A. Introduction:

The School of Medicine Duluth (SOMD) offers the first two years of undergraduate medical education to students who intend to practice family medicine and other primary care specialties in rural Minnesota and American Indian communities. In addition, we provide high quality academic and clinical education programs for other professional, graduate and undergraduate students, and participate in medical clerkship experiences for 3rd and 4th year medical students. Our combined two medical student classes have 110 students enrolled. There are 47 females and 63 males and seven students are minorities. The most recent rankings of our educational program in the U.S. News and World Report are: 5th in primary care and 7th in the rural medicine specialty.

In addition to its undergraduate medical student teaching mission, the school is the home of two research centers – the Center for Cell and Molecular Biology (a partnership with the College of Science and Engineering on the UMD Campus) and the Center for Rural Mental Health Research. Biomedical research activities are focused in three areas: cancer, neuroscience, and environmental medicine.

The school is also the home of several American Indian educational programs including a Center for American Indian and Minority Health (CAIMH) that oversees a federal Center of Excellence Program. Research relating to American Indian health also occurs within the Center.

The 04-05 academic year will be the first in which SOMD operates under a new organization plan. DMED will become a regional campus of TCMED. This situation was the result of recent LCME visits to the two schools. Significant changes include the joint development of compacts and budgets and the TCmed Dean will function as the Chief Academic Officer for both schools. SOMD’s Dean will report to Dean Powell, although oversight for SOMD’s mission and resources for that mission will reside in the SVPHS office. Other SOMD administrative changes include: (1) the combining of several basic science departments (a. Pathology, Microbiology and Anatomy, and b. Pharmacology and Physiology); and (2) the appointment of an Associate Dean for Faculty Affairs.

Functionally, SOMD is likely to operate as a department within the greater TCmed administrative structure. Its medical educational focus will be rural medical education for the combined medical schools. The past two years have focused on increased understanding and blending of the various aspects of the educational mission of the two schools. Although more work will continue on the educational programs, this year’s focus will be directed towards the schools’ research missions and cultures.

The State of Minnesota imposed a significant recession of $185M on the University for the current biennium. In order to meet our share, we have had to impose a freeze on the hiring of new tenure-track faculty and have eliminated one staff position from the Dean’s Office. Therefore, all faculty and staff will be required to work harder. However, we intend to continue to pursue several new aspects of our current goals and priorities plus begin several new initiatives for the coming year. All are consistent with the AHC, TCmed and SOMD vision plans and President Bruininks’ and Dean Powell’s initiatives.

B. Major Long-Term Goals/Priorities:

This section begins with a discussion of our major short-term goal for the past two years: the development of an operating plan including roles and responsibilities for unitary accreditation. It then continues with our five major mission-related goals over the past few years. The educational focus is on years 1/2 of undergraduate medical education. The continued role of SOMD in years 3 & 4 will be defined on the basis of financial resources.

1. Current Goals/Priorities:

a) Development of an operating plan for the University of Minnesota Medical Schools under unitary accreditation by the LCME:

i) Accomplishments:

• Successful completion of LCME site visit.
• LCME site visit team approval of procedures and processes implemented for the curricular aspects of joint accreditation.
• Reorganization of SOMD basic science departments.
ii) Future Plans:
   • Define SOMD’s role in 3/4 year clerkships (resources preclude present level of involvement).
   • Develop new 7.12 statement for SOMD.
   • Develop new P&T process in conjunction with TCMed Office of Faculty Affairs.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Supports Goal 7 initiative 2.1.

iv) Financing:
   • 3/4 Clerkship Operating Budget (19.5 FTE) - $220K ($150K SOMD + $70K ?)
   • $60K Assistant Dean for Rural Health (?)

b) Continue faculty renewal by hiring replacement faculty and encouraging faculty development:

i) Accomplishments:
   • Made many research and educational related services, e.g., IAMSE web casts, available by ITV or audio to faculty.
   • Hired a pathologist on a clinical scholars track.
   • Hired a 50% time neuroscientist as a non-tenure track faculty.
   • Hired a cancer biologist on a three-year contract.

ii) Future Plans:
   • Begin a national search and hire a neuroimmunologist
   • Hire an Associate Dean for Faculty Affairs whose responsibilities include faculty development.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support Goal 1 initiative 5.0 and Goal 2 initiatives 4.4 and 4.5.

iv) Financing:
   • No additional funds requested.

c) Increase scholarly educational and research activities:

i) Accomplishments:
   • Increased the number of scholarly publications from 52 to 60 during the past year (one in Nature and one in PNAS).
   • Grant applications increased from 40 to 53 and awarded grant dollars increased from $59K to $1.4M.

ii) Future Plans:
   • Develop research partnerships with SMDC, Cancer Center, TCMed, School of Public Health and College of Pharmacy.
   • 20% increase in scholarly papers, grant applications and awarded grants.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
   • Support AHC Goal 1 initiative 1.1 and Goal 2 initiatives 4.4 and 4.5.

iv) Financing:
   • No additional funds requested.

d) Increase funding support:

i) Accomplishments:
   • ICR to SOMD increased $46K (16%).
   • As of 3/31/04, MMF production is 132% ($1.3M) of goal (top MMF unit) and our donor numbers have increased 24%.
   • College of Pharmacy teaching generated $67K.
   • New undergraduate teaching (cell biology) generated $10K.
   • Cash contributions were $274K (98% of goal) as of May 1, 2004.

ii) Future Plans:
   • Increase ICR support by $50K.
   • Increase non-sponsored operating funds by $100K through MMF activity.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
• Support AHC Strategic Plan Goal 2 initiative 2.2.

iv) Financing:
• No additional funds requested here.

e) Enhance educational programs:

i) Accomplishments:
• Integrated Biosciences Program rejected by the Graduate School.
• 3/4 year clerkships increased to 19.5 FTE.
• All SOMD courses moved to WebCT.
• Healer’s Art elective course added to Year 1.
• External reviews of GI, Behavioral Medicine, Endocrinology/Reproduction, and Applied Anatomy completed.
• Wireless web environment created.
• Three day rural preceptorship added to Year 1.

ii) Future Plans:
• Appoint SOMD Graduate Program Coordinator to facilitate the participation of SOMD and COP faculty with existing Graduate School Ph.D. program.
• Continue to investigate the participation of SOMD faculty with a new IBS graduate program in cooperation with UMD CSE faculty.
• Develop a required tablet computer initiative.
• Implement a Physician Well-Being Program (see New Goals and Priorities).
• Implement Early Admissions/Scholars Program for Fall ‘05 entering class.
• Review women’s health curriculum in accordance with TCMed Center of Excellence in Women’s Health grant; purchase pelvic exam simulator for physical diagnosis.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
• Support AHC Goal 1 initiatives 1.0, 1.1 and 1.2; Goal 3 initiative 3.5; Goal 4 initiative 4.2; and Goal 6 objective 1.0.

iv) Financing:
• SOMD funding: Rewire classrooms ($25K), and committee review of women’s health offerings ($2K).
• Grant funding or MMF for pelvic exam simulator purchase ($18K).
• $150K funding for AHC graduate programs on UMD campus. Funds for graduate stipends, travel, and distance learning. SOMD contributes $50K to costs. (President’s Neuroscience and Translational Research Initiative)

f) Maintain a strong diversity program:

i) Accomplishments:
• Establishment of the Twin Cities office including student support services person and secretarial support and provide guidance to admissions committee.
• Continued community support and input for programs and services within the CAIMH.
• Implemented an NIH R03 qualitative research project, “Genetics Testing in Midwest American Indians”. $102,409 for Year 01 of the project; $96,448 for Year 02.
• Began work on predictors to assess qualities of applicants in order to evaluate those most likely to succeed in medical school and the types of services those students will need.
• Continued internally funded “Establishing Effective Communication Between Healthcare Providers and Native American Patients” qualitative research project.
• Implemented study, “Predictors of Success in Native American Medical School Applicants” funded by HRSA Center of Excellence. Study considers quantitative and qualitative information included on the AMCAS application to discern factors that seem to indicate potential for success in medical education among Native American students.
• In final year of current HRSA Native American Center of Excellence project cycle, applied for competitive renewal, $2.3 million for the next three-year project cycle.
• In the final year of current HRSA HCOP project cycle, applied for competitive renewal. $1.4 million for five year cycle.
ii) Future Plans:
- Develop strong financial assistance to support diversity within the school.
- Develop a comprehensive program of faculty development. Identify, recruit, train and retain American Indian Faculty.
- Expand current third and fourth year Indian Health Service course to include Traditional Indian Medicine for those students who request this type of experience.
- Develop proactive stance for medical students including enrichment programs to assure success in all areas of education including “basic science” and “clinical” years.
- Begin work on tracking and surveying of graduates to assess effectiveness of programs for students.
- Increase CAIMH role in institutional policy and practice decisions regarding diversity and SOMD mission-related areas of American Indian health research and healthcare.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
- Support AHC initiatives associated with Goal 5.

iv) Financing:
- No additional monies needed; federal grant and previous SOMD and TCMed commitments are sufficient.

2. New Goals/Priorities:

Our new goals/priorities for this year are designed around three objectives: 1) responding to Dean Powell’s “Physician Well-Being” Initiative, 2) addressing LCME concerns, and 3) defining and implementing educational initiatives consistent with the Medical School’s and AHC’s vision for our role in rural health professional education.

a) Implementation of a comprehensive well-being program that would span the continuum of medical training at SOMD:

i) Accomplishments:
- Established a Healer’s Art program for second year students which concentrates on aspects of self-awareness and personal reflection.

ii) Future Plans:
- To infuse wellness and self-care across the continuum from admissions through transfer to the TCMed.
  a) Development of CARE (Confidential Assistance Program and Referral Expertise) similar to a program at the TCMed that provides professional psychological services which are private and immediate.
  b) Hire a part-time Well-Being Coordinator in the Student Affairs office to help develop a comprehensive program for student well-being (special seminars, lectures, workshops, enrichment opportunities, orientations)
  c) Integrate content of well-being into the curriculum.

iii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
- Supports AHC Goal 1 initiative 3.2, 3.4 and 3.5.

iv) Financing:
- Support of 80% time Education Specialist - $54K ($27K – SOMD and 27K ?)
- Well-Being Coordinator / Healer’s Art Program Director (15% time - $15K SOMD + $10K - ?)
- Care Program Services ($10K ?)

b) Define and implement educational initiatives consistent with the Medical School’s and the AHC’s vision for training the health care workforce for Greater MN:

i) Future Plans:
- Develop a ten year strategic plan for rural medical education.
- Conduct a feasibility study and prepare a preliminary plan to for developing an AHC Center for Rural Health Professional Education.

ii) Relationship to AHC Strategic Plan (www.ahc.umn.edu):
• Supports AHC Goal 1, initiative 1.0, Goal 2 initiative 1.2, and Goal 4 initiative 4.

ii) Financing:
• $95K for staff, retreat, travel, etc. - $45K from SOMD; $50K - ? (President’s Healthy Foods/Healthy Lives Initiative)

c) LCME Concerns:
• To be determined when final LCME report is issued in July.

C. Compact Initiatives and Presidential Initiatives:

Our compact initiatives are centered around our educational and research programs. Our new educational initiatives are focused upon developing SOMD as the campus responsible for planning and coordinating rural medical education. In addition, we have proposed the campus to become the site for providing similar functions for all rural health professional education within the AHC. We believe the proper interdisciplinary training of health professionals who can provide the unique care necessary for rural populations is one of the implied parameters within the President’s Healthy Foods/Healthy Lives initiative and therefore our financial requests for these initiatives are consistent with obtaining financial support from dedicated compact monies.

Several years ago, SOMD defined three areas in which we would concentrate our research efforts. They were cancer, neuroscience, and environmental medicine. New faculty have been hired with these research interests and several of our cancer researchers have established ongoing research dialogues with the area health care systems oncologists. Our financial request for a new hire (a neuroimmunologist) and our request for support for extensions of AHC Graduate Programs on the UMD campus both contain elements devoted towards the President’s Neuroscience and Translational Research initiatives. Support for these initiatives would help the President distribute compact dollars to the University’s coordinate campuses as well as helping us support his initiatives.

D. Workforce Issues / Student Enrollment / Diversity:

Workforce issues:

Our most significant workforce issue relates to the aging of our faculty (30%>59 y.o.; 70%>50 y.o.) and the lack of resources to hire replacement faculty before retirements will occur. The hiring of two new tenure-track faculty per year for the next five years is our minimum goal, but until retirements occur and associated retirement package funding is recouped it seems unlikely in view of available University, AHC, and school resources. New private dollars are necessary.

Student Enrollment:
Recent data from the Minnesota Center for Rural Health indicates that there is currently a shortage of over 200 physicians in rural areas. A recent “Minnesota Physician Workforce Analysis” report that SOMD commissioned from the same center indicated that as more rural physicians are likely to retire over the next ten years, this situation will become more acute. Partially in response to this situation, we would like to increase our class enrollment by implementing our Early Admissions/Scholars Program in FY05. This program provides for an eventual increase in class size of five students. Because of strict programmatic requirements, there is likely to be only one additional student admitted in FY05 for the fall 2006 class. Additional tuition will pay for the costs associated with their medical education. These students will be selected for their high potential to practice medicine in rural Minnesota.

Matriculation of American Indian students is another enrollment issue which has occurred for the first time this year. American Indian applicants are choosing other schools in increasing numbers. This situation seems to be due to a lack of recruitment follow-up after initial application and financial considerations. This recruitment follow-up is being addressed by the CAIMH and we are seeking new scholarships through MMF appeals.

Diversity:
Our school is probably the only one within the AHC that approaches the University’s goal of 10% minority students and faculty. We presently have 3 Native American faculty out of a total of 40 faculty and 5 out of 110 students (3 American Indian, 1 Mexican American and 1 Asian American). Although twenty-nine American Indians applied, we interviewed six and accepted five for the class of fall 2005. All elected to matriculate elsewhere. One applicant was a Minnesota resident but was not accepted. Accepted applicants chose other schools for family or financial reasons. We have plans to improve our American Indian recruitment efforts next year.
Lillian Repesh, Associate Dean for Admissions and Student Affairs, has met several times with University attorney, Barbara Shiels, from the Office of the General Counsel. With some minor adjustments, the final approval of admissions policies is expected by the end of May. These revisions will reflect changes in the most recent Supreme Court decisions on affirmative action.

E. Improved Productivity and Service:

Our students are our number one service priority. Our efforts in this area have been impressive since we get very few service related complaints from students. Faculty and staff have been somewhat neglected. We are as responsive to their requests as our resources will allow. Although the Enterprise System promised to assist us in service related matters, it has distributed to us many of the responsibilities previously provided centrally. Data appears to have been centralized and is more accessible but requires us to dedicate additional staff time to access, evaluate, and process the data to improve our productivity and service.

F. Outreach and Civic Engagement:

The individual FY04 Faculty Annual Reports indicate that individuals participated in numerous outreach and civic engagement activities. In addition, SOMD sponsored three activities: 1) Doc Talks (a monthly public seminar series concerning current issues in medicine and presented by faculty), 2) Dean’s Frontiers of Medicine Seminar Series directed toward health care professionals and presented by national experts, and 3) Brain Awareness Week (an educational event presented by faculty and staff to over 2000 grade and high school students in 24 regional schools). These annual events are well-appreciated by our constituency in Duluth and surrounding area.

G. Compact Development:

The Dean manages SOMD by interaction with the following consultative groups:

- Council of Department Heads
- Deans and Directors
- Town Meetings involving faculty, staff, students, and clinical community representatives
- E-mail to faculty for comment.

H. Facilities Issues / Precinct Plan:

Potential facilities issues when COP faculty establish research programs on this campus.

I. Additional Financial Issues:

Tuition–The collegiate tuition revenue estimate is $2,467,252 for FY05. ICR–The collegiate ICR revenue estimate is $330,000 (49.5% of $666,666) for FY05. Tobacco Endowment – We hope to retain our $125K in tobacco endowment or equivalent money to maintain our year 1/2 community based teaching initiatives. The $100K from the AHC for Interscholastic Education is also critical to our curricular efforts.

Impact of FY05 Budget Cuts - University FY05 Budget decisions regarding increases in taxes and fringe benefits plus cuts in O and M allocations have reduced available programmatic dollars by about $250K. Medical School and undergraduate tuition increases will add about $75K to our operating funds. Increased contributions to MMF’s Dean’s Discretionary Fund nets about $25K in spendable cash. The net result is that for the first time SOMD will enter an academic year ~$160K in the red relative to attributable recurring dollars. Carryover money will be used to cover this projected shortfall. Although efforts to procure new resources from the University, grants, and private philanthropy have the highest Dean’s priority, further programmatic cuts to an already bare-bones budget may be necessary for FY06. FY05 programmatic cuts included: 1) elimination of a clinical faculty position and a Dean’s Office staff position, and 2) the reduction of our educational specialist to one-half time. Our financial picture for FY06 could be bleaker depending on the University situation and mandates from the LCME. Plans to address LCME concerns will be developed when their report is issued in July ’04.

I. Data Profile / Critical Measures for Health Professional Schools:
For a display of planning and financial data related to the School of Medicine Duluth, please link to the University web site managed by the Office of Institutional Research and Reporting at [http://www.irr.umn.edu](http://www.irr.umn.edu). This site contains standard financial, staffing and student information for the College. Additional financial and planning data is provided below:

1. **Admissions Measures**

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<th>FY03</th>
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<td>51</td>
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<tr>
<td>Matriculant Rural (&lt;2,500) Residency</td>
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<td>7</td>
<td>13</td>
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<td>Matriculant Small Town (2,500-7,499) Residency</td>
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<td>Matriculant Large Town (7,500-20,000) Residency</td>
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<td>12</td>
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<tr>
<td># Minority Applicants</td>
<td>62</td>
<td>59</td>
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<td># Minority Matriculants</td>
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<td># RHS Students</td>
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2. **Student Performance Measures**

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<td>% First Try Step 1 Pass Rate</td>
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<td>96%</td>
<td>94%</td>
<td>92%</td>
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<td># RPAP Applications</td>
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<td># RPAP Acceptances</td>
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<td>% Year 3 Students Interested in Primary Care</td>
<td>63.5%</td>
<td>73%</td>
<td>61%</td>
<td>70%</td>
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<td># Year 3/4 Student Clerkship FTEs</td>
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<td># Year 4 Students Choosing Primary Care Residencies</td>
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<td>% of Year 4 Students Choosing Primary Care Residencies</td>
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3. **Program Performance Measures**

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<tr>
<td>US News &amp; World Report Rankings</td>
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4. **Research Scholarly Activity Measures**

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<td># Grants Funded</td>
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<td># Faculty Publications</td>
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<td># Student Projects (includes RHS)</td>
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<td>5</td>
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<td># Student Publications</td>
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5. **Education Scholarly Activity Measures**

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<td># Products/Programs Developed</td>
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<td># Products/Programs Marketed</td>
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<td># Proposals Funded</td>
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<td># Publications</td>
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1. **Report Summary and Allocation Summary**
1. CAIMH Status Report – The internal personnel conflict that was inhibiting the effectiveness of CAIMH in fulfilling its grant objectives has been resolved. A new director, Joy Dorscher, M.D., and several new staff, including a new staff member at TCMed, have been appointed. The summer program for Native American students went well and the general impression is the CAIMH is back on track to deliver its educational missions. In addition, in FY05, it will expand its activities into the research arena. Dr. Dorscher has an NIH grant to set the ground work for genetic studies in Native Americans.

2. Compact allocations are summarized in the chart that follows:

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<tr>
<th>FY2000 through 2005 Compact Investments</th>
<th>FY00</th>
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<th>FY02</th>
<th>FY03</th>
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<td>Dean’s Discretionary</td>
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<td>Community Physician Teaching (Tobacco Endowment)</td>
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<td>LCME Recommendations</td>
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<td>Start-up Funds/NIH grant application efforts</td>
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<tr>
<td>Work Station Computer Testing Facility</td>
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<td>Faculty Renewal (AHC Commitment)</td>
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<td>Rural Health Program – Assoc. Dean</td>
<td>$60,000</td>
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<td>Rural Health – Interscholastic Education (Tobacco Endowment)</td>
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<td>Rural Health – Community Sites (Tobacco Endowment)</td>
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<td>AHC Graduate program participation (joint with Pharmacy)</td>
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<td>Faculty Student Ties to Twin Cities (joint with Pharmacy) – nonrecurring</td>
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<td><strong>Total</strong></td>
<td><strong>$775,000</strong></td>
<td><strong>$920,000</strong></td>
<td><strong>$985,000</strong></td>
<td><strong>$845,000</strong></td>
<td><strong>$285,000</strong></td>
<td><strong>$520,000</strong></td>
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Glossary of Terms

TCMed – Twin Cities Medical School
SOMD – School of Medicine Duluth
LCME – Liaison Committee Medical Education
SMDC – St. Mary’s Duluth Clinic
MAFP – MN Academy of Family Physicians
AAFP – American Association of Family Practice
MMF – Minnesota Medical Foundation
CAIMH – Center for American Indian and Minority Health
CTEER – Center for Technology Enhanced Education and Research
COP – College of Pharmacy