effective on January 1, 1998 -- the implementation of the single practice plan and the introduction of the Commonpaymaster.

- Total non-sponsored program expenses for the Academic Health Center totaled $294.8 million, which is $1.3 million more than budgeted and $16.7 million more than recorded in Fiscal Year 1996-97.

⇒ As noted in the revenue section, the new scheme for IMG Space management inflates the year-to-year comparison of expenses. Almost half of the $16.7 million increase in expense year-to-year is explained by the space charge of $7.8 million. Discounting for the new IMG item, expenses grew $8.9 million.

⇒ Salaries and benefits increased by about $3.0 million, while operations increased by $13.2 million.

⇒ Non-compensation expenses increased by $5.3 million, primarily in the "supplies and services" category.

Variances from the Budget

The development of budgets for schools and colleges of the Academic Health Center has improved over the last two years. In total, the actual expenses were less than one-half percent different than the budget for expenses developed at the first of the year and adjusted monthly based on experience. Final revenues were 2.3 percent better than budget. Much of this difference can be explained in the Twin Cities Medical School, where a one-time allocation of $6.9 million was allocated from the Fairview proceeds and the formation of the new faculty practice plan caused changes in the accounting of some revenues and expenses. The financial performance contrasts sharply with the final for 1996-97 when the budgeted variance between revenues and expenses and the actual variance differed by over $44 million.

Sponsored Program Activity

Sponsored program activity was exactly level year-to-year. Revenues for grants and contracts were $165.964 million in Fiscal Year 1997-98, which is $46,000 less than the amount recorded for Fiscal Year 1996-97.

Prepared by: Katherine Johnston,
Chief Financial Officer for Health Sciences
September 3, 1998

ACADEMIC HEALTH CENTER
Summary of Financial Performance for the 1997-98 Fiscal Year
Based on Final Accounting Report August 28, 1998

SUMMARY	Duluth	Dentistry	TC Medical	Nursing	Pharmacy	Public Health	Vet Med	Total Schools	Total AHC
NON-SPONSORED PROGRAMS									
Revenue	$8,929	$27,073	$174,439	$5,658	$10,872	$17,059	$31,187	$275,217	$297,443
Expense	$8,484	$25,470	$166,908	$5,798	$9,464	$13,884	$30,693	$260,701	$294,795
Variance	$445	$1,603	$7,531	-$140	$1,408	$3,175	$494	$14,516	$2,648
SPONSORED PROGRAMS									
Revenues	$2,682	$4,170	$102,939	$2,665	$3,124	$32,602	$4,886	$153,068	$160,024
Expenses	2,742	4,745	103,250	2,476	3,358	32,448	4,784	153,803	162,147
Net	-$60	-$575	-$311	$189	-$234	$154	$102	-$735	-$2,123
TOTAL									
Revenues	$11,611	$31,243	$277,378	$8,323	$13,996	$49,661	$36,073	$428,285	$457,467
Expenses	11,226	30,215	270,158	8,274	12,822	46,332	35,477	414,504	456,942
Net	$385	$1,028	$7,220	$49	$1,174	$3,329	$596	$13,781	$525
NON-SPONSORED PROGRAMS									
Actual for FY 1998									
Revenues									
Central Allocations	$5,834	$13,816	$57,541	$4,709	$6,709	$10,017	$15,356	$113,982	$141,716
Generated Income	52	9,545	65,371	90	767	4,768	13,384	93,977	102,225
Private Funds	199	870	24,337	305	1,511	946	1,731	29,899	30,856
Other Income	852	1,243	11,531	6	1,317	0	300	15,249	15,353
Net Transfers In/(Out)	1,992	1,766	19,472	548	727	1,328	426	26,259	11,442
Endowment Transfers	0	-167	-3,813	0	-159	0	-10	-4,149	-4,149
Total	$8,929	$27,073	$174,439	$5,658	$10,872	$17,059	$31,187	$275,217	$297,443
Expenses									
Salaries	$5,332	$13,945	$106,254	$3,792	$5,291	$7,782	$15,851	$158,247	$171,070
Fringes	1,188	3,416	22,815	942	1,381	2,053	3,894	35,689	38,984
Student Aid	27	205	1,683	131	308	22	104	2,480	3,495
Operations	1,937	7,904	36,156	933	2,484	4,027	10,844	64,285	81,246
Total Expenses	$8,484	$25,470	$166,908	$5,798	$9,464	$13,884	$30,693	$260,701	$294,795
Surplus/(Deficit)	$445	$1,603	$7,531	-$140	$1,408	$3,175	$494	$14,516	$2,648

ACADEMIC HEALTH CENTER
Summary of Financial Performance for the 1997-98 Fiscal Year

	Duluth	Dentistry	TC Medical	Nursing	Pharmacy	Public Health	Vet Med	Schools	AHC
Budget									
Revenue									
Central Allocations	$5,793	$14,784	$57,442	$5,319	$6,727	$9,362	$15,324	$114,751	$142,104
Generated Income	60	9,207	85,594	91	756	4,600	12,485	112,793	122,114
Private Funds	567	761	15,698	259	1,092	911	1,717	21,005	21,003
Other Income	1,113	209	3,441	2	1,653	0	132	6,550	6,553
Net Transfers In/(Out)	3,520	1,793	3,823	551	87	204	-332	9,646	-359
Endowment Transfers	0	-125	-675	0	0	0	0	-800	-800
Total	$11,053	$26,629	$165,323	$6,222	$10,315	$15,077	$29,326	$263,945	$290,615
Expense									
Salaries	$7,104	$14,000	$110,898	$3,509	$5,196	$7,807	$16,118	$164,632	$176,194
Employee Benefits	1,697	3,421	24,702	1,037	1,440	2,502	4,192	38,991	42,167
Student Aid	21	279	1,676	112	295	26	84	2,493	3,689
Operations	2,309	7,539	34,229	734	2,923	4,681	9,805	62,220	71,378
Total	$11,131	$25,239	$171,505	$5,392	$9,854	$15,016	$30,199	$268,336	$293,428
Budgeted Variance	-$78	$1,390	-$6,182	$830	$461	$61	-$873	-$4,391	-$2,813
Actual vs. Budget Variances									
Revenues									
Central Allocations	$41	-$968	$99	-$610	-$18	$655	$32	-$769	-$388
Generated Income	-8	338	-20,223	-1	11	168	899	-18,816	-19,889
Private Funds	-368	109	8,639	46	419	35	14	8,894	9,853
Other Income	-261	1,034	8,090	4	-336	0	168	8,699	8,800
Net Transfers In/(Out)	-1,528	-27	15,649	-3	640	1,124	758	16,613	11,801
Endowment Transfers	0	-42	-3,138	0	-159	0	-10	-3,349	-3,349
Total	-$2,124	$444	$9,116	-$564	$557	$1,982	$1,861	$11,272	$6,828
Expenses									
Salaries	$1,772	$55	$4,644	-$283	-$95	$25	$267	$6,385	$5,124
Fringes	509	5	1,887	95	59	449	298	3,302	3,183
Student Aid	-6	74	-7	-19	-13	4	-20	13	194
Operations	372	-365	-1,927	-199	439	654	-1,039	-2,065	-9,868
Total Expenses	$2,647	-$231	$4,597	-$406	$390	$1,132	-$494	$7,635	-$1,367
Surplus/(Deficit)	$523	$213	$13,713	-$970	$947	$3,114	$1,367	$18,907	$5,461

Academic Health Center
Targeted Fund Balances for Schools and Colleges
Based of Final Accounting Report August 28, 1998

($'s in thousands)

		Duluth	Dentistry	TC Medical	Nursing	Pharmacy	Public Health	Vet Med	Total Schools
Fund Balance Analysis									
Benchmark: FY 1998 Operating Expenses		$8,484	$25,470	$166,908	$5,798	$9,464	$13,884	$30,693	$260,701
Fund Balance on June 30, 1998		2,345	5,656	41,769	1,161	5,370	7,382	5,853	69,537
Fund Balance as a percent of Total Expense		28%	22%	25%	20%	57%	53%	19%	27%
Target as a Percent of Operating Expense									
Targeted Fund Balance									
Lower range - 20%		$1,697	$5,094	$33,382	$1,160	$1,893	$2,777	$6,139	$52,140
Upper Range - 30%		2,545	7,641	50,072	1,739	2,839	4,165	9,208	78,210
Target by Major Element									
	Recommended Minimum								
Tuition Income	10%	128	373	1,199	186	259	181	314	2,641
ICR Income	10%	23	61	1,134	10	50	399	39	1,716
Emergency Equipment Repair/Replacement	8%	355	545	6,644	85	317	661	845	9,453
Misc Contingency/Emergency	5%	848	2,547	16,691	580	946	1,388	3,069	26,070
Bridge Funding for Grants	10%	268	417	10,597	267	312	3,616	489	15,966
		1,623	3,943	36,265	1,126	1,886	6,246	4,757	55,845

Office of the Senior VP for Health Sciences
August 31, 1998
File: Joe Shared/Reserved Elements

From: Corcoran-Perry Sheila
To: courtney@mailbox.mail.umn.edu
CC:
Subject: RE: Response Requested - Call for a meeting of the AHC FCC
Date: Thu, 27 Aug 1998 17:19:40

Courtney,

Earlier this week I sent a letter of resignation from the AHC-FCC to Cynthia Gross. On August 15, 1998, I began a two-year phased retirement. During this two-year period I will be working on our NINR-funded research project and advising graduate students. I will no longer be involved in faculty governance.

As I told Cynthia, I wish the AHC-FCC continuing success in their endeavors. This committee serves a very important function.

Also, I have enjoyed working with you personally.

Sheila Corcoran-Perry

On Thu, 27 Aug 1998 10:22:20 ,
courtney@mailbox.mail.umn.edu wrote...
>
>
>Are you available to meet on Thursday, September 10 12:00 - 1:30
>
>or Thursday, September 24 12:00 - 1:30?
>
>
>
>Vickie Courtney
>U Senate
>427 Morrill Hall
>625-4805
>courtney@mailbox.mail.umn.edu
>
>
>

Sheila A. Corcoran-Perry, PhD, RN, FAAN
Professor
School of Nursing
University of Minnesota
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308 Harvard Street
Minneapolis, MN 55455
(612) 624-6956

From: Gross Cynthia
To: "Vickie Courtney" <courtney@mailbox.mail.umn.edu>
CC:
Subject: Notes from Dean's council
Date: Thu, 10 Sep 1998 13:43:13 -0500

For distribution to AHC-FCC - (please give Kathy Anderson a list of who from the AHC-FCC will attend each dean's council meeting this Fall)

Dean's Council-Notes for AHC-FCC
September 8, 1998

Each item had several attachments in a handout (copy forwarded to Vickie Courtney)
Rural Health
Rick Ziegler presented the mission and strategic plan for the Rural Health School. Handouts listed elements of the curriculum, participating programs, sites, disciplines and expenditures by site. Priorities for FY99 are to expand to 2 new sites, improve evaluation, initiate research and increase site development. They need help for AHC colleges in recruiting students, coordinating calendars, and increasing faculty participation.

Residual Education Services Organization-type Issues
Dr. Fetrow described a new plan to address educational initiatives within the AHC. The plan includes initiatives to:
1. Recruit students to be an AV tech assistant ($200.00 per student per year). A student in each year of each professional program will take responsibility for AV problem resolution in their own large lectures.
2. Classroom scheduling
Attempting to have more AHC and college control of largest classrooms.
3. Merging the Learning Resources Center and Biomed Graphics to enhance support for technology enhanced learning. Initial focus is on service. Current plan does not include responsibility for setting policies or curriculum. Funding model - collegiate goals, incentives, ISO structure. Wants $400,000-800,000 of new AHC money. Much of this "new AHC money" can be taken from legislative-awarded money which has already be given to the AHC for distance education and technology. This plan aggregates existing AHC services and sets up a vehicle of covering those expenses from previously designated legislative funds.

Student Systems 2000
Concerns were raised that the People Soft folks did not understand or
provide resources for AHC students' requirements. There has been poor communication between AHC folks and People Soft's Student 2000. Admissions module will be the first one won't be ready until Summer 1999. The AHC pays for a portion of this Enterprise system (2.4 million). Ed Deegan described needing a staff person who knows admissions procedures at each AHC college to work with his group and PeopleSoft.

Finance
We ended in the black overall, but it looks like the Medical school private practice has deficit. AHC/Fairview "Funding Pathways" is a grant program for research which benefits both Fairview and the AHC. Cerra clarified that all AHC faculty are eligible. Thus far, only Medical School faculty received an email about this. A new e-mail to all AHC faculty will go out after this meeting. Packets are available from Deb Dykhuis. Initial process has October 1 deadline and $2 million to distribute.

formation Services
Trying to expand desktop services to help colleges. Want to address

problems. They need to develop checklists to help individual faculty.

Public relations, Legislature, Tobacco
Meeting ended with a legislative and P.R. update from Chris Roberts and Frank Cerra. She has a consultant to upgrade Health Talk and You. "Doc for Day" program is aimed at Spring. This program will get a new name to reflect all kinds of faculty roles. Frank is working to form a coalition to get as much tobacco settlement money as possible into health. Some $650,000 trust fund is at stake.

Addendum
The U and Fairview are changing the phone numbers for Fairview run hospital services, staff and clinics. Everyone needs a "heads up" to notify patients, doctors, etc.

AHC - FCC ANNUAL REPORT
1997-98

Brief List of Actions and Consultation Issues '97- '98

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   Consultation addressed details of the
   - composition and selection of review committee for Dean's review
   - proposed scope and format of reviews of schools and departments

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3. Faculty recognition events
   – Successful "newly tenured and promoted" event held for the second time.
   - Proposal for event to honor retirees across the AHC

4. AHC Grants
   - Report on process of AHC small seed grant distribution
   - Follow-up on larger grant distributions

5. Communications: AHC-FCC Minutes abstracted for the CAPSULE

6. Memorandum of Understanding & Compacts, O&M /ICR Swap
   - Letter to Yudof and Cerra voicing concern about policies which disadvantage highly productive groups like the School of Public Health (SPH)
   - Change in wording of SPH Compact's focus on school-wide performance criteria, not individual benchmarks;
   - Request for tenure & school specific faculty hiring, departure data to track trends which might be related to University policy changes

7. Retirement Issues
   - Tracking the proposed faculty revitalization plan and distinguishing faculty rights from administrative options for retirement incentives
   – Concurring with the need for a Retiree's Bill of Rights from the U Senate

8. Educational Services Organization
   - Plans to create an AHC Educational Service Organization (ESO) were reviewed and critiqued
   - Concerns about U-wide overlap, under funding and possible underutilization of existing U educational efforts and resources
   – Recommendation that exemplary educators (along the lines of the proposed Academy of Distinguished Teachers) set the objectives for any ESO-type initiative

9. Governance Issue: Continuing the link between the U FCC and the AHC-FCC, with the appointment of a single provost and a senior VP for the Health Sciences. Letter to U Senate FCC clarified role of the AHC-FCC as an entity of the U Senate, under the FCC, funded by the AHC.

10. Post-tenure Review: Commented on the procedures outlined for implementing post-tenure review as prepared by Mary Dempsey, Chair of the Tenure Subcommittee of the U Senate Committee on Faculty affairs. AHC-FCC encouraged units to adopt the most "peer-driven" of their options for review.

Submitted by AHC-FCC Chair for 1998, Cynthia Gross

UNIVERSITY OF MINNESOTA

University Senate

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Minneapolis, MN 55455-0110

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Fax: 612-626-1609
E-mail: senate@mailbox.mail.umn.edu

January 20, 1999

To: AHC FCC Members

From: Vickie Courtney

Re: Meeting Information

Attached you will find important materials for your review.

Enclosures

AHC FCC MEETING SCHEDULE
1999

Tuesday, February 9	12:00 - 1:30	406 Child Rehab
Tuesday, March 9	12:00 - 1:30	406 Child Rehab
Tuesday, April 13	12:00 - 1:30	406 Child Rehab
Tuesday, May 11	12:00 - 1:30	406 Child Rehab
Tuesday, June 8	12:00 - 1:30	406 Child Rehab

Please put these important dates on your calendar!

Don't forget to mark these dates on your calendar!

AHC FCC MEETINGS WITH VP CERRA
1998-99

September 29	12:00 – 1:00	475b Child Rehab
October 14	12:00 – 1:00	475b Child Rehab
November 24	12:00 – 1:00	475b Child Rehab
December 15	12:00 – 1:00	475b Child Rehab
January 20	12:00 – 1:00	475b Child Rehab
February 16	12:00 – 1:00	475b Child Rehab
March 17	12:00 – 1:00	475b Child Rehab
April 21	12:00 – 1:00	475b Child Rehab
May 18	12:00 – 1:00	475b Child Rehab
June 16	12:00 – 1:00	475b Child Rehab

If you are unable to attend, please inform Vickie Courtney (5-4805). Lunch will be provided.

Dean's Council Meetings 1998-99

Date	Time	Location	AHC FCC Representative
Tuesday, Jan. 12	2:00 - 5:00	475B Child Rehab	Timothy Wiedmann
Tuesday, Jan. 26	2:00 - 5:00	475B Child Rehab	Muriel Bebeau
Tuesday, Feb. 9	2:00 - 5:00	475B Child Rehab	Timothy Wiedmann
Tuesday, Feb. 23	2:00 - 5:00	475B Child Rehab	Carol Bland
Tuesday, March 9	2:00 - 5:00	475B Child Rehab	Stephanie Valberg
Tuesday, March 23	2:00 - 5:00	475B Child Rehab	Kathie Krichbaum
Tuesday, April 13	2:00 - 5:00	475B Child Rehab	Judy Garrard
Tuesday, April 27	2:00 - 5:00	475B Child Rehab	Stephanie Valberg
Tuesday, May 11	2:00 - 5:00	475B Child Rehab	Judy Garrard
Tuesday, May 25	2:00 - 5:00	475B Child Rehab	Kathie Krichbaum
Tuesday, June 8	2:00 - 5:00	475B Child Rehab	Muriel Bebeau
Tuesday, June 22	2:00 - 5:00	475B Child Rehab	Muriel Bebeau

Distributed at 1/20/99 Mtg.

Used to track issue F. Cerra discussed w/ AHC-Consultative Committee

DRAFT

AHC-FCC 1998

DRAFT

Item	Pre-consultation	Post-consultation
1) Educational Service Organization	Scope: operations of classrooms to interscholastic curriculum support	Scope: make classrooms work, set up educational scholars group
2) AHC Grant Process	Research grants RFP focused in certain areas	Research grant process open to any area, contingency fund created
3) Comprehensive review of senior administrators	Review committee composition and process of information gathering not well-defined	Defined and successfully implemented in SON, with issue of public report
4) AHC Faculty Governance	Provost system to be dismantled	AHC-FCC and AHC-Faculty Assembly continue
5) Promotion and Tenure Recognition	None	P&T recognition event
6) Post Tenure Review	Confusion as to process needs	Improved clarity of process needs
7) Program, Interdisciplinary Programs (PIDP)	Confusion at interface with departments/schools	Procedures defined, starting to be used (slow)

DRAFT AHC-FCC 1998 DRAFT

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AHC - FCC ANNUAL REPORT

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Submitted by AHC-FCC Chair for 1998, Cynthia Gross

REPORT OF COMPREHENSIVE REVIEW OF THE DEAN, SCHOOL OF NURSING

In spring 1998 I appointed a Comprehensive Review Committee to review the performance of Dean Sandra Edwardson, School of Nursing. The committee was chaired by Regents' Professor and Dean, H. Ted Davis, of the Institute of Technology and included members from the School of Nursing, other Academic Health Center (AHC) Schools and the community (roster attached).

Process

The review proceeded in accordance with the "University of Minnesota Recommended Procedures for Comprehensive Review of System and Campus Officers." Dean Edwardson was asked for a report reviewing her accomplishments since 1992 as dean of the School of Nursing. Two survey instruments were prepared based on the recommended core performance criteria stated in the procedures document. Those surveyed were asked to rate Dean Edwardson's performance on a five-point scale.

The three-page survey instrument was sent to 224 nursing faculty, staff and colleagues. Eighty-six responses were received: tenured professors (4), tenured associate professors (12), tenure-track assistant professors (11), non-tenure track assistant/associate professors (5), instructors (4), P&A staff (11), civil service staff (11), Ph.D. students (12), Alumni Society Board members (6), and others (10).

A one-page survey instrument was sent to 100 randomly-selected nursing students: 50 masters and 50 undergraduate students. Five responses were received from masters students, 16 from seniors and 14 from juniors.

The committee also offered all those receiving a survey the opportunity to have a personal session with the committee. One person accepted the invitation.

Letters of evaluation were requested of all AHC deans as well as former AHC deans who served with Dean Edwardson.

Summary of Significant Administrative Accomplishments

Dean Edwardson began her responsibilities in 1990 as interim dean and assumed the permanent position 15 months later after a national search. This was a period of considerable instability in the Health Sciences, and she reported to five different people in her first 5.5 years. The turnover and the events that precipitated the turnover meant that much of the energy in the Health Sciences was focused on

crisis management. Only in the past two years has the leadership of the AHC been able to focus on more long-term and strategic academic initiatives.

The first six years of her deanship were also marked by numerous retrenchments and reallocations. At the end of the period, the school had about the same inflation-adjusted base budget it had at the beginning, including the transfer of the program in public health nursing from the School of Public Health to the School of Nursing.

The school has made efforts to increase the number of doctorally prepared faculty, to increase research and scholarship conducted by the faculty, and to increase support from the NIH and other major national funding sources. In her tenure, Dean Edwardson used a combination of faculty leaves and recruitments to enhance the research capability of the faculty. Unfortunately, other research universities were competing for the same small pool of senior faculty which made recruitment a longer process than planned. In light of this, the school adopted a new, focused recruitment strategy in 1997-1998, and adopted a vision statement and strategic plan focusing research programs and establishing a limited number of centers of research excellence. Criteria for identifying these centers have been established and a budget plan has been developed. Difficulties with spousal hires have impeded recruitment to date, but the process continues.

The school successfully launched several advanced practice nursing tracks within the masters program which have produced a steady increase in enrollments and tuition. This has been accomplished through a combination of internal reallocation, extramural grant support, and a non-recurring special allocations that became recurring in 1998.

Several collaborative outreach efforts have allowed the school to express its flagship role among Minnesota schools of nursing. Examples include the partnership with Moorhead State University (federally supported), the Collaborative Rural Nurse Practitioner Project (sponsored by the State of Minnesota), the Partnership for Training Program (Robert Wood Johnson sponsored), and the Community University Partnership in Education and Service (Kellogg sponsored). Two competitive MCH Bureau grants were secured and renewed (Adolescent Nursing Graduate Training Program and Children with Special Care Needs Training Program) and two Public Health Nursing Leadership Outreach Program grants were awarded. The school successfully passed accreditation and approval reviews by the National League for Nursing and the Minnesota Board of Nursing. The school has maintained its excellent national ranking.

Financially, the school has held its own despite several years of retrenchments and reallocations. The level of extramural support has substantially increased, although most of this increase has come through program grants. The level of research funding has been fairly stable and supports the faculty's commitment to increasing its extramural research support in the next several years. Pledges and contributions for the Katherine Densford Center for Nursing Leadership have sparked the development effort of the school and substantial progress has been made in achieving the campaign goal.

In addition to her work within the University, Dean Edwardson has held leadership roles within the American Association of Colleges of Nursing, the American Nurses Association, the Midwest Alliance in Nursing, Minnesota International Health Volunteers, and the Commission on Collegiate Nursing Education. She has represented the school and/or the AHC on several appointed state advisory groups including the Medical Education and Research Costs (MERC) Task Force and the Minnesota Health Data Institute.

Summary of Survey Results

AHC deans were positive about Dean Edwardson's vision for the profession, her sense of mission, her administrative talents, and the many contributions she makes to the AHC. She is well regarded by those on the Twin Cities Deans' Council as well.

The alumni of the School of Nursing were also quite positive regarding Dr. Edwardson's administration. Almost all of the alumni ratings were in the two highest categories. Comments indicated that she is an excellent administrator, represents the school well in public, uses the Faculty Consultative Committee effectively, and is an excellent communicator.

Within the School of Nursing, the survey results indicated a bi-modal response with individuals being either very supportive or very critical. Full professors appeared more favorably disposed toward her performance. Faculty viewed her strongest academic leadership area to be collaboration with other AHC schools and colleges. Regarding leadership and management, faculty perceive Dean Edwardson as being someone able to maintain an effective administrative structure. She delegates appropriately and appears to manage the school's resources effectively. The faculty generally perceived her as being functionally competent for the position. The faculty ratings were low with regard to rapport, meeting with faculty and staff, and serving as a researcher role model.

Several faculty members who offered additional comments felt the dean should be more diligent in engaging the faculty in decision making; should better

communicate her vision and plans to the faculty; and expressed concern that the losses of faculty qualified to direct Ph.D. students (FM faculty) outpaced recruitment of the new FM faculty. Among the positive comments were those that credit the dean with effective leadership skills, a sound vision for the school, a willingness to listen to all sides, and her leadership in obtaining program grants such as the Kellogg Community Partnership and nurse practitioner projects. The Densford Center for Nursing Leadership was viewed as an excellent initiative begun under her leadership.

Comprehensive Review Committee Recommendations

The Comprehensive Review Committee made several recommendations. While acknowledging that the three main issues identified may be real or may be perceptions, the committee recommended that Dean Edwardson , (quoting from the report), "...needs to develop a process that involves the faculty in the development of good future objectives such as research strategic planning, recruiting and retention of faculty, and setting the directions of the core programs of the school. It will be important for the dean to guide the process within a framework which she develops as evidence of her leadership. The framework should consider program focus, compatibility with mission, and compatibility with resources. Also, essential to the process is the education of the faculty to the real constraints and boundaries posed by funding limitations, needs of the customers of the school, and the role of the school relative to the other colleges of the Academic Health Center."

The committee also said the dean needs to work with the faculty to develop a shared vision for the role of the Ph.D. program in the school's research initiative. She should share her vision for the areas of excellence to be built with existing and new faculty. The committee acknowledged that some faculty do understand and share her vision in research and recruiting, and so issues may be self-solving if consultation and communication are improved. In setting the research agenda, a member of this committee recommended that the faculty of the School of Nursing undertake a thorough analysis of strategies to develop an effective research plan that is heavily interactive with other units of the AHC and the University.

SVPHS Comments

Dean Edwardson has provided quality leadership during her tenure as dean of the School of Nursing. Substantial change has occurred within the school, and the environment within which it works to meet its mission. Such change is often accompanied by substantial organizational stress as well. The survey data, while being very supportive in many areas, also suggests that the faculty in nursing has not reached consensus in a number of key areas, such as the direction and

development of the Ph.D. program and the role of Advanced Practice Nursing. I assume that the strategic plan adopted by the School's General Assembly in 1997 represents a shared vision of the school's future direction and would serve as a basis for developing further consensus on goals and school priorities.

I concur with the recommendations of the Comprehensive Review Committee. It will be important for the dean to renew her efforts to move the school ahead while employing effective communication and consultation with the faculty. Such achievements will be incorporated into the compact process that is now underway.

Comprehensive Review Committee
for Sandra Edwardson, Dean, School of Nursing

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Updated 3/3/98

Academic Health Center
Office of the Senior Vice President

Evaluating Changing Administrative Position Levels
May 1999

Overview

In the fall of 1997, President Yudof requested a comparison of levels of administrative staff in the offices of the University's central organization. Two budget centers from the Academic Health Center were included in the analysis: the Office of the Senior Vice President for Health Sciences and the group of departments that are accounted for within the AHC shared activities unit.

The intent of the study was to determine if, as purported, administrative staff had increased substantially during the preceding year. At the time, President Yudof asked for a comparison of full-time-equivalent (FTE) positions filled in August 1996 with those FTE reported one year later in August 1997. In December 1998, the same analysis was performed to examine changes in FTE positions between 1997 and 1998.

For purposes of this study, an FTE position was defined as 100 percent employment during the term of an appointment. In this analysis, a faculty member working 100 percent time on a nine-month term of appointment or 100 percent on a twelve-month term are both considered 1.0 FTE.

Analysis of the employment change

The changes in employment levels for the two budget centers in the Academic Health Center are summarized below.

	97 FTE	98 FTE	Change
Units in the SVP-HS Office	55.2	67.4	12.2
AHC-Shared Programs	161.1	172.0	10.9
Total Change FY 97 to FY 98	216.3	239.4	23.1

Comparisons of employment levels are helpful in establishing benchmarks and trends. But, the net results merit careful study and explanation because:

1) They reflect point-in-time comparisons, which may understate or overstate the actual number of employees in a unit. For example, positions that are funded, but not filled on the day of the census, are not reported in the count. Consequently, if a position was occupied in the first year but temporarily vacant in the second year, it would appear that employment had decreased. Conversely, if a position were vacant on the day the data was extracted from the payroll system in the first year, but filled in the second year, it would appear that the unit had added positions. There may be no change at all in the budgeted or the actual expenditures for the unit.

2) Because the analysis considers a subset of the total organization, offsets in other units are not counted.

   a) Over the last two years, organizations have been realigned in the Academic Health Center to provide more efficient, effective administrative services.

   b) The Central human resources organization has decentralized certain responsibilities.

   c) Some academic programs have been moved from the medical school to a new organization called AHC Shared Activities. Included in this group are the Bioethics Center and the Cancer Center. The organizational transfer was initiated to recognize that these programs serve most or all of the Academic Health Center schools. There has not been an increase in employment, merely a transfer of responsibility.

   d) Temporary allocations have been made by the Senior Vice President for special programs or needs.

      i) Transitional funding has been allocated for the Medical Technology program. Five positions appear in the SVP-HS office count in September 1998. The funding will expire at the end of Fiscal Year 1999.

      ii) A portion of the legislative initiative funding is accounted for in the AHC-Shared Activities organization. These allocations will end at the end of the Fiscal Year as well.

3) FTE positions increase and decrease in some units based on the level of activity. For example, the Community University Health Care Clinic is now a unit in the Academic Health Center and is accounted for within the AHC Shared Activity Organization. The number of FTE positions in the CUHCC unit varies with the amount of activity that is supported by patient care revenues and grant funds. If activity increases, so does the level of employment.

An accounting for the changes in the two budget centers in the AHC reveals that the majority of the changes were related to transfers to the AHC which were offset by reductions in other units of the University of Minnesota. After accounting for all the transfers, the net change in employment levels in all units reporting to the Senior Vice President for Health Sciences was a reduction of 1.6 FTE.

A detailed reconciliation of the year-to-year change follows:

Year-to-year Change

September 1998 FTE Positions	216.3
September 1999 FTE Positions	239.4
1999 Higher/(Lower) than 1999	23.1

Explanation of the Year-to-Year Change

Fill FTE Vacant in 1997	
Communications	2.0
Multicultural Institute	2.0
Subtotal Fills	4.0
Transfers from other units	
Transfers from the Medical School	21.6
Transfers from Institute of Technology	2.0
Transfer from the Central Organization	1.0
Subtotal Transfers	24.6
Changes in workload volume	
New positions for Y2k and Desktop Support	4.0
Closing of Scientific Apparatus	-5.0
Research Animal Resources	-7.8
Research Computing	4.8
CUHCC	2.1
Molecular and Cellular Therapy	-2.7
Subtotal New/Abolished Positions	-4.6
Net of all other changes	-1.0
Total Change September 1998 to September 1999	23.0

Analysis of the change by office in the SVP-HS organization

A comparison of the change in employment by office within the Academic Health Center's central organization is shown on the following page. The offices that report to the Senior Vice President for Health Sciences are listed in the first column. The FTE positions reported for FY 1998 and FY 1999 are shown in the next two columns. The year-to-year changes are shown in the fourth column. Positive numbers represent increases in FY 1998. The next four columns show transfers into the SVP-HS organizations. The final column shows the actual change in employment levels, after the transfers are counted. Net change equals the numbers in the FY 99 Over/(under) FY 98 column minus the numbers in the Total Transfers column.

Improved Measurement Techniques for the Future

While the year-to-year comparison of FTE provides interesting facts about changing staffing profiles, it does not measure the adequacy of the staffing level or the amount of resources dedicated to providing the administrative service. The studies of FTE positions should include comparisons with recognized benchmarks and an indication of the level of resources allocated for these areas.

It is difficult to construct meaningful analyses between and within institutions, because of the differences in organizational structures and work. Even within the University of Minnesota, contrasting staffing levels produces inconclusive results. Shown on

Schedules 2 and 3 are the staffing profiles for major units of the University and by school in the Academic Health Center. Again, it is difficult to draw conclusions about the data because the activities in each of the major units are so diverse. Accordingly, for future reporting, the Academic Health Center Finance Office will develop and apply four standards:

1. An external standard: a survey instrument will be developed to collect position statistics from comparable academic health centers. Some data is currently available but it is difficult to draw conclusions about the comparability of the University of Minnesota and other institutions without further effort. The effort is better spent designing a survey to collect data in a consistent format, a format that reflects the organizational structure of the Academic Health Center.

2. An internal standard: the Academic Health Center Finance Office and the Grants Management project team are collaborating on a Standard Staffing Model, which will compute the number of positions required to perform administrative tasks. Currently, the group is matching working and staffing for tasks in financial management and in grants management. The first study, which was conducted in the Department of Epidemiology, was completed in early May. The second study will be initiated in June in one of the Medical School departments.

3. A dollar standard: Positions are one way to measure the use of resources; dollars are another. In FY 1998, a total of $5.5 million in salary and fringe benefit expense was incurred by the administrative offices reporting to the Senior Vice President for Health Sciences. Total salary and fringe benefit expenditures in FY 1998 for the Academic Health Center were $292.6 million. Accordingly, 1.8 percent of the total Academic Health Center budget was spent for centralized financial and administrative services. A standard for reporting in the future will be the percentage of resources allocated in the budget Academic Health Center for centralized financial and administrative support provided by the Senior Vice President's Office.

4. A position management model: Beginning in FY 2000, positions as well as dollars will be allocated to units within the SVP-HS office. The use of position budgeting will allow for comparisons using full employment levels, not point-in-time filled position counts. It will also provide stability to the analyses of staffing levels.

Questions and comments

Questions about the report should be directed to Katherine Johnston, CFO for Health Sciences by telephoning 626-3700 or sending an e-mail message to KMJOHNST @mailbox.mail.umn.edu.

Schedule 1

Academic Health Center
Office of the Senior Vice President for Health Sciences
Year-to-Year Changes in FTE Employment - Administrative Positions

	Sept. FY98 FTE	Sept. FY99 FTE	FY 99 Over/(under) FY 98	Transfers					Net Change
				Med. School	Other Univ Units	Central	Within AHC	Total	
Senior Vice President Health Sciences Operations									
SVPHS Office	11.3	9.2	-2.1					0.0	-2.1
Facilities Management	5.4	4.0	-1.4					0.0	-1.4
Human Resources	14.5	16.0	1.5					0.0	1.5
Administrative Information Systems	3.0	12.0	9.0	5.0				5.0	4.0
Communications	8.0	10.1	2.1					0.0	2.1
VP - Clinical Affairs	2.0	2.0	0.0					0.0	0.0
VP - Organizational Redesign	0.7	0.4	-0.3					0.0	-0.3
Chief Financial Officer	5.0	6.0	1.0			1.0		1.0	0.0
Total	49.9	59.7	9.8	5.0	0.0	1.0	0.0	6.0	3.8
Units Reporting to the SVP-HS									
Learning Resources	1.8	2.2	0.4						0.4
Council for Health Interdisciplinary Participation	1.5	1.5	0.0						0.0
Multicultural Institute	2.0	4.0	2.0						2.0
Total	5.3	7.7	2.3	0.0	0.0	0.0	0.0	0.0	2.3
Total Health Sciences	55.3	67.4	12.1	5.0	0.0	1.0	0.0	6.0	6.1
Academic Health Center Shared Programs									
Biomedical Graphics	12.2	12.0	-0.1					0.0	-0.1
Research Animal Resources	65.5	57.6	-7.8					0.0	-7.8
Research Services Organization	2.0	3.0	1.0	1.0				1.0	0.0
Center for Spirituality and Healing	1.0	1.0	0.0					0.0	0.0
Research Computing	0.0	8.8	8.8	2.0	2.0			4.0	4.8
Scientific Apparatus	5.0	0.0	-5.0					0.0	-5.0
Cancer Center	28.5	29.4	1.0					0.0	1.0
Institutional Compliance Officer	0.1	2.0	1.9	1.9				1.9	0.0
Biomedical Ethics	0.0	4.8	4.8	4.8				4.8	0.0
Community University Health Care Clinic	37.2	39.4	2.1					0.0	2.1
Medical Technology		5.0	5.0	5.0				5.0	0.0
FY 97 Legislative Initiatives		2.0	2.0	2.0				2.0	0.0
Minnesota Molecular and Cellular Therapy	9.7	7.0	-2.7					0.0	-2.7
Total AHC Shared Programs	161.1	172.0	10.9	16.6	2.0	0.0	0.0	18.6	-7.8
Grand Total	216.4	239.4	23.0	21.6	2.0	1.0	0.0	24.6	-1.6

SVP-HS Finance Staff
February 12, 1999

University of Minnesota
Headcount Analysis
Non-Sponsored and Sponsored Programs
Data as of March 31, 1999

	AHC	Twin Cities - Excluding AHC			Crookston	Duluth	Morris	Grand Total
		Total	Admin	Academic				
Headcounts								
Faculty	1,052	2,070	46	2,024	40	438	109	3,709
Faculty with Administrative Appt.	74	101	7	94	3	39	6	223
Administrative	229	990	474	516	34	86	31	1,370
Professional	535	1,695	288	1,407	54	121	40	2,445
Civil Service	2,604	6,396	3,811	2,585	100	731	188	10,019
Total Headcount	4,494	11,252	4,626	6,626	231	1,415	374	17,766
Profile: Percent of Total Headcount								
Faculty	23%	18%	1%	31%	17%	31%	29%	21%
Faculty with Administrative Appt.	2%	1%	0%	1%	1%	3%	2%	1%
Administrative	5%	9%	10%	8%	15%	6%	8%	8%
Professional	12%	15%	6%	21%	23%	9%	11%	14%
Civil Service	58%	57%	82%	39%	43%	52%	50%	56%
Total	100%	100%	100%	100%	100%	100%	100%	100%
Ratios in Academic Units								
Administrative : Faculty	1 / 4.59			1 / 3.92	1 / 1.18	1 / 5.09	1 / 3.52	1 / 2.71
Professional : Faculty	1 / 1.97			1 / 1.44	1 / 0.74	1 / 3.62	1 / 2.73	1 / 1.52
Civil Service : Faculty	2.48 / 1			1.28 / 1	2.50 / 1	1.67 / 1	1.72 / 1	2.70 / 1

Source: Peoplesoft database. AHC data has been reviewed and corrected; other University data has not been reviewed for errors.

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: AHC Headcount.xls

5/18/99

University of Minnesota
Academic Health Center
Headcount Analysis
Non-Sponsored and Sponsored Programs
Data as of March 31, 1999

	UMD School of Medicine	School of Dentistry	Medical School	School of Nursing	College of Pharmacy	School of Public Health	College of Veterinary Medicine	Total Collegiate	SVP-HS	AHC Shared	Total AHC
Faculty *	30	162	623	35	37	91	65	1,043	-	9	1,052
Faculty with Administrative Appt.	9	6	30	3	7	7	6	68	3	3	74
Administrative	9	7	78	13	22	31	24	184	19	26	229
Professional	10	37	317	36	14	56	41	511	2	22	535
Civil Service	55	228	1,272	32	48	397	305	2,337	64	203	2,604
Total Headcount	113	440	2,320	119	128	582	441	4,143	88	263	4,494
Profile: Percent of Total Headcount											
Faculty with Administrative Appt.	8%	1%	1%	3%	5%	1%	1%	2%	3%	1%	2%
Faculty	27%	37%	27%	29%	29%	16%	15%	25%	0%	3%	23%
Administrative	8%	2%	3%	11%	17%	5%	5%	4%	22%	10%	5%
Professional	9%	8%	14%	30%	11%	10%	9%	12%	2%	8%	12%
Civil Service	49%	52%	55%	27%	38%	68%	69%	56%	73%	77%	58%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ratio											
Administrative / Faculty	1 / 3.33	1 / 23.14	1 / 7.99	1 / 2.69	1 / 1.68	1 / 2.94	1 / 2.71	1 / 5.67	n/a	1 / 0.35	1 / 4.59
Professional / Faculty	1 / 3.00	1 / 4.38	1 / 1.97	1 / 0.97	1 / 2.64	1 / 1.63	1 / 1.59	1 / 2.04	n/a	1 / 0.41	1 / 1.97
Civil Service / Faculty	1.83 / 1	1.41 / 1	2.04 / 1	0.91 / 1	1.30 / 1	4.36 / 1	4.69 / 1	2.24 / 1	n/a	22.56 / 1	2.48 / 1

Prepared by: Joe Weisenburger
Office of the Senior Vice President for Health Sciences
File: AHC Headcount.xls

Academic Health Center
University of Minnesota
Interdisciplinary Research and Education Programs
Funded by the 1997 Legislature

The 1997 legislature allocated $4 million to the Academic Health Center to support strategic, interdisciplinary initiatives in research and education. Following is a brief update about each of these programs.

The Population Health/Managed Care Education and Research Center supports education and research on managed care in the AHC and the Minneapolis community. To date they have provided a variety of educational programs, used information technology to simulate managed care management, and supported community interaction. Special programs have included the Health Services Research Conference in February and collaboration with the University of St. Thomas to create the National Institute for Health Policy.

The Geriatrics Initiative Task Force seeks to improve care for Minnesota's senior citizens, particularly those with chronic illnesses, by ensuring that all students understand geriatrics; expanding geriatric care capacity; creating partnerships to develop care models and improve outcomes; facilitating clinical research on new care models; and providing access to best practice information. Accomplishments to date include forming the task force, defining a strategy for curriculum enhancement, mapping minimum competencies for graduates, and collaborating with the Center on Aging and with AHC schools and colleges. Plans include acquiring educational resource materials; developing methods to measure competency; and establishing a clinical learning center.

The mission of the **Konopka Institute for Best Practices in Adolescent Health** is to improve the health and well-being of Minnesota youth by translating research on adolescent health policy and practice for a broad range of audiences. Examples of progress include forming a statewide advisory board; working with state commissioners of health, human services and corrections; obtaining an adolescent reproductive health grant; sponsoring a day-long workshop on youth development; producing policy research papers on reducing school violence; and providing policy briefs to legislators.

Neurobiology Educational Initiative faculty developed an undergraduate major in neuroscience that was approved by the Board of Regents in 1997. First year curriculum has been redesigned. Integration of the curriculum between schools/colleges within the AHC is under way, using two new neuroscience web sites, and through contact with schools/colleges. Community outreach consists of Brain Awareness Week, Howard Hughes Institute grant applications, and the Brain Bee.

The Primary Care Initiative was charged with planning an effective intercollegiate program in primary care, integrating with other related efforts already under way, and involving a broader group of faculty, staff, and students. They found the common benefits to be achieved through an interdisciplinary curriculum are the shared resources and faculty expertise, high quality cost-effective patient care, students learning to work as effective members of a health care team, and improved curriculum materials/offerings and integration of content. Plans for a primary care training facility are under way.

Interdisciplinary research programs

The Advanced Therapies Initiative Committee awarded grants to Kevin Mayo and James McCarthy for their proposal entitled "Designing Peptides that Inhibit Tumor Growth in the Brain", and William Gleason and his colleagues for their proposal entitled "Advanced clinical Therapies for Islet Cell Transplantation." In addition to the grants, the committee set aside funds for an Academic Health Center lecture series. The purpose of this series is to bring together students and investigators with varied backgrounds who have an interest in the development of innovative therapies.

The Center for Immunology was established as a University-wide multidisciplinary center to coordinate and promote efforts in immunology research, education, and clinical applications at the University of Minnesota. The Center used legislative funds to purchase flow cytometry equipment and flow microscopy facilities. This equipment provides advanced research support that enables to researchers to better understand the immune system and discover new ways to manipulate immunity to prevent or treat human disease. The equipment has been an important addition to the core facilities of the Center and is available for use by all AHC faculty.

The Neuroscience Research Initiative group provided funds to the Brain Sciences Center, the Epilepsy program, the Stroke Research program, the Pain Research Group, and the Movement Disorders Program. Funds were used for lecture expenses, equipment, salaries, supplies, and a database. The group also provided funds to purchase a multiphoton microscope for use by AHC faculty. This microscope allows researchers to see a new level of cellular detail, which helps them better understand structure and function.

The Genetics Research Initiative Group has used legislative funding to purchase a DNA sequencer and a protein sequencer for the Advanced Genetics Analysis Center (AGAC). This highly sensitive equipment has enhanced the Center's capacity, increased collaboration with industry, and increased their competitiveness for grants. The new technology is being used by colleges throughout the University, particularly in the health sciences and agriculture. Outreach efforts include workshops for University faculty and staff,

workshops for high school students and teachers, and special programs for corporations.

The Biomedical Engineering Initiative group is using funds to support development of miniaturized biomedical equipment such as implanted biosensors that monitor vital signs and surgical instruments. They are also finding new ways to make implanted devices more compatible with the human body and promoting the availability of bedside diagnostic equipment.

Data compiled from the three workshops on "Enhancing the Consultative Process."
For the AHC FCC and Senior VP Frank Cerra
May 18, 1999

Participation and attendance Approximately 120 people were invited to attend the three workshops, about 60 of those invited were identified as deans, directors, chairs and department heads. Additionally, members of the University FCC, the AHC FCC and the Faculty Assembly were invited. AHC FCC members were encouraged to invite one faculty member from their respective unit. Ninety-five people attended the workshops.

April 6		
Total # Attending	# Deans/Directors/Chairs/Heads	#Faculty/Other
25	8	17
April 14		
32	18	14
April 26		
38	23	15

Summary of the Evaluation
Fifty-one evaluations were returned. Fourteen rated the workshop as excellent; 29 rated it as good; 7 rated it as fair; and 1 rated it as poor.

In response to the extent the workshop would be useful to their work, 8 indicated it would be excellent; 29 indicated it would be good; 11 fair; and 2 poor.

Overall, the general comments indicated that those who participated thought the workshops provided them an opportunity to exchange experiences and methods of problem solving. The majority indicated that they would prefer more time for table discussions.

Comments: "I gathered more perspectives to get a better picture of the consultative process in other units. I also gained ideas on ways to improve consultation in my own department and school."

"This was a waste of time...get an expert to speak on process - who are we to come up with a correct process on brainstorming."

"Don't stop now, we must be brought together more frequently to solve the AHC problems."

SUMMARY OF THE QUESTIONNAIRE

A total of 50 questionnaire forms were returned. Twenty-eight identified themselves as administrators; and 20 indicated they were non-administrative faculty. Two did not identify.

Responses to questions.

1. 42 responded their collegiate unit has a Constitution and Bylaws.
   4 responded they did not have any Constitution and Bylaws.
   4 responded that they have a Constitution but no Bylaws.

b. 39 responded that it includes a faculty governance structure.
   3 responded that it does not.

2. 41 responded that the Constitution and Bylaws are followed.
   9 responded that they are not followed.

b. 32 responded that most faculty would say they are followed.
   6 responded that most faculty would say they are not followed.

3. 40 responded that the members of the faculty governance structure are elected.
   10 responded that they were not elected.

4. 50 responded that they have school or college-wide faculty meetings.
   23 responded that the dean sets the agenda
   14 responded that the administration and faculty set the agenda
   10 responded that the faculty set the agenda

5. 49 responded that they have department or division faculty meetings.
   24 responded that the division head or chair sets the agenda for these meetings.
   18 responded that the division head or chair and the faculty set the agenda.
   3 responded that the faculty sets the agenda.

6. 41 responded that they have a consultative process in their college/department/division for hiring;
   9 responded that they did not have a consultative process for hiring.

b. 33 responded that most faculty would say that the department faculty are involved in a consultative process for hiring.
   13 responded that most faculty would say they were not involved in the process.

7. 22 responded that they have a regular consultative process in their college/department/division for determining space.
   27 responded they do not have a regular consultative process for determining space.

b. 8 responded that most faculty would say they are involved in a consultative process for determining space.
38 responded that most faculty would say they are not involved in this process.

8. 32 responded that they have a regular consultative process in their college/department/division for determining faculty compensation.
18 responded that they do not have a regular consultative process for this.

b. 26 responded that most faculty would say they are involved in a regular consultative process for determining faculty compensation.
21 responded that most faculty would say that they are not involved in this process.

9. 34 responded that they have a regular process in their college/department/division on procedures for implementing post-tenure review.
15 responded that they do not have a regular process for this.

b. 26 responded that most faculty would say they are involved in a regular consultative process for implementing post-tenure review.
17 responded that most faculty would say they are not involved in this process.

10. 41 responded that they have a regular consultative process in their college/department/division to address educational initiatives.
9 responded that they do not have a regular process for this.

b. 33 responded that most faculty would say they are involved in a regular consultative process to address educational initiatives.
15 responded that most faculty would say they are not involved in this process.

Prepared by
Vickie Courtney

ENHANCING THE CONSULTATIVE PROCESS

APRIL 6, 1999

Guests at Table #1

1.	Robert Bache	Senator, Medical School
2.	Mary Dempsey	Senator, Medical School
3.	Sandra Edwardson	Dean, Nursing
4.	Tom Korioth	Faculty, Dentistry
5.	Richard Palahniuk	Head, Medical School
6.	Patrice Morrow	Facilitator, CBS
7.	Linda Brady	FCC Guest, COAFES
8.	Frank Cerra	Sr. VP, AHC
9.	Cherie Perlmutter	Assoc VP, AHC

Guests at Table #2

1.	Carole Bland	AHC FCC, Medical School
2.	Stanley Erlandsen	Senator, Medical School
3.	Jeffrey Klausner	Dean, Vet Med
4.	Craig Phair	Faculty, Dentistry
5.	Marc Swiontkowski	Head, Medical School
6.	Carol Wells	Senator, Medical School
7.	Dick Goldstein	Facilitator, IT
8.	Tony Faras	Director, Medical School

Guests at Table #3

1.	Gary Anderson	Head, Dentistry
2.	Lisa Brosseau	Senator, Public Health
3.	Gary Duke	Senator, Vet Med
4.	Jeffrey Kahn	Director, Bioethics (AHC)
5.	Alfred Michael	Dean, Medical School
6.	Kathleen Krichbaum	AHC FCC, Nursing
7.	Chuck Campbell	Facilitator, IT
8.	Person attending for Dr. Adams	

ENHANCING THE CONSULTATIVE PROCESS

APRIL 14, 1999

Guests at Table #1

1.	Trevor Ames	Head, Vet Med
2.	Linda Bearinger	Faculty, Nursing
3.	Barbara Daniels	Senator, Medical School
4.	Joseph DiSalvo	Head, Medical School
5.	David Hamilton	AHC FCC, Medical School
6.	James Holtan	Head, Dentistry
7.	Edith Leyasmeyer	Dean, Public Health
8.	Marvin Marshak	Facilitator, IT

Guests at Table #2

1.	Linda Carson	Vice Chair, Medical School*
2.	Patricia Ferrieri	AHC FCC, Medical School
3.	Leo Furcht	Head, Medical School*
4.	Jay Krachmer	Head, Medical School
5.	Shirley Garner	Facilitator, CLA
6.	Thomas Larson	Assoc Dean, Dentistry
7.	Marilyn Speedie	Dean, Pharmacy
8.	Larry Wallace	Head, Vet Med

Guests at Table #3

1.	Marilyn Graves	FCC Guest, Crookston
2.	Richard Hoffman	Asst Dean, UMD Med
3.	Jan Hogan	Facilitator, Human Ecology
4.	Seymour Levitt	Head, Medical School
5.	Thomas Mackenzie	Faculty, Medical School
6.	Jonathan Ravdin	Head, Medical School
7.	Michael Till	Dean, Dentistry
8.	Patricia Tomlinson	Senator, Nursing

Guests at Table #4

1.	Bernie Feldman	Senator, Nursing*
2.	Judy Garrard	AHC FCC, Public Health
3.	Ashley Haase	Head, Medical School
4.	William Jacott	Head, Medical School
5.	Len Kuhi	Facilitator, IT
6.	Henry Mann	Assoc Dean, Pharmacy
7.	Les Martens	Head, Vet Med
8.	Arlen Severson	Chair, UMD Med

*** did not attend**

ENHANCING THE CONSULTATIVE PROCESS

APRIL 26, 1999

Guests at Table #1

1.	Sue Berry	Senator, Medical Schl
2.	Mark Dahl	Head, Medical School
3.	William Douglas	Chair, Dentistry
4.	Robert Elde	Dean, CBS*
5.	John Hulbert	Head, Medical School
6.	Carl Jessen	Assoc Dean, Vet Med
7.	Len Kuhi	Facilitator, IT
8.	Dennis Polla	Head, Medical School
9.	Matt Tirrell	FCC Guest, IT
10.	Vernon Weckwerth	Faculty, Pub Hlth

Guests at Table #2

1.	David Dunn	Head, Medical School
2.	Sagar Goyal	Chair, Vet Med
3.	Marc Jenkins	Senator, Medical Schl*
4.	Charles Louis	Head, Medical School
5.	Judith Martin	Facilitator, CLA*
6.	Larry Schook	Assoc Dean, Vet Med*
7.	Jill Stoltenberg	Faculty, Dentistry
8.	Tom Sullivan	Presenter, Law
9.	William Thompson	Head, Medical School

Guests at Table #3

1.	Yusuf Abul-Hajj	Senator, Pharmacy Head, Pharmacy
2.	David Bernlohr	Presenter, CBS
3.	Dennis Dykstra	Head, Medical Schl*
4.	David Hayden	Faculty, Pharmacy
5.	Russell Luepker	Head, Public Health*
6.	Sam Maheswaran	Chair, Vet Med*
7.	James Moller	Head, Medical School
8.	Fred Morrison	Facilitator, Law
9.	Micky Trent	Assoc Dean, Vet Med

Guests at Table #4

1.	Chuck Campbell	Facilitator, IT
2.	Jim Collins	Director, Vet Med
3.	Timothy Ebner	Head, Medical School*
4.	Barra Leonard	Head, Nursing
5.	Thomas Louis	Head, Public Health
6.	Gareth Parry	Head, Medical School
7.	Louis Pignolet	Presenter, IT
8.	David Polzin	Senator, Vet Med
9.	Rick Ziegler	Dean, UMD Med*
10.	Robert Miller	Guest, AHCFCC

*** did not attend**

AHC GOVERNANCE WORKSHOP QUESTIONNAIRE

Please respond to the following questions regarding governance..

1. Does your collegiate unit have a Constitution and Bylaws? ( )Yes ( )No
   If so, does it include a faculty governance structure? ( )Yes ( )No

2. If you have a Constitution and Bylaws, are they followed? ( )Yes ( )No
   Would most faculty say they are followed? ( )Yes ( )No

3. Are members of the faculty governance structure elected? ( )Yes ( )No
   If not elected, how are they appointed? _____

4. Do you have school or college-wide faculty meetings? ( )Yes ( )No
   If so, how often _____

   Who sets the agenda? _____

5. Do you have department or division faculty meetings? ( )Yes ( )No
   If so, how often? _____

   Who sets the agenda? _____

6. Do you have a consultative process in your college/department/division for hiring? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

7. Do you have a regular consultative process in your college/department/division for determining space allocations? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

8. Do you have a regular consultative process in your college/department/division for determining faculty compensation? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

9. Do you have a regular consultative process in your college/department/division on procedures for implementing post-tenure reviews? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

10. Do you have a regular consultative process in your college/department/division to address educational initiatives? ( )Yes ( )No
    Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

Check one

Status: Administrator ( ) Non-administrative faculty ( )

ENHANCING THE CONSULTATIVE PROCESS

APRIL 6, 1999

Guests at Table #1

1.	Robert Bache	Senator, Medical School
2.	Mary Dempsey	Senator, Medical School
3.	Sandra Edwardson	Dean, Nursing
4.	Tom Korioth	Faculty, Dentistry
5.	Richard Palahniuk	Head, Medical School
6.	Patrice Morrow	Facilitator, CBS
7.	Linda Brady	FCC Guest, COAFES
8.	Frank Cerra	Sr. VP, AHC
9.	Cherie Perlmutter	Assoc VP, AHC

Guests at Table #2

1.	Carole Bland	AHC FCC, Medical School
2.	Stanley Erlandsen	Senator, Medical School
3.	Jeffrey Klausner	Dean, Vet Med
4.	Craig Phair	Faculty, Dentistry
5.	Marc Swiontkowski	Head, Medical School
6.	Carol Wells	Senator, Medical School
7.	Dick Goldstein	Facilitator, IT
8.	Tony Faras	Director, Medical School

Guests at Table #3

1.	Gary Anderson	Head, Dentistry
2.	Lisa Brosseau	Senator, Public Health
3.	Gary Duke	Senator, Vet Med
4.	Jeffrey Kahn	Director, Bioethics (AHC)
5.	Alfred Michael	Dean, Medical School
6.	Kathleen Krichbaum	AHC FCC, Nursing
7.	Chuck Campbell	Facilitator, IT
8.	Person attending for Dr. Adams	

ENHANCING THE CONSULTATIVE PROCESS

APRIL 14, 1999

Guests at Table #1

1.	Trevor Ames	Head, Vet Med
2.	Linda Bearinger	Faculty, Nursing
3.	Barbara Daniels	Senator, Medical School
4.	Joseph DiSalvo	Head, Medical School
5.	David Hamilton	AHC FCC, Medical School
6.	James Holtan	Head, Dentistry
7.	Edith Leyasmeyer	Dean, Public Health
8.	Marvin Marshak	Facilitator, IT

Guests at Table #2

1.	Linda Carson	Vice Chair, Medical School*
2.	Patricia Ferrieri	AHC FCC, Medical School
3.	Leo Furcht	Head, Medical School*
4.	Jay Krachmer	Head, Medical School
5.	Shirley Garner	Facilitator, CLA
6.	Thomas Larson	Assoc Dean, Dentistry
7.	Marilyn Speedie	Dean, Pharmacy
8.	Larry Wallace	Head, Vet Med

Guests at Table #3

1.	Marilyn Graves	FCC Guest, Crookston
2.	Richard Hoffman	Asst Dean, UMD Med
3.	Jan Hogan	Facilitator, Human Ecology
4.	Seymour Levitt	Head, Medical School
5.	Thomas Mackenzie	Faculty, Medical School
6.	Jonathan Ravdin	Head, Medical School
7.	Michael Till	Dean, Dentistry
8.	Patricia Tomlinson	Senator, Nursing

Guests at Table #4

1.	Bernie Feldman	Senator, Nursing*
2.	Judy Garrard	AHC FCC, Public Health
3.	Ashley Haase	Head, Medical School
4.	William Jacott	Head, Medical School
5.	Len Kuhi	Facilitator, IT
6.	Henry Mann	Assoc Dean, Pharmacy
7.	Les Martens	Head, Vet Med
8.	Arlen Severson	Chair, UMD Med

*** did not attend**

ENHANCING THE CONSULTATIVE PROCESS

APRIL 26, 1999

Guests at Table #1

1.	Sue Berry	Senator, Medical Schl
2.	Mark Dahl	Head, Medical School
3.	William Douglas	Chair, Dentistry
4.	Robert Elde	Dean, CBS*
5.	John Hulbert	Head, Medical School
6.	Carl Jessen	Assoc Dean, Vet Med
7.	Len Kuhi	Facilitator, IT
8.	Dennis Polla	Head, Medical School
9.	Matt Tirrell	FCC Guest, IT
10.	Vernon Weckwerth	Faculty, Pub Hlth

Guests at Table #2

1.	David Dunn	Head, Medical School
2.	Sagar Goyal	Chair, Vet Med
3.	Marc Jenkins	Senator, Medical Schl*
4.	Charles Louis	Head, Medical School
5.	Judith Martin	Facilitator, CLA*
6.	Larry Schook	Assoc Dean, Vet Med*
7.	Jill Stoltenberg	Faculty, Dentistry
8.	Tom Sullivan	Presenter, Law
9.	William Thompson	Head, Medical School

Guests at Table #3

1.	Yusuf Abul-Hajj	Senator, Pharmacy Head, Pharmacy
2.	David Bernlohr	Presenter, CBS
3.	Dennis Dykstra	Head, Medical Schl*
4.	David Hayden	Faculty, Pharmacy
5.	Russell Luepker	Head, Public Health*
6.	Sam Maheswaran	Chair, Vet Med*
7.	James Moller	Head, Medical School
8.	Fred Morrison	Facilitator, Law
9.	Micky Trent	Assoc Dean, Vet Med

Guests at Table #4

1.	Chuck Campbell	Facilitator, IT
2.	Jim Collins	Director, Vet Med
3.	Timothy Ebner	Head, Medical School*
4.	Barra Leonard	Head, Nursing
5.	Thomas Louis	Head, Public Health
6.	Gareth Parry	Head, Medical School
7.	Louis Pignolet	Presenter, IT
8.	David Polzin	Senator, Vet Med
9.	Rick Ziegler	Dean, UMD Med*
10.	Robert Miller	Guest, AHCFCC

*** did not attend**

AHC GOVERNANCE WORKSHOP QUESTIONNAIRE

Please respond to the following questions regarding governance..

1. Does your collegiate unit have a Constitution and Bylaws? ( )Yes ( )No
   If so, does it include a faculty governance structure? ( )Yes ( )No

2. If you have a Constitution and Bylaws, are they followed? ( )Yes ( )No
   Would most faculty say they are followed? ( )Yes ( )No

3. Are members of the faculty governance structure elected? ( )Yes ( )No
   If not elected, how are they appointed? _____

4. Do you have school or college-wide faculty meetings? ( )Yes ( )No
   If so, how often _____

   Who sets the agenda? _____

5. Do you have department or division faculty meetings? ( )Yes ( )No
   If so, how often? _____

   Who sets the agenda? _____

6. Do you have a consultative process in your college/department/division for hiring? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

7. Do you have a regular consultative process in your college/department/division for determining space allocations? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

8. Do you have a regular consultative process in your college/department/division for determining faculty compensation? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

9. Do you have a regular consultative process in your college/department/division on procedures for implementing post-tenure reviews? ( )Yes ( )No
   Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

10. Do you have a regular consultative process in your college/department/division to address educational initiatives? ( )Yes ( )No
    Would most faculty say that the department faculty are involved in this process? ( )Yes ( )No

Check one

Status: Administrator ( ) Non-administrative faculty ( )