School of Public Health FY 2003-04 Compact

A. Introduction

The University of Minnesota School of Public Health (UMN-SPH) is a national leader in academic public health. It ranks first in National Institutes of Health funding among schools of public health at public universities, and third overall behind the Bloomberg School of Public Health at Johns Hopkins University and the Harvard School of Public Health. The School’s research programs aim to produce and disseminate research that serves to prevent and manage disease, and to protect and promote health – all at the population level, hundreds, thousands, and millions of lives at a time. The School’s degree offerings include professional programs aimed at preparing graduates for leadership positions in public health, and researcher-oriented programs aimed at producing scholars for employment in academia, government and the private sector. The School also provides public health education for professionals in other fields, including the clinically focused fields of medicine, veterinary medicine, nursing, dentistry, and pharmacy. The outreach and service activities of the School are broad and diverse, ranging from advising policy leaders at all levels of government to delivering continuing education and workforce development programs for health professionals. Many of the outreach programs are developed and operated in partnership with community groups or organizations and government agencies. Overall, the School provides local, state, and national leadership across the spectrum of academic public health through research, outreach, and the education of current and future leaders.

The School is comprised of four divisions: Biostatistics, Environmental and Occupational Health, Epidemiology, and Health Services Research and Policy. The faculty in Biostatistics are drawn primarily from statistical science, though future trends in the field portend a broadening of scope to include increasingly diverse backgrounds in bioinformatics, mathematical/stochastic modeling and computation. Environmental and Occupational Health draws together scholars whose focus runs from biology, chemistry, and physics, applied to environmental health and industrial hygiene, to environmental and occupational policy, and injury and violence prevention. The term environment is interpreted broadly. Epidemiologic science as a discipline is considered the “science of public health”, and its core focus is the etiology of disease. At the University of Minnesota this division is comprised of faculty and students who share a diverse range of educational experiences and intellectual interests, and the scope of research and education is broader than what might be termed traditional epidemiologic science. In addition to those activities and programs that focus on disease etiology, the division has considerable strength in health behavior and health education, and in the design and evaluation of clinical trials and community intervention programs. Health Services Research and Policy is comprised of faculty and students whose focus is the organization and delivery of health services, broadly defined. The Division includes a rich mixture of social science, administration and management, law, and policy, all applied to the assessment and improvement of the organization and delivery of health services.
The School, as articulated through a strategic planning task force (December 1999), has committed itself to maintaining a preeminent position as one of the most distinguished academic public health centers in the world. This commitment is vitally important at this time. Many of the most pressing health problems confronting society today require the interdisciplinary population focus that characterizes the research and education programs of schools of public health. These challenges range from the obesity epidemic spiraling out of control across our nation, to the multifaceted crises in healthcare organization and funding, to the persistent threats that emerging infections and terrorism pose for the public health infrastructure. Responding to these challenges requires SPH faculty, students and alumni to tackle extraordinarily complex and politically charged questions. The scale and magnitude of the challenges are such that the School and its counterparts across the nation must respond in new and innovative ways. The University of Minnesota School of Public Health, on the strength of its highly productive research programs, high quality graduate programs, and lifelong learning programs administered through the Center for Public Health Education and Outreach (CPHEO), is providing leadership in public health education, research, and outreach in Minnesota, across the Nation, and around the World. The School is positioned to advance further as a leader from this position of strength, but its ability to do so could be impeded by the current economic environment and the myriad challenges facing public higher education. The ultimate success of the School in providing and being recognized for local, national, and international leadership in academic public health will require a commitment to excellence and leadership on the part of the University and the State.

B. Major Long-Term Goals/Priorities

1. Current Goals and Priorities

The academic priorities approved in the compact between the Senior Vice President for Health Sciences and the Dean of the School of Public Health for 2002-2003 are listed below. Also detailed for each priority is a brief statement of progress through October 2003, and plans for future developments.

I. Work toward geographic consolidation of the School of Public Health — The School of Public Health faces a future full of opportunity and demand for increased education and research. The health challenges facing our state, nation and world necessarily require the development and implementation of population-based approaches to preventing and managing disease, and to promoting health. The school is prepared to respond to the challenges and opportunities here today, and on the horizon, but it finds its ability to advance in both education and research severely constrained by the nature, location, quantity, and quality of its facilities. School of Public Health activities are spread from one extreme of the West Bank campus in Minneapolis to the other extreme of the East Bank campus. The combined utilization of on-campus and rental space occupies more than 250,000 square feet, spread across more than 10 buildings. Present facilities do not well support...
the academic programs of the School, and they promote isolation of research activities rather than enhancing cross-fertilization and interdisciplinary collaboration. In fact, literally all SPH activities have been retrofit into space that was designed for purposes somewhat to very different from current utilization.

Progress—The planning and building of a School of Public Health building was included in the six-year capital plan that President Bruininks presented to the UM Board of Regents at their October 2003 board meeting.

The school has worked with AHC facilities to prepare a document establishing the scope of need for a building that will consolidate SPH programs.

Future Plans—We will continue to work with AHC Facilities, and the Senior Vice President for Health Sciences, to plan for a consolidated School of Public Health that will facilitate and enhance the capabilities of the SPH to meet the significant opportunities here today and anticipated in the future. The site presently housing the Minnesota Department of Health building on Delaware Street has been identified as a potential site for locating the new facility.

In FY04 we anticipate a revision of the AHC District Plan that will include the official designation of the site for building a SPH building. We plan to move forward into pre-design of the building once the site has been identified. Concurrently, we will be working with the Senior Vice President for Health Sciences, government relations staff, and Minnesota Medical Foundation staff to develop and implement plans for procuring the funds that will be required of the SPH to fund this new facility.

Relationship to the AHC Strategic Plan—A thriving SPH in close proximity to the clinically focused Schools and Colleges of the AHC is critical to the success of the AHC’s strategic plan.

Financing—Resources will have to be raised through the University and from private sources.

II. Faculty Compensation—Growth in the number of accredited schools of public health and other factors, such as substantial federal funding increases, have created keen competition nationally for highly qualified public health faculty, which has in turn resulted in upward pressures on faculty salaries. Our goal is to be

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1 The number of accredited schools of public health has recently increased from 28 to 32, is expected to reach 35 in 2003/2004, and at least another 5 universities are known to be actively developing schools of public health. This increase in the number of accredited schools has created an extremely competitive environment for faculty recruitments and retentions. We are in a sort of arms race with regard to assistant professor salaries in some disciplines, and our top senior faculty are prime targets as new and existing schools seek senior faculty leaders.
and remain competitive with our peer public institutions (i.e., UC-Berkeley, UCLA, Michigan, North Carolina, and Washington); the low-bar target is to achieve mean and median salaries at each faculty rank that are no worse than four out of six, and the high-bar target is a top three ranking in all cases.

**Progress** — The school made some progress relative to peers at the full professor level in FY2003, and it remained steady at the other ranks during the same fiscal year. However, the freezing of faculty salaries for FY2004 will almost certainly cause the UM-SPH to lose ground.

**Future Plans** — The dean has initiated discussions with SPH division heads and FCC representatives exploring options for addressing the faculty compensation challenge.

**Relationship to the AHC Strategic Plan** — The SPH’s ability to continue to recruit and retain a strong and vigorous faculty is absolutely essential for the success of the AHC Strategic Plan’s research and education goals.

**Financing** — A combination of state funding, increased tuition revenues and extramural funding will be required. The present political climate suggests that the overwhelming majority of the funding will flow from new tuition and sponsored research projects.

**III. Curriculum Review and Enhancement** — The vitality of an academic institution is rooted in continued review of and innovation in its curricula. The field of public health is dynamic, and as such it is critical that the School be nimble in adapting to changes in the public health landscape and the needs of students and employers.

**Progress** — Two of the major topics discussed at the School’s May 2003 faculty were flexibility in the MPH programs, and undergraduate education.

The flexibility discussion focused on the proposal to require that all MPH programs include at least 12 elective credits. A parallel proposal was to foster the development of cross-cutting concentrations that require no more than 12 credits. Both proposals were endorsed and the School’s Educational Policy Committee was charged with overseeing the revisions to the MPH program’s requirements, and with developing the framework for evaluating and overseeing cross-cutting concentrations.

The undergraduate education discussion focused on the recommendation of an Ad-hoc Committee on Undergraduate Education that the School develop a junior-admitting undergraduate major. There is general support for further exploration of an undergraduate major. Development of a more detailed proposal is underway.
In addition, the Graduate School facilitated reviews of the graduate programs in Environmental and Occupational Health, and in Health Services Research and Policy. Both reviews were informative and productive.

Future Plans — As products of the faculty retreat, the School’s Educational Policy Committee is focused on creating enhanced flexibility in the existing MPH programs, and a global health concentration is slated to be used in developing the model for proposing and evaluating cross-cutting concentrations.

The ad-hoc Committee on Undergraduate Education will continue its work, with a focus on developing a proposal for an undergraduate major in the liberal arts model. The liberal arts model is ideal for an undergraduate public health major, as the discipline draws liberally from the natural and social sciences. Furthermore, public health issues are frequently the subject of works in the humanities, including history, literature, and dramatic productions.

The Graduate School will facilitate a review of the graduate program in Epidemiology.

Relationship to the AHC Strategic Plan — In complete alignment with AHC Strategic Plan Goal 1: Create and Prepare the New Health Professionals of Minnesota.

Financing — The proposal for an undergraduate major will include the development of a business plan.

IV. Student Enrollment — In our efforts to realize the School’s strategic goal of increasing enrollment, we set Fall 2004 as the target for achieving an enrollment of at least 500 students. The longer-range target for enhancing the School’s position as a national leader in academic public health is an enrollment of at least 600 degree students, and the target date for achieving that target will be set once the target of 500 is attained.

Progress — School of Public Health enrollment for Fall 2004 has been reported at 563 degree-students and 47 non-degree students. The overwhelming majority of the non-degree students are enrolled in certificate programs.

Future Plans — With the Fall 2004 target achieved comfortably, we will push on toward our goal of 600 students in degree programs. The goal is to reach that target by Fall 2006.

Much of our recent growth has been stimulated by the addition of new programs, including the highly successful DVM-MPH program with the College of Veterinary Medicine, and the creation of Regents’ Certificate programs to meet public health workforce needs in Minnesota and neighboring states. We will continue to seek to identify educational program
opportunities in areas where there is substantial student interest and demand.

Efforts are underway to develop more effective marketing and recruitment strategies to compete locally, regionally, nationally, and internationally for the most talented and diverse student body possible. A Director of Recruiting will be hired.

Relationship to the AHC Strategic Plan – This priority fits with AHC Strategic goal 1: Create and Prepare the New Health Professionals of Minnesota, and it should improve the balance in the School’s revenue streams.

Financing — Internal resources will be allocated to stimulate increased student enrollment, and recruitment efforts will be coordinated with AHC initiatives where appropriate.

V. Continue to strengthen the core areas of public health through faculty hires — The field of public health (nationally) has experienced considerable growth over the past decade, both in terms of the number of schools and in terms of the size of schools that have existed for some time. This growth has been driven by substantial increases in opportunities for research funding and by an increased demand for graduate-level trained public health professionals. As such, the growth has been in all dimensions of activity; e.g., numbers of students, numbers of faculty members, and levels of research funding. Because of the relevance and importance of public health approaches to addressing the major health challenges of today and the foreseeable future, it is expected that demand and opportunities for growth will persist.

Progress — Three new faculty members were hired in the Division of Epidemiology, one each in cancer epidemiology, maternal and child health, and nutrition. A statistical geneticist was hired in the Division of Biostatistics. A biostatistics search for a senior methodologist failed to produce a hire – the position was offered, the offer was accepted, but in the end the candidate reneged for personal reasons. Offers in cancer epidemiology and biostatistics (clinical trials) are outstanding.

Future Plans — Searches are underway for a senior infectious disease epidemiologist, and two biostatisticians. The senior epidemiologist is expected to build a program and will have a couple of additional positions to work with. The additional infectious disease epidemiology positions, and an additional planned search in bioinformatics, will hinge on the approval of the request for Compact funding (see below).

An open rank search for a senior scholar in the area of bioinformatics is being launched. This faculty position will have its tenure home in the SPH. However, we
have sought and will continue to seek input across the campus on this and future recruitments as we build expertise in bioinformatics. This will include, but not be limited to, working with senior administrators and scientists from across the Cancer Center, the AHC more generally, the Institute of Technology, and the College of Biological Sciences.

New searches will be launched when and where justified to advance the research, education, and outreach programs of the School. A strategic planning process focusing on the future of the School of Public Health will be launched in the second half of FY04. This effort will, among other things, evaluate needs and opportunities for future faculty growth.

Relationship to AHC Strategic Plan — This priority is integral to AHC Strategic Plan Goal 2: Sustain the Vitality and Excellence of Minnesota’s Health Research.

Financing — Compact funds are requested to support the development of faculty strength in the areas of bioinformatics ($200,000) and infectious disease epidemiology ($200,000). Internal resources, including shared appointments with the UMN Cancer Center, have been identified and are allocated for all other searches currently underway. Funding of the growth of the faculty will be drawn from internal resources (i.e., reserves), sponsored research, tuition, and State funds, as well as from partnerships with other units as appropriate in joint searches.

VI. Strive to Increase Student, Faculty, and Staff Diversity—The population of Minnesota and the Nation is rapidly becoming more ethnically and racially diverse, and as such diversity in the student, faculty, and staff sectors of the School is an educational imperative for meeting the future workforce needs of our state and nation.

Progress — Mr. Rickey Hall was hired as the Director of Multicultural Services. His position resides in the Dean’s Office and he works as a member of the student services team. Mr. Hall has made excellent progress in working with alumni, faculty, students, and community partners.

A clear early sign of success in diversifying the SPH student body is that for FY04 the Division of Environmental and Occupational Health has recruited three African-American female students to its Ph.D. program, This is in comparison to zero in the preceding years.

Future Plans — Develop and implement plans for recruiting and retaining more diverse student and faculty groups, seek funding from philanthropic foundations for recruiting and sustaining a diverse student body, and coordinate our efforts with AHC endeavors as appropriate. The School of Education’s
model for building and sustaining a diverse student body will be evaluated for possible adaptation and implementation in the SPH.

Relationship to AHC Strategic Plan — Is aligned with AHC Strategic Plan Goal 5: Reduce health disparities in Minnesota and address the needs of the state’s diverse populations.

Financing — Internal funds, AHC funds, and possibly foundations.

VII. Expanding and coordinating continuing education efforts for practitioners.

Progress — Debra Olson was appointed Associate Dean for Public Practice Education. In this role she coordinates the activities of the academic programs in the Public Health Practice, and the outreach programs of the Center for Public Health Education and Outreach (CPHEO). CPHEO’s growth and enormous success in securing federal grants and contracts necessarily creates increased complexity for the continued development and management of the School’s continuing education efforts. Prudent management and coordination of the various grants and contracts requires an academic leader who will be able to align academic programs and priorities with funding sources in a manner that achieves a high level of synergy between the projects.

Future Plans — Associate Dean Olson is overseeing a reorganization of CPHEO as we endeavor to offer a comprehensive program of high-quality and timely continuing education programs. In addition, the SPH will continue to develop and broaden its summer institute offerings, and the Public Health Roundtable. This year the Roundtable will be a series, rather than a single event, and the focus will be global health. The change in Roundtable format was motivated by the stunning success of the Mini-Medical School model.

Relationship to the AHC Strategic Plan — This priority fits with the strategic initiative to develop new models to reduce the time and cost of health professional education, as well as with the strategic objective to promote a culture of life-long learning.

Financing — The overwhelming majority of funding for CPHEO is derived from grants and contracts. Start-up funds were provided by the SPH Dean’s Office to initiate this effort, which is now generating nearly $3M in annual direct costs. It is, however, necessary to use sources other than direct costs billed to grants and contracts to fund CPHEO’s core infrastructure (i.e., administration), and the indirect costs recovered through the Center’s funded activities do not recover those costs in full. A minimalist compact funds allocation of $100,000 recurring has been requested for this purpose.
VIII. Community Involvement — The School is committed to an active role in facilitating and advancing public health in Minnesota and the Upper Midwest.

Progress — School faculty are also actively engaged in numerous outreach activities in partnership with the Minnesota Department of Health, and with community organizations. For example, Professors Call, McAlpine, and Jones-Webb are working with the MDH and its Eliminating Health Disparities Initiative to form a community-based research partnership between the University, MDH, and community organizations.

Future Plans — The School will continue to monitor its outreach activities and look for new partnership opportunities that are consistent with its mission and resources.

Relationship to AHC Strategic Plan — Fits with AHC Strategic Plan Goal 3: Expedite the dissemination and application of new knowledge into the promotion of health and delivery of health care in Minnesota.

Financing — Sources of funding will be identified and sought as programs and partnerships evolve. For example, the community-based research partnership mentioned above is funded through an award from the Allina Foundation.

IX. Mounting technology assisted distance education programs leading to degrees, certificates, and/or CE credits; UMN-Rochester is the first proposed site.

Progress — Substantial progress has been made to date. The Board of Regents approved the distance-education based Certificate program in public health core concepts, and the MD-MPH dual-degree program. Medical schools participating in the dual degree program include the UMN–Twin Cities, UM – Duluth, and Mayo.

Distance education core courses have been developed, tested, and delivered for the entire public health core curriculum. Enrollments in most of the online courses have greatly exceeded anticipated demand, and we have not detected a correspondingly negative effect on the enrollments in the more traditional classroom offerings.

Future Plans — Proposals for distance education courses will be evaluated as new opportunities arise.

The SPH expects to utilize the new portal platform being developed at the University to facilitate student access to School and greater University digital technology, news, and information.

Relationship to AHC Strategic Plan — This priority is aligned with the goal to use information technology to transform how we educate our students. It also fits with the strategic initiative to develop new models to reduce
the time and cost of health professional education, as well as with the strategic objective to promote a culture of life-long learning.

Financing — AHC funds and SPH funds were allocated for the development of core distance education modules, and SPH funds will sustain the distance education program going forward.

X. Provide leadership and expertise in AHC interscholastic initiatives.

Progress — SPH faculty continue to collaborate with and/or spearhead AHC interdisciplinary endeavors such as the Clinical Outcomes Research Center, the Center on Aging, the MS degree program (and other instruction) in Clinical Research, the Cancer Center, the Center for Animal Health and Food Safety, the Institute of Human Genetics, the Commission on the Environment, the Nutrition Initiative, the National Institute for Health Policy, the Managed Care Initiative, and Primary Care Initiative.

New in FY2003:
- The School was an active partner in developing and supporting the 2002 – 2003 program of the Consortium on Law, Ethics, and the Life Sciences.
- The School partnered with the Medical School and the Nursing School to launch the nascent Center for Global Health.
- The School partnered with the College of Veterinary Medicine (CVM) to launch a new DVM-MPH dual-degree program.

Future Plans — Existing relationships will continue, and new opportunities will be evaluated as new initiatives or priorities are identified. For example, in partnership with the CVM we plan to explore models for offering the DVM-MPH dual-degree program in partnership with other CIC institutions.

Opportunities for incorporating population and public health perspectives on health management and disease prevention into the educational programs of other AHC schools and colleges also will be explored.

Relationship to the AHC Strategic Plan — The School’s participation in AHC initiatives is central to the success of these initiatives and the goal to sustain the vitality and excellence of Minnesota’s health research.

Financing — Resources are pooled and applied as appropriate for the participating units in shared programs or initiatives. We anticipate issues around the funding of interdisciplinary education being examined and resolved at the AHC level, with input from the
AHC deans and their associate deans for academic affairs.

2. New Goals and Priorities

I. Planning for the future — In the light of significant changes in the status of public health in terms of national prominence, changes in public funding for higher education, the November 2003 release of the IOM report on the future of public health education, and the fact that nearly five years have passed since the School’s most recent strategic planning activity, it is time for the School to devote time and energy to assessing challenges and opportunities for the future.

Future Plans — The Dean will appoint a faculty committee representative of all ranks and divisions to prepare a report on the future of the School. It is anticipated that the report will be the subject of a subsequent faculty retreat.

II. Faculty Activity Policy — Independent of planning for the future, there is the need for periodic review and refinement of school policies and practices.

Future Plans — Each of the School’s four divisions has its own model or system for aligning faculty research, teaching, service, and outreach expectations with institutional compensation. The Policy Council will take up the charge of developing a model to be applied across the UMN-SPH. Our goal is to have the adoption of the policy be an action item at the planned May 2004 faculty Retreat.

Each division in the UM-SPH also has its own process for annual faculty evaluation for merit salary increases. The sequel to the development of a school-wide model for faculty compensation is the development of a process for evaluating merit across the school. The Policy Council will take up the charge of developing a process for the School in due course.

III. Review and Revision of the Constitution

Future Plans — The School’s constitution needs to be reviewed, updated, and sent forward for approval. This will almost certainly happen after the School completes the aforementioned planning process focusing on the future of the School, as it is expected that the organization and governance structure of the School will be considered as part of the planning process.

C. Workforce Issues/Student Enrollment/Diversity Goals

On January 30, 2001 The Public Health Workforce Enumeration Project, a joint effort of The Public Health Leadership Society and the Center for Health Leadership and Practice, issued a report entitled “Enumerating the Public Health Workforce” to the Health Resources and Services
Administration. The report documents that relatively little is known about the size or composition of the nation’s public health workforce, and recommendations are made therein for closing the information gap. The publication of this report underscored the timeliness of discussions of public health workforce issues in early 2001. The situation has become somewhat more acute following the terrorist attacks of September 11, 2001, and the subsequent anthrax assaults.

Today, there is a nationwide shortage of trained public health professionals, as health departments at the local and state levels are scrambling to fill new positions created by substantial Federal funding for public health preparedness. The SPH is responding to these new challenges through the activities of the Center for Public Health Education and Outreach.

Long-term goals and programs for student diversity will be coordinated with AHC efforts. At a minimum, the SPH will strive to recruit a population of students from underrepresented minority groups that is proportionately (among American students) at least as large as the representation of minorities in the Minnesota population.

During FY04 we will develop a statement that diversity is a compelling interest of the SPH, and we will work with Barbara Shiels in the Office of the General Counsel to ensure that this statement is compatible with the recent Supreme Court’s decisions in the University of Michigan affirmative actions lawsuits. Furthermore, we will review and revise our admissions policies to ensure that we are in full compliance with the law as it is understood from the Court’s decisions.

D. Enrollment Management

The enrollment history for the SPH for the period 1997 – 2003 is:

- 1997: 357
- 1998: 362
- 1999: 360
- 2000: 407
- 2001: 425
- 2002: 517
- 2003: 563 (610, when certificate students are included)

The goal is to increase student enrollment to at least 600 students.

Future growth in the number of faculty positions will be tied to the size of the education enterprise. Based on data for peer institutions similarly situated in revenue mix, a student to faculty ratio in the range of 5:1 to 6:1 appears to be a reasonable target. Funding for new faculty positions will derive in large measure from new tuition, sponsored research activities, and funding from the compact pool or other state supported sources.

As noted above, this year a school-wide committee will be exploring the potential for new SPH undergraduate offerings. The combination of a national shortage of trained public health professionals and a perceived interest on the part of
undergraduate students in the interface of health and society appears to lead us nationally to a point where there is a demand for undergraduate public health majors. The potential for developing such a major at the UM will be explored by our committee. This will, of course, include an evaluation of the resources required to develop and sustain an undergraduate major.

**E. Facilities Issues**

The major facility priority for the SPH is the consolidation of the School into a new facility. The School is presently diffused across numerous buildings over a large geographic area, including large segments of rented space, thereby creating numerous challenges and problems for its education, research, and outreach programs.

**F. Additional Financial Issues**

We have implemented the plans developed in FY03 for absorbing the FY03 budget recession and the FY04 budget cut. Staff levels and support budgets were reviewed at all levels; i.e., by the Dean and by the Division Heads. Non-essential staff positions were eliminated, re-allocations of funds were made where necessary, and some support activities that were deemed “good to have but not essential” were significantly reduced or eliminated altogether.

We plan to review our entire budgeting and planning strategy during the winter of 2004. That is, once we have a good indication of how central administration plans to absorb the expected FY05 budget cut, we will perform an overall review of the budgeting model and principles that we have been operating from for the past three fiscal years. Looking at expected changes in revenue and expenditure streams, including University taxes and returns to central administration, along with plans for future growth and reductions, we will assess the extent to which we need to implement either broad or highly targeted changes to our plans and practices.

The University of Minnesota School of Public Health finds itself at a significant financial disadvantage relative to its peers nationally. The combination of a low allocation of state dollars, relative to most of our public peers, and a high internal University assessment structure places us in the position of a significant negative net allocation. That is, the amount of funding generated by the SPH for the central administration in terms of the IRS assessment and centrally retained indirect costs exceeds by a sizeable amount the level of State funding allocated to the SPH budget. This is a relatively recent trend, but the size of the negative net allocation has grown rapidly over the past three years; i.e., the deficit is now well over $1M and it is likely to be on the order of $2M before too long.

The Regental delegation of authority from the Senior Vice President for Health Sciences to the Dean is done; this delegation from the Dean to division heads will occur in FY04.
G. Compact Development

This compact does not reflect significant departures from the previous year, and as such it has not been reviewed in detail with School governance. Its contents, however, have been discussed at various times and in various ways with the SPH Division Heads and Associate Deans, and with the School’s Faculty Consultative Committee. Furthermore, most of the key items included in this compact have been the major agenda items for faculty meetings and retreats. In other words, the compact development process is a continuous one. In addition, this document is likely to be used as an informational item as we (a) review our budgeting and planning practices, and (b) undertake the strategic planning effort focusing on the future of the School.

H. Data Profile

For a display of planning and financial data related to the Medical School, please link to the University web site managed by the Office of Institutional Research and Reporting at http://www.irr.umn.edu. This site contains standard financial, staffing and student information for the School.
I. **Financial Summary of Compact Investments**

FY2001 through 2004 Compact Investments

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T = tobacco,  C = compact funds,  A = AHC other funding source,  R = collegiate reallocation
Graduate School / VP Research College Investments FY03-04

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