Chapter 4

Academic Health Center

The third issue noted in the Site Visit Team Report concerned the “status of the Academic Health Center.” The Academic Health Center, now under the leadership of Senior Vice President Frank Cerra, encompasses the activities of collegiate units that collectively account for 7 of the 20 at the University of Minnesota. Given the vital relationship between the Academic Health Center, especially the Medical School, and the University of Minnesota Hospitals and Clinics (UMHC), this section also chronicles the outcomes of the sale of the UMHC. The specific commentary in the Site Visit Team Report was as follows:

“The continued viability of the University's Academic Health Center (AHC) in today's rapidly changing health care environment is of course a major concern. The importance of the successful and expeditious conclusion of negotiations for the transfer of the University Hospital and Clinic to a private entity (Fairview) was impressed upon Team members from many quarters. It is essential that this agreement assure continuing control by the University and the AHC of research and curriculum and education in the health professions. It is also important that there be a feasible contingency plan for the Hospital and Clinic in the event that the Fairview deal does not come to a successful fruition. The financial and functional health of the AHC is essential to that of the University as a whole.

Whatever the outcome of these plans for the AHC, it is clear that substantial "re-engineering" of the AHC will be necessary. Indeed, this has already been initiated by the soon-to-depart Provost, who retained the services of a consulting firm to advise on re-engineering. Some members of the AHC faculty impressed on the Team in the strongest possible terms their dissatisfaction with the findings and recommendations of the consultant. Team members have studied some of the products of the consultant and generally agree that they are a threat to professional identity and accreditation in the AHC schools and have severely eroded the morale of the AHC faculty and staff.”

One of the most visible series of events in the last decade concerned certain aspects of the operation of the Health Sciences (now the Academic Health Center) on the Twin Cities campus. Both fiscal and legal problems brought into clear focus the need for reforms in 1996. At that time, the Academic Health Center (AHC) included more than 14,000 faculty and staff in seven professional schools and a health care system. Its annual expenditures are 40 percent of the University's total budget (less than 20% of this budget comes from taxpayers), and it educates more than 5,000 students in medicine, dentistry, pharmacy, public health, nursing, allied health professions, and veterinary medicine. It has equipment, facilities, and systems to care for more than 400,000 clinic and hospital patients annually, and a research enterprise of more than $132 million in annual program expenditures (about half of the University total).

There are many benefits to the state from the Academic Health Center. More than 80 percent of the state's health care professionals are graduates of the AHC. It attracts $120 million annually in federal
research funding and $80 million net health care revenue from out-of-state referrals. Research breakthroughs have enhanced the state's reputation for health care innovation.

A major institutional issue under discussion during 1995-96 concerned the reorganization of the Academic Health Center and the possible merger of the UMHC with a large nearby private health care system. The Academic Health Center faced an urgent need for fundamental restructuring: all funding sources were under extreme pressure; intense competition had reduced the University's access to patients; and the rapid expansion of managed care shifted the demand of health professionals' skills. The AHC began a comprehensive reengineering effort to restructure and redesign its education and research programs to respond to these changes.

The AHC had requested additional state funding to support reengineering and for information technology to improve educational delivery. The University of Minnesota submitted a biennial budget request to the Minnesota Legislature, including the University's request for $14.5 million dollars to implement changes in the Academic Health Center. The proposed legislative language specified that the additional funding be linked to institutional performance measures, such as the revision of tenure polices for clinical faculty in the Academic Health Center. By the end of March 1996, the tentative additional allocation was $8.6 million and the legislative language indicated that the Board of Regents must certify that changes had made in personnel policies so that the University could downsize and change the salaries of faculty in the Academic Health Center.

Table 4 below presents registration highlights for fall quarter 1998 and contrasts enrollments with fall 1995 and a decade earlier; data for Fall 1998 are presented here rather than for Fall 1999 which was the first term of the semester calendar. Enrollments for fall semester 1999, are available for review by the Focused Visit Team but may reflect changes related to the transition to a semester calendar. Overall enrollments at the University of Minnesota and on the Twin Cities campus increased by xx and yy during the period of time since the May 1996 site visit. The most notable changes in enrollments in AHC units were an increase of 17 percent in Dental Hygiene and a decrease of 7.8 percent in the Medical School.
Table 4
Collegiate Registration Highlights for Fall Quarter 1998 and Comparisons with 1985 and 1995

<table>
<thead>
<tr>
<th>Enrollment</th>
<th>Fall 1998</th>
<th>Change from 1995</th>
<th>Change between 1985 to 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total University</td>
<td>51,835</td>
<td>7.8</td>
<td>-7,985</td>
</tr>
<tr>
<td>Twin Cities</td>
<td>39,595</td>
<td>7.0</td>
<td>-7,595</td>
</tr>
<tr>
<td>Academic Health Center</td>
<td>3,363</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentistry</td>
<td>358</td>
<td>14</td>
<td>4.6</td>
</tr>
<tr>
<td>Medical School</td>
<td>1629</td>
<td>-137</td>
<td>-7.8</td>
</tr>
<tr>
<td>Nursing</td>
<td>223</td>
<td>-4</td>
<td>-1.7</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>370</td>
<td>14</td>
<td>3.9</td>
</tr>
<tr>
<td>Public Health</td>
<td>229</td>
<td>-14</td>
<td>-5.8</td>
</tr>
<tr>
<td>Veterinary Medicine</td>
<td>297</td>
<td>3</td>
<td>1.0</td>
</tr>
<tr>
<td>Dental Hygiene</td>
<td>103</td>
<td>15</td>
<td>17.0</td>
</tr>
<tr>
<td>Medical Technology</td>
<td>73</td>
<td>-9</td>
<td>-11.8</td>
</tr>
<tr>
<td>Mortuary Sciences</td>
<td>61</td>
<td>-6</td>
<td>-9.8</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>19</td>
<td>-62</td>
<td>a</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>1</td>
<td>-59</td>
<td>a</td>
</tr>
</tbody>
</table>

*Declines in enrollments are due to the phasing out of undergraduate programs.*

Sale of University of Minnesota Hospitals and Clinics

In January 1997, University of Minnesota Hospital and Clinics (UMHC) was sold for $87 million to Fairview Hospital and Health System (FHHC), and a unique public-private relationship was established as Fairview University Medical Center (FUMC). Fairview's mission in this endeavor is to improve the health of the communities served by the University of Minnesota. Fairview pledged to support the research and education efforts, and the tradition of excellence, of the University of Minnesota as a new partner. On December 11, 1997 a progress report to the Board of Regents provided the following: A summary of the transaction, a one-year progress report on the relationship, and an overview for moving forward. The basis for this relationship with Fairview was articulated as follows:

- To provide greater access to patients for education/ research and clinical practice of faculty;
- To meet a FHHS need to enhance its care delivery system by adding a flagship, world-class component;
- To improve the UMHC financial performance;
- To stabilize one portion of the financial base of the UM-TC Medical School/AHC; to provide enhanced opportunities for education and research development within FHHS; and
- To support the public community mission of the Medical School and AHC schools.

Progress Report on Relationship

The report summarized the effects of the change in each of the following several categories of information: Patient care; impact on students; impact on faculty; FUMC performance measures; FUMC employees; research; and legal implications. The last item is a summary of the financial transactions.
Patient Care

- Admissions per month increased 1.6% (3,247 per month in 1997)
- Average daily census decreased 0.8% (ADC 670 per month in 1997)
- Length of stay decreased 6.8 to 6.4 days
- Customer satisfaction: percentage positive responses are within 2 to 6% of previous
- Joint Commission on Accreditation of Healthcare Organizations Survey: passed and received a positive special comment on quality of care environment and care services delivered

Impact on Students

- Medicine, Nursing, Pharmacy, Dentistry students use FUMC
- Educational experience unaffected
- Improvements: lounge, computer access, on-call room security, new teaching rotations
- Potential for enhanced educational experience is understood, and work underway to realize the potential, e.g., pharmacy training program

Impact on Faculty

- Faculty are involved at all organizational levels at FUMC - 21 departments, 12 committees, 13 clinical service lines
- The number of compensated physician leaders has increased in FUMC, while total financial support decreased about 20%
- Faculty turnover rate remains unchanged from its historical 6-8% per year
- Patient care activities are strong
- Recruited 3 new senior faculty with excellent academic credentials: cardiology, orthopedic surgery, gastroenterology
- Loss of access to University delegated funds to UMHS governing board for faculty recruitment and retention, and program development
- Loss of clinical revenue to the Medical School in 1996-97 for reasons that directly related to the transaction ($9.6 M)
- Cultural integration has not been achieved

FUMC Performance

- Financial performance of FUMC operations is cash positive
- Operations plan slow to implement on both campuses Program investments are being made by Fairview:
  -- new faculty research and education (800K)
  -- donation to School of Nursing Leadership Institute (500K)
  -- $1.3M in clinic renovations for UMP clinics
  -- Children's services: Perinatal Mental Health; genetic counseling; expanded Woman's Health; Immunlink
  -- Transplant Services: Marketing program; expanded services lines
-- Oncology Services: Breast Cancer Center ($1.7M); enhanced outreach; coordinated research protocols with Cancer Center and communities
-- Neuroscience: New programs in pain, epilepsy, stroke and interventions [NMR]
-- Other: UMP Outreach in Fairview System; Digestive Disease Center; Upgrade FUMC to Level 11 Trauma

FUMC Employees

• About 4,000 employees transferred to Fairview
• Although 200 layoffs were expected, almost none occurred; over 100 employment vacancies are present
• AFSCME represents approximately 900 service and maintenance unit employees
• Cultural integration continues

Research

• The Institutional Review Board (IRB) for the use of human subjects in research serves both the University and Fairview, and incorporates Fairview members into its panels.
• The research operations interface between the AHC and FUMC is implemented.
• The number of approved clinical research protocols has risen from 1,197 in 1996 to 2,287 in 1997, with 564 new protocols approved so far in 1997.
• The AHC continues to experience an increase in sponsored research funding.

Legal

• Completion of service agreements related to the transaction (e.g., CUHCC services, Medical Records, Chilled H20/Steam).
• Implementation agreements (e.g., IRB consolidation, trademark, marketing)
• Compliance with contract terms (e.g., lease, fund transfers)
• Monitor effective University role in FHHS division and system governance/protection of University's long-term interest
• Coordination of legal issues U/UMP/FHHS
• Interpretation of various agreements as they become operational

Financial Transactions

• Lease arrangement is working with return of space ahead of schedule; expected costs to remodel this space $24 M
• Integrity of state funds for support of education and research has been maintained; accounting mechanism for the "bucket" is in process

The Fairview-University Report Card, presented below, summarized the first year transition of 1997

<table>
<thead>
<tr>
<th>Academic</th>
<th>Current</th>
<th>Expected</th>
</tr>
</thead>
<tbody>
<tr>
<td>-improved patient access for education/research</td>
<td>±</td>
<td>+</td>
</tr>
</tbody>
</table>
- preserved quality of education experience + +
- enhanced clinical research + +
- maintain access to resources - +
- preserved integrity of state funds + +

**Clinical**
- continued program development activity + +
- improved customer satisfaction ± +
- improved status of practice plan - +
- improved market share - -

**Administrative**
- develop clear, joint strategic plan - +
- improved financial status - hospital + +
- minimize layoffs + -
- physician attitude ± ±
- cultural integration - -

**Next Steps**

The next steps in moving forward in the Fairview-University relationship were articulated as follows:

- Make vision tangible at all levels of Fairview and AHC
- Establish effective links between Fairview and AHC planning and operations
- Continue cultural integration and development of new culture
- Maintain and/or enhance market share
- Continue development of AHC/Medical School's public mission with other health system providers and state agencies

The next steps must be understood in the broader context of the strategic planning of the Academic Health Center and the Medical School in particular. That plan included the following elements:

- Competitive integrated practice plan
- Development of strategic plan for clinical enterprise
- Reorganization and investment in biological sciences and digital technologies
- Increasing interdisciplinary/interschool education and research
- Improving fiscal performance and accountability
- Redesigning administrative infrastructure into an efficient, customer focused service model and
- Expanding technology development and transfer
Table 5

Summary of UMHC/Fairview Transaction
(Excludes CUHCC Activity Retained by the University)

Dollars in Millions
Comparison of Final Amounts to July 1996 Estimates

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and equivalents</td>
<td>$47.0</td>
<td>$39.7</td>
</tr>
<tr>
<td>Endowment and gift cash</td>
<td>$14.1</td>
<td></td>
</tr>
<tr>
<td>Other current assets retained</td>
<td>$4.5</td>
<td></td>
</tr>
<tr>
<td>Cash and investments whose use is limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale to Fairview</td>
<td>$159.6</td>
<td>$157.7</td>
</tr>
<tr>
<td>Cash settlement on disputed items</td>
<td>$5.7</td>
<td></td>
</tr>
<tr>
<td>Total available cash and other resources</td>
<td>$299.8</td>
<td>$284.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obligations Remaining with the University:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Debt and capital projects:</td>
<td>$66.4</td>
<td>$56.1</td>
</tr>
<tr>
<td>Refunded University debt</td>
<td>$71.0</td>
<td></td>
</tr>
<tr>
<td>Debt service payments</td>
<td>$7.4</td>
<td></td>
</tr>
<tr>
<td>Restricted tax-exempt capital</td>
<td>$46.4</td>
<td></td>
</tr>
<tr>
<td>Committed to steam plant project</td>
<td>$14.1</td>
<td></td>
</tr>
<tr>
<td>Other retained liabilities</td>
<td>$18.8</td>
<td>$11.9</td>
</tr>
<tr>
<td>Cost of the transaction:</td>
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<td></td>
</tr>
<tr>
<td>Direct costs</td>
<td>$19.5</td>
<td></td>
</tr>
<tr>
<td>Transition payments (32 mo.)</td>
<td>$32.0</td>
<td></td>
</tr>
<tr>
<td>Deficit sharing (36 mo.)</td>
<td>$10.9</td>
<td></td>
</tr>
<tr>
<td>Hibbing Hospital commitments</td>
<td></td>
<td>$4.0</td>
</tr>
<tr>
<td>Total Obligations:</td>
<td>$230.4</td>
<td>$214.7</td>
</tr>
</tbody>
</table>

Net Current Fund Balance Available | $69.4 | 70.2 |
November 1999 Update

At the November 1999 meeting of the Board of Regents, Frank Cerra, Senior Vice President for Health Sciences, gave an update titled "Choices and Challenges: The Future of the University of Minnesota Academic Health Center." He indicated that the health sciences are clearly facing a defining moment to find answers to two important questions--where are we going, and what are the right choices for faculty, students, and for the people of Minnesota? The following excerpts are reflections on what he learned from his discussions with faculty in all of the departments in AHC schools and colleges.

Although the dark days of the past are gone, their ghosts still haunt us. We have preserved our schools and professional identities with clear roles for deans and department heads, yet the word "reengineering" is still used from time to time. We have settled with the Department of Justice over the ALG matter, but remain criticized for the amount we had to pay…. And, most importantly, our financial future remains an unanswered question, especially for the Medical School. We have managed thus far by selling the hospital, spending our reserves, and securing additional legislative support through the tobacco endowment, funding for annual AHC grants, and funding for the new Molecular and Cell Biology building. As good as these latter gains are, we cannot continue this patchwork of fiscal solutions. We must understand and fix the structural financial problem.

The faculty and staff have suffered from the dramatic changes of the past few years, but still fight to maintain high quality programs and services. The talent here in the Academic Health Center is amazing, but we are all tired of playing "Tug of War", a game that always provides the urge to let go--to give up. If all the members on one side let go, the other team will fall backward. Neither side wins. These days, we are all feeling the urge to let go, to give up, to go away. But we can't, because if we let go of the rope, we, and the people who rely on us, fall backwards. The health of Minnesota would be the real loser.

Minnesota's health depends on us. It is safe to say that there has never been a time when we have been needed more. The people of Minnesota need us to educate their health providers and to take care of their families; the state needs us to help build a life sciences industry to complement Minnesota's medical device industry; the world needs the research that is conducted here. As the population ages, these needs will grow. We must be ready to respond.

Virtually everyone asks, where are we going as an AHC? What are the questions? What is the plan? What is my role in the plan? Together, we have made tremendous progress over the last four years. We have faced seemingly insurmountable obstacles and overcome them. Our accomplishments include:

- Delivery of the highest quality research, education and clinical services.
- Improved service to faculty and industry through the Research Services Office.
- Increased communication and collaborative decision-making.
- Establishment of a different marketplace position through Fairview and University of Minnesota Physicians.
• Increased recognition of our contributions to science and to the health of the people of Minnesota.
• Leadership in interdisciplinary education and research.
• Implementation of new programs such as the Center for Spirituality and Healing, the Rural Health School, the National Institute of Health Policy, and the online Pharm.D. degree for practitioners.
• Investments in facilities and technology.
• Strengthened curriculum that includes teaching new skills and knowledge.
• Successful funding of graduate medical education--unlike other states.
• Increased accountability to taxpayers and to the students by implementing new oversight models and management systems.
• Establishing the processes of delivering education where care is delivered.

Several challenges lie ahead. Among those challenges are the following:

• The swirling and rapidly evolving health care marketplace continues to challenge our development. Burdened by its own issues and increasingly less able to support education and research as it has in the past, the market is the primary cause of our financial problems. The market also fails to recognize that education and research are as much a part of our identity as expert clinical care. Who pays for health professional education is a public policy problem that needs a solution.

• The U.S. Congress and the Minnesota Legislature are unlikely sources of solutions to our serious financial dilemma. At the federal level, it appears as if Congress will starve medical education, or choke it with regulation. Congress has already declared its opposition to using Medicare funds to continue support for graduate medical education. At best, we will be able to compete for this funding during every appropriation cycle. Our situation here in Minnesota is better, but still not reliable enough. Last year in the Minnesota Legislature, with 4 billion additional dollars to spend, we ended the session with a recurring increase of $8 million--despite a massive educational and promotional campaign by the Academic Health Center. Legislators support us, believe in us, respect our research, and commend us for providing 70 percent of the state's health professionals. Yet, it appears we will have to create our own opportunities and forge our own partnerships to move ahead.

• The biological revolution presents both opportunities and threats. It is blurring the lines between medicine and agriculture, and between the basic and clinical sciences. In some ways, it is our greatest opportunity, promising new treatments, new cures, and a new industry for Minnesota. It appears at this point that we will prioritize human and translational/functional genomics, stem cell research and bioengineering, supported on a platform of bioinformatics. This will require an expanded infrastructure. It could draw resources from other important programs. And it could fail as Minnesota attempts to compete with states that have already invested heavily in the new science.

• The University's traditional role as a primary source of knowledge and fount of solutions is being challenged. Information technology and an increasingly electronic
marketplace have made it possible to get expert advice elsewhere, to engage in worldwide conferencing, and to earn a degree, at home.

There are also some realities that we must face:

• We are not as good across the board as we used to be. While our rankings have slipped, we still have one of the finest faculties in the world and dozens of highly regarded programs and many more that remain nationally ranked. Unfortunately, we do not have enough faculty to regain our stature. Faculty recruitment and retention must be a top priority.

• If we are to succeed, we must get out and create the opportunities and partnerships ourselves. We won't be able to rely on the Minnesota Legislature, U.S. Congress, or the health systems to solve our problems for us while we sit passively and wait. We will need to mobilize all of our creative energies to bring together the right parties--including our friends in politics and managed care--to negotiate solutions. We will need to use our best thinking to develop creative financing mechanisms for new buildings, programs, and services. The recently announced University of Minnesota capital campaign presents us with immediate opportunities to secure financial support.

• Our partnership with Fairview is important, but it cannot be the sole source of resources for us to grow. We need to develop an effective arrangement with Fairview that maintains a world-class hospital with flagship programs on our campus. We also need relationships with other care delivery systems in the provider community to meet the needs of our mission.

• The future requires us to "hang together" rather than "hanging separately." We have had some great successes in interscholastic efforts. We need more! Every change--large or small--creates tension and painful decisions create emotional chaos. We must remain optimistic, continue working hard and making good choices for the future.

• Success is dependent as much on external factors as on internal ones. Despite the potentially negative impact of media, lawsuits, and policy decisions, we must remain focused on our clients--students, patients, stakeholders, and regulators. We must continue to deliver the highest quality and most ethical research and service to strengthen our national reputation. We must also maintain the environment of creativity and innovation within which we can all grow and develop as individuals.

• The end--good or bad--is not near. We are educating students, delivering world-class patient care, and making major discoveries. This is our purpose; this is why we are here. In the process, we are managing the long-term problems that managed care has created for health professional education and research.

In early 2000, work groups of faculty and staff were organized to discuss the following questions and to articulate options. Vice President Cerra proposed a faculty-administrative partnership that will be entrusted with the development of a vision for the Academic Health Center by June 30, 2000. This will
require a review of the information developed by the work groups, making choices among the options, discussing those recommendations widely, and returning with an agenda that will meet the challenges over the next several years.

1. **What is our role in the health of Minnesotans--our land grant mandate?**
   Can we continue to train two-thirds of Minnesota's health professionals? Do we focus on specialists or primary care? Are we ready to care for an aging population? How do we pay for it? In addition to how to care of the sick and injured, what do we teach?

2. **Will we lead or follow in the marketplace?**
   What is the optimum relationship with Fairview? With community partners? How full does FUMC need to be, and what are the implications for the composition of the faculty? How do we develop a service culture that meets the benchmarks? How do we provide the education base today that prepares the leaders of the care delivery systems tomorrow?

3. **How will we support research?**
   Can we be top ranked nationally in all areas? If so, how do we support it? If not, how do we choose our priorities? What is the future of clinical research and industry partnerships? Will there be an interest in funding initiatives for economic development? How do we build infrastructure and an environment that rewards innovation? How do we build Biomedical Alley?

4. **How will we meet the challenges of the electronic age?**
   What courses and degrees should be on-line or web-based? How are education, research and clinical services strengthened (or weakened) by communication technology? How do we pay for it? Do we want high-tech or high-touch education and care? How do we build life-long learning and self-education into our programs and support systems.

5. **How do we develop a culture of accountability in an environment of good communication and consultative decision-making?**
   What are the right formulas for effective communication and collaborative decision-making? How can we be certain that the governance processes are representative of the opinions and principles of the constituencies? Are we willing to engage in responsible decision-making and be accountable for our actions?

According to Vice President Cerra, we will know we have succeeded when:

- The University of Minnesota is listed in the top 20, all the health professional schools are in the top 10 on any list, and our research programs are in the top 10.
- Health professional education balances outstanding, well-funded core programs with interdisciplinary education and training that meets the needs of the people and the providers, especially those of an aging population.
- Education is delivered where the care is delivered and is paid for with designated resources.
- All parties--public and private--invest in medical education and recognize its public value.
- High-tech is combined with high touch to strengthen curriculum and care, and we are viewed as a resource for self-education for life.
• Faculty and staff are challenged, motivated, and appropriately supported financially.
• Fairview Health Services is our primary partner, but University clinical services are widely available through other community partnerships.
• University of Minnesota Physicians competes effectively in the marketplace and is able to generate revenue consistent with its needs and the needs of the Medical School.
• We are providing leadership in the care delivery marketplace.
• The University continues to educate two-thirds of Minnesota's health professionals.
• The best students and faculty in the nation consider us among their top three choices when making education or career choices.
• Minnesota has a growing life sciences industry sector to complement our success in medical devices.

Collegiate Units in the Academic Health Center

This section is a brief overview of the collegiate units in the Academic Health Center and how those units have changed in four years since the May 1996 review. Additional planning is underway during the 1999-2000 academic year: a) As mentioned, an ad hoc subcommittee of the Board of Regents will explore issues concerning the future of the Academic Health Center; and b) the senior vice president for Health Sciences will work with leadership within the Academic Health Center to identify strategies for addressing issues across all collegiate unit. Both efforts are expected to be completed by June 30, 2000.

The best unit specific information about collegiate units in the Academic Health Center comes from collegiate strategic plans and administrative commentary on those plans that occurred in the most recent cycle of the University’s Compact Planning Process. The Academic Health Center includes the following collegiate units: the School of Dentistry, the Medical School (Twin Cities campus), the School of Nursing, the College of Pharmacy, the School of Public Health, and the College of Veterinary Medicine. Also included, but not described in detail, are the following programs: Dental Hygiene, Medical Technology, Mortuary Sciences, Occupational Therapy, and Physical Therapy.

School of Dentistry

Mission/Vision. The school celebrated its first Century of Excellence in 1988. In essence its mission is to produce quality dentists, dental hygienists, dental specialists, dental scientists, and the generation and transference of new knowledge/technology. The A.D.A., A.A.D.S., and N.I.D.R. view the School, the only dental school in Minnesota, as one of the nation's leading dental schools. The school completed in 1995 a self-study and accreditation site visit. The ADA Commission on Dental Accreditation granted full approval to the D.D.S., dental hygiene, and advanced education programs. The school has the unique distinction of being the only dental school in the country offering its students a "Guarantee of Quality" program.

The University of Minnesota School of Dentistry is fulfilling its mission of producing highly trained dentists, dental hygienists, dental specialists, and dental scientists. It ranks among the nation’s leading dental schools and is recognized for its contributions in generating new knowledge and technology. It is one of four schools in the United States to be funded for a NIH Clinical Research Center. Patient
shortages, new ethical considerations, and recent advances in teaching will demand that the school consider the purchase, installation, and implementation of state of the art dental simulation laboratories.

The school is a leader in producing outstanding clinicians and its clinical education system is a model program. The school offers the most cost effective, quality dental education among public dental schools. As a measure of quality, in 1998, 97.5 percent of students taking National Boards Part I were successful, placing Minnesota in the top quintile of dental schools nationally, and 96 percent taking Part II passed with average score above the national mean. No student experienced probation during 1998, and forty-seven students qualified for Dean’s list in the Fall Quarter, 1998, i.e., 3.67 cumulative GPA. The A.A.D.S. recommends further development of post-doctoral positions in General Dentistry. By the year 2000 all graduates of U.S. dental schools should be able to enroll for one year of post-doctoral training.

The School of Dentistry’s clinics accommodate over 125,000 patient visits annually. The school has become a major provider for indigent/MA care patients who rely on the school’s clinics for their oral health needs. The school has identified a need to alleviate the shortage of dentists and dental hygienists in rural areas throughout the entire upper Midwest. The "Health and Human Services Report to the President and Congress on the Status of U.S. Health Professions" has, for the last few years, predicted dentistry to be the only health care profession expected to have a shortage by the year 2010. There is currently a dire shortage of dental hygienists and shortage of rural dentists.

The University is home to the only dental school in Minnesota, and in the northern tier of states between Wisconsin and the Pacific Northwest. As such, the school serves as a regional resource for education, patient consultation and treatment, and continuing education for practitioners. More than 95 percent of the Minnesota’s dentists are graduates of the UM School of Dentistry, as are approximately 60 percent and 40 percent of dentists in North and South Dakota respectively. A relatively high percentage of dentists in Wisconsin and Montana also have graduated from this school. University development of distance education facilities/lines will enable the school to offer courses/programs throughout the state/region.

Changes/Trends. In the early 1990s, the dental profession was viewed as over supplied. The school's applicant pool has grown faster than the United States average. For the past several years it ranked 5th among 35 public schools in student quality, as measured by the Dental Aptitude Test and GPAs. Overall, 35 percent of the enrollment is female. In addition to the school being viewed as a leader in producing quality clinicians and making major contributions in generating new knowledge/technology, the school's clinic system is viewed as a model clinical program. It is the most cost effective, quality dental education program among public schools.

Major Strategic Objectives/Issues. The school's faculty and staff developed and are implementing a strategic plan which the President, central administration, and Board of Regents acclaimed as ambitious, bold and innovative. The school's strategic plan is now viewed as a model. Examples of steps implemented include the following:

- Streamlining school organization by reducing the number of departments from 13 to 4, and reducing the number of assistant/associate deans from 4 to 0.
• Completing a new curriculum that includes the latest concepts of technology, stresses life long learning, critical thinking, and is outcome oriented.
• Developing and implementing a new patient centered clinical education program focusing on comprehensive dental care in association with patient care groups.
• Develop and implement an expanded outreach program with and emphasis on rural Minnesota.
• Establishing a Dental Research Institute in 1987. Annual NIH research expenditures over the past five years increased 131 percent from $1.3 million in FY87 to over $3 million in FY92.
• Reconfiguring space because of downsizing to reduce space by 31,000 ASF. A new Strategic Plan to guide the school into the 21st Century was completed in 1996.
• Develop a plan to introduce a state of the art dental simulation laboratory with the Virtual Dental Patient.
• Improve clinical education and expand patient care opportunities through the following initiatives:
  a) Increase faculty private practice capacity and activity in the School’s clinic
  b) Develop and implement a ‘Patient-focused’ admissions process for clinics resulting in a 40 percent reduction of appointment time commitments for patients.
  c) Implement Phase II of the Clinic Computing Modernization Program
  d) Initiate a regular replacement program for clinic equipment
  e) Increase the ratio of full-time to part-time faculty
  f) Obtain permanent funding to offset the increased expense resulting from sale of University Hospital (e.g., parking fees)
• In order to recruit and retain quality faculty and staff, salary augmentation is needed; salary data in 1996 showed the school to be under the weighted mean of AAUP public schools by 12.6 percent.
• The school is acknowledged as having outstanding patient care and instructional facilities. Facilities are now almost 25 years old and in urgent need of repair and maintenance to meet health and safety standards for patients, students, faculty, staff, and accreditation standards.
• The role of the school must be clarified with respect to serving as a state resource for medical assistance care. The school is becoming a provider of last resort. It does not receive monies from the state or county to offset the cost of this service yet these patients are needed to satisfy student requirements.
• Clinic fees may have to be lowered in order to assure sufficient numbers of patients to meet education needs. This would markedly affect clinic income and add to budget instability.

Budget Strategy. The School’s current planning and budgeting compact, detailing current initiatives and funding for the School of Dentistry, can be found at:
http://www.evpp.umn.edu/compact/compact99

The School of Dentistry is facing financial exigencies. The American Dental Association data ranks the school 32 out of 34 public schools in state appropriation per student per year. From 1987 to 1995 the school reallocated $7 million; $3 million was targeted for external retrenchment. According to ADA data, the school’s tuition and fees rank 4th among public schools. The clinic income/production has been maximized. Financial constraints preclude augmentation of state support. Reasonably the school should receive indigent patient care funds to offset the over $300,000 lost annually in providing indigent care. The school seeks administrative support for its achievements in implementing its strategic plan. Stabilization of funding for the school is critical.
In fiscal year 2000, the School of Dentistry receives $9,277,833 in state support, $4,024,915 in tuition revenue, and $587,619 in indirect cost recovery. Faculty salaries remain below the median for peer-group schools. Additional financial issues include:

- **Funding for patient parking**
  This item has been a chronic problem for School of Dentistry budgetary planning. Subsidized parking is one of the major concerns of patients to the School of Dentistry clinics. This item must be regularized through a recurring appropriation.

- **Loss of Indigent Care Funding**
  The School is concerned regarding whether or not additions to the MERC Trust Fund beyond the current $5 million base will be sufficient to meet the shortfall. In the event that it is not, the MERC funding committed for this purpose will only replace current costs and will not be available to meet program improvement requirements.

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**Medical School**

Additional information on Medical School (UM-TC) programs and initiatives can be found at: www.med.umn.edu/.

**Mission/Vision.** The mission of the Medical School is to conduct high quality programs of research, education and service through which the college contributes significantly to the provision of excellent health care for the people of Minnesota. The Medical School programs include undergraduate, graduate and continuing education in all medical disciplines. The programs are comprehensive and maintain and enhance the high quality of University-based scholarship. Educational programs for medical students include fundamental understanding of basic concepts of biology, human health and disease with emphasis upon individual learning, research and scholarship, integrated and disciplinary programs, ambulatory care, biomedical ethics, health economics, geriatrics and nutrition. The Medical School is responsible for preparing its students for participating in and understanding the advances in contemporary biology and their applications to medicine. It is responsible for encouraging and facilitating faculty activities in research. Biomedical research, both basic and applied, represent a continuing central focus of the Medical School and substantial contribution by the faculty and staff to the highest aspirations of the academic community to be responsible for the acquisition, refinement and learning of biomedical knowledge.

The Medical School faculty, serving as the medical staff for the Fairview/University Hospital System offers extensive professional consultative services to the public and to practicing health care personnel. Medical School personnel provide direct patient care consistent with this consultative role and with the School's responsibility for providing essential educational and research resources for the faculty, students and community.

**Changes/Trends.** New initiatives include the advanced admission program, minority student recruitment and an integrated course in cell and molecular biology, as well as increased emphasis on primary care. Admission requirements have been broadened to encourage excellent students with varied educational experiences to enter medicine. An education program to improve rural health has been
implemented which will include multi-disciplinary health care professionals linked by improved methods of communication and consultation.

Medical student applications have increased, and for 1999-2000 stand at ??? Minnesotans and ???? out-of-state applicants. ?? percent are women. There are 1629 medical students, allied health students, medical residents and fellows, and graduate students in the Medical School. More Minnesota graduates enter primary care than graduates of any other Medical School in the nation. Those numbers will increase over the next seven years. The school is developing a rural family practice residency program and programs in rural and environmental health with the University of Minnesota-Duluth School of Medicine, the School of Public Health and other units within the Academic Health Center.

Basic health sciences research and graduate programs have increasingly become interdisciplinary and have strong intercollegiate linkages. Success of the basic sciences and of interdisciplinary research programs are key to the major scientific initiatives of the Medical School. Examples include neuroscience, cell and developmental biology, biochemistry, and biomedical engineering. The Medical School specifically targeted the Basic Sciences for improved vigor and productivity in research and education as they represent the infrastructure for all of its research programs and has encouraged and promoted basic and clinical science relationships through recruitment and program development. Continued success of these endeavors has been helped with replacement of Basic Sciences research facilities in 1997, and the University’s Molecular and Cellular Biology initiatives begun in 1998.

The Clinical Sciences faculty have the heavy challenge and responsibility of implementing their missions within highly competitive local, state and national environments for health care which severely impact their activities. Altered patterns of health care economics, including limitations of patient referral, access, and reimbursement have led the faculty to expend more effort in the direction of the competitive health care marketplace. These efforts seriously threaten and strain their ability to conduct their academic activities. They and the Medical School are attempting to adjust to these pressures while not compromising standards and performance. However, traditional relationships with community medical practitioners and health care institutions, including some affiliated hospitals, have been strained and occasionally impair fulfillment of academic missions. Nonetheless, these pressures and the need to accommodate them, has provided students with an opportunity to participate in the "real world" during their educational experiences and the faculty with innovative opportunities in research and role-modeling.

Considerable effort has been expended during the last two years in positioning the School to adapt to multiple challenges and to maintain and improve its status. While a similarly ambitious agenda is proposed for fiscal year 2000, there is an urgent need to move forward aggressively with key prioritized investments. Clarity of the fundamental problem is not in doubt. Major national foundations such as the Pew Foundation, the Josiah Macy Foundation, the American Association of Medical Schools, various conferences, and publications reiterate that reliance on clinical revenue as a major source of operational revenue is no longer a viable economic strategy. In the last year it has become clear that in Minnesota—a state at the leading edge of health care reform—clinical revenue from the hospital and faculty clinical practice is no longer available to support the School’s mission.

Major Strategic Objectives/Issues. The Medical School has several strategic objectives, including:
• Implement the biological sciences administrative reorganization, which includes newly formed basic science departments Genetics, Cell Biology and Development; Biochemistry, Molecular Biology, and Biophysics; and Neuroscience

• Develop a coordinated strategy and plan for genomic research throughout the University. Investigators for the College of Veterinary Medicine, College of Biological Sciences, Medical School, and the Institute of Technology have not previously developed a coordinated strategy to identify future resources needed in genomics research, bioinformatics, and infrastructure. The University’s current sequencing capacity is approximately 750 reads/day. The University will need to increase to 2,500 reads/day to be competitive in the future.

• Secure resources for clinical departments and faculty to support education and research missions. Minnesota has the distinction of standing alone as the Academic Health Center (AHC) in the most mature managed care region in the country. A number of publications have linked the degree of managed care growth and market penetration with the decline in clinical revenue in the Nations’ Medical Schools.

Clinical investigation is integral to research efforts, with the Medical School ranking 26th nationally in National Institutes of Health (NIH) grant acquisition and our clinical faculty ranking in the 80 to 90th percentile for federal dollars granted per faculty member. However, there are disturbing trends that are affecting our research enterprise that must be overcome. These include:

• Increasing time required in clinical activity to earn a constant dollar amount.

• Decrease in the level of NIH grant revenues during the last three years.

• Fewer NIH grant proposals submitted from the Medical School in each of the past three years (1,409 in 1995, with fewer than 1,200 in 1999 projected).

• Recent loss of twenty of our clinical department faculty members to other medical schools (14), industry (1), and clinical practice (5). In contrast, only one senior basic scientist has left the Medical School during this period.

In a competitive managed care marketplace, productivity based compensation will not support clinician scientists. To address these deficiencies, the Medical School seeks to implement a clinician scholar career development award.

• Promote and improve academic relationships with major affiliates. The principle teaching affiliates—Veterans Affairs Medical Center (VAMC), Hennepin County Medical Center (HCMC), and Regions Hospital perform one half of all teaching in the third and fourth clinical years. The full-time faculty members at these hospitals perform their teaching activities and add substantially to our research mission (e.g., VAMC investigators hold 22 current NIH research grants). The academic activities at these hospitals are vital to our undergraduate and postgraduate teaching efforts and to research collaborations.

• Coordinate operational activities of the clinical enterprise between the Medical School, University of Minnesota Physicians (UMP), and Fairview-University Medical Center (FUMC). In addition, develop external interactions with other health care organizations in order to meet mission and goals not met by the Fairview relationship. A vigorous clinical enterprise is essential for the Medical School. The environment of the managed health system and changes in hospital and practice relationships create new tensions and limited resources. These challenges include decreased marketplace derived resources, cost revenue reduction in graduate medical education need for community-based education, and demand for physicians. Further, the clinical enterprise is
essential to meet the specific missions of the Medical School.

- Development and Evaluation of Primary Competencies -- The Primary Care Education Committee and its workgroups (a broadly representative group of over 100 faculty members and community representatives) identified eight areas, which they viewed as significant gaps in the curriculum. These areas, which are essential for medical practice, are: communication skills, cultural dynamics, ethics, evidence-based medicine, health systems, informatics, interdisciplinary teamwork, and preventive medicine. Workgroups for these areas made recommendations for integrating education in these primary competencies for all physicians throughout the curriculum, using problem- and case-based methods.

- Incorporate information and informatics into the Medical School’s programs. -- The University of Minnesota Medical School will become an international leader in medical education through creation of an educational environment that provides an exemplary education for all of its students by using advanced information technology to provide an highly effective and cost-efficient educational experience.

- Promote academic and research career opportunities for medical students through design of curricular options. The University of Minnesota Medical School will enhance the number of students choosing research careers. In a recent survey, the University of Minnesota ranked in the lower quartile of medical schools whose graduates are interested in an academic research career or engaged in academic medicine.

- Medical student tuition constitutes ?? percent of costs and is rising. Medical student indebtedness at graduation exceeds ??? and conflicts with career choices in primary care and academic medicine. All sources of funding are decreasing, including patient care-derived sources for education and research support. Significant support of education costs for medical and allied health residents and fellows are derived from patient care revenues Participation in one or more integrated service networks by the University Health System is essential to maintaining an adequate flow of revenues from patient care. The percentage of Medical School expenditures derived from state funding decreased from 26 percent in 1982-83 to 20 percent in 1992-93 despite a 65 percent increase in absolute state dollars, while federal research funding has decreased from 31 percent to 29 percent despite a 101 percent increase in federal funding. Private sources constituted 43 percent of total expenditures in 1982-83 and 51 percent in 1992-93, an increase of 262 percent in that decade.

Budget Strategy. The Twin Cities Medical School receives centrally allocated funding of $30,682,108 in state support, $15,034,640 in tuition, $1,205,608 in state special support, and $10,296,712 in indirect cost recovery. Additionally, a total of $92,000,000 in revenue is expected to be generated from other sources, including $32 million from affiliated hospitals, $17 million from foundations, $28 million from private practice activities, and $15 million from other sources. The Medical School’s goal is to achieve a positive cash balance of 30 percent of annual expenses in unrestricted cash. Funding for clinical research and the next generation of investigators is a major problem of the Medical School. Resources for clinical science are inadequate because of the new paradigm that clinical and hospital income is not available to support the academic mission. The most recent budget information may be found at www.irr.umn/edu/compact/compace99.
All sources of funding are being dedicated to achieving the objectives identified above. The clinical departments in conjunction with the Medical School and the Fairview/University Hospital System will focus financial resources to achieve institutional objectives in order to implement the clinical strategic plan. The Cancer Center, as the top priority of the Medical School, has received the major focus of private fund raising. Financial strategies will be developed for future research facilities in clinical departments. Medical School resources will be dedicated to short-term investments for the recruitment of faculty and for program enhancement. MinnesotaCare funding in primary care and related educational program funding will be dedicated to fulfill legislated mandates. The school continues to seek private funding for medical student scholarships while also seeking tuition relief to encourage primary care; $6.5 million per year will be necessary to achieve stability and timely replacement of research and research training equipment assuming a 10-year turnover. Funding for teaching supplies has decreased. The supplies budgets of the basic science departments have decreased in recent years and need to be restored.

**School of Nursing**

**Mission/Vision.** The School of Nursing was established in 1909 as the first continuing university-based school of nursing in the world. The school's mission is to generate knowledge for the care of patients and to prepare nurses for leadership roles in research, education, and practice. In 1996, the school was ranked 13th among the 636 U.S. nursing schools with baccalaureate and higher degree programs in the Gourman Report. Almost 10,000 degrees have been awarded. Its graduates have made significant and sustained contributions to health care and the profession of nursing. Over 300 graduate and 200 undergraduate students are registered at any one time.

The undergraduate curriculum takes full advantage of the professional educational opportunities in a major research university. Graduates assume patient care and leadership roles in the full range of health care facilities and health-related industries. Master's degree programs prepare nurses for advanced practice as nurse midwives, clinical specialists, and nurse practitioners in most major clinical areas as well as educational and management roles. In response to needs identified by various policy makers, the school collaborates with other disciplines and schools of nursing in offering its master’s programs. Outreach programs to Moorhead, Duluth and Rochester bring specialized masters preparation to those communities. The Ph.D. program, initiated in 1983, is designed to prepare scholars and researchers for academic roles. The faculty conduct extramurally funded research on health and illness behavior and methods for maintaining and improving health status.

The school is an active participant in interdisciplinary programs of the University and the Academic Health Center including the Rural Health School, the Center on Aging and its programs, the Primary Care Initiative, the Community University Partnership in Education and Service, and the Consortium on Children, Family and Youth. Several faculty members are active members of the AHC’s Center for Spirituality and Healing housed in the School of Nursing. An increasing number of faculty also engage in clinical practice.

The School of Nursing will maintain its leadership role among colleges in the state in nursing research and graduate education. Internationally, it will contribute to the development of knowledge necessary to address fundamental societal health needs through externally funded research and scholarship and
through its Ph.D. and master's education programs. While its emphasis is on graduate education and research, it is also committed to demonstrating the application of new knowledge to practice and to preparing baccalaureate students for entry-level practice of the profession. The School will continue to reassess the appropriate level for basic preparation as the needs of the state and the profession change.

Changes/Trends. The School was reaccredited in October 1993. In 1989, the undergraduate curriculum was completely redesigned for a reduced number (88) of high ability, achievement oriented students likely to take full advantage of a professional program in a major research university. A pilot RN/BSN/MS option for selected registered nurses and an honors program were implemented in 1989. In response to heavy demand, eight additional baccalaureate students were admitted in 1992. Master's programs prepare nurses for advanced practice in most major clinical areas (including nurse midwifery) as well as educational and management roles. The Ph.D. program was initiated in 1983. In 1992 the master's program in Public Health Nursing was transferred to the School and a gerontological clinical nurse specialist/nurse practitioner option was added to the master's curriculum. In FY93, the endowed Long Term Care Professorship was filled, the pediatric nurse practitioner option was launched, and the graduate program was extended to northwestern Minnesota in partnership with Moorhead State University. The family nurse practitioner and a dual MS/MPH options were added in fall 1993. A special outreach to public health nurses in northwestern Minnesota and a collaborative project to develop rural clinical training sites for nurse practitioners were also begun in FY94. These new options are partially supported by one state and nine federal training grants. The state-supported proportion of total expenditures changed from 82 percent in FY82 to 74 percent in FY92, reflecting increases in externally funded research and program projects.

Additional major accomplishments include:
- Extramural support for education programs has increased more than 500 percent since 1992
- An increasing number of doctoral students receive extramural support
- Eight undergraduate students (25 percent of University representatives) are presenting their senior projects at the National Conference on Undergraduate Research.
- The number of students completing the master’s program has more than doubled since 1992
- Master’s level courses are delivered to Moorhead State University, UM-D and the Rochester Center using interactive television, e-mail and web-enhanced technologies
- As the flagship among six master’s programs in the state, the school has taken the lead role in several collaborative education and outreach projects for advanced practice nursing
- Fund raising for the Katharine Densford Center for Nursing Leadership has topped $4 million
- The school houses and has key leadership responsibilities for the interdisciplinary programs Community University Partnership in Education and Service and the Center for Spirituality and Healing

Major Strategic Objectives/Issues.
- Continue to increase research support - extramural funding and infrastructure support
- Continue efforts to replenish senior faculty ranks by continuing to review of areas of need and trying to solve the spousal hiring problem
- Work with other AHC units to discover a method for understanding workforce demands, describing the contributions of nurses with different levels of preparation, and determining the school’s role in preparing entry level and APNs and in influencing the supply in the state
- Develop method to respond to needs for nursing education in greater Minnesota
• Complete semester conversion process
• Implement an acute care nurse practitioner option
• Continue search for optimal arrangements for faculty practice and reward structures for practice to support the school’s needs for access to clinical teaching and research sites
• Work with the Center of Excellence for Indians and the proposed Office for Culture and Community to increase the cultural competency of the faculty and staff and increase the diversity of student body
• Develop a strategic plan for the school’s appropriate position with respect to distance education and technology-enhanced instruction
• Seek support for an AHC strategic planning process to develop a Center for Chronic Illness Research and Education

Budget Strategy. The School receives $3,079,192 in state support, generates $1,962,408 in tuition revenue, and $63,342 in tuition revenue [DIFFERENT FIGURES BOTH FOR TUITION?]. In addition, the school generates approximately another $1 million from other revenue sources such as endowments as private practice. The use of teaching assistants and preceptors for clinical instruction will continue as a strategy to reduce costs further. A practice plan was established to support clinical teaching and recruit nurse midwives and nurse practitioners. Several courses were reformatted to make them more accessible through University College. The School is included in a Center of Excellence Grant for American Indian students to support diversity efforts. The most recent information on financial and programmatic initiatives may be found at www.irr.umn.edu/compact/compact99.

College of Pharmacy

Mission/Vision. The College of Pharmacy is among the nation’s best, rated number 5 by U.S. News and World Report and number 7 in the latest Gourman Report. The mission of the college is to educate pharmacy practitioners who deliver essential pharmaceutical services to the people of Minnesota and society, to educate pharmaceutical scientists and to perform research for the improvement of human health. Throughout its 100-year history as the only College of Pharmacy in this state, the college has produced two out of every three pharmacists who provide health care for Minnesotans, and serves as a model for pharmacy programs worldwide. The College of Pharmacy is responsible for the education of pharmacy practitioners and pharmaceutical scientists who will meet the health needs of the people of Minnesota, society, and deliver essential pharmaceutical services. The College is committed to the improvement of human health through the creation and dissemination of knowledge leading to the development of new drugs and drug delivery systems, the optimization of drug use, and the improvement of pharmaceutical care. It is also committed to the development of pharmaceutical technology to strengthen the economy of Minnesota.

The College houses three graduate programs leading to masters or Ph.D. degrees in Medicinal Chemistry, Pharmaceutics, or Social and Administrative Pharmacy. There are currently 70 graduate students and 382 Pharm.D. students, including 42 in the Doctor of Pharmacy for Practicing Professionals Program. Other programs in the College include centers of excellence in diverse areas of pharmacy such as drug delivery, drug design, pharmacy management and economics, rural pharmacy, pharmacotherapy for the elderly, critical care and pharmaceutical care. In addition, the faculty of the
College participate in advanced research training for post-doctoral research associates and Pharm.D. fellows.

**Changes/Trends.** The college is responding to a national mandate to make the Pharm.D. degree the entry level degree for the profession by revising its Pharm.D. curriculum, discontinuing the BS program, and by creating a new pharmacy program that will prepare graduates to be effective 21st century health care providers. The revised professional curriculum is designed to anticipate changes in health care, and promote the increased responsibility of the pharmacist as an accessible and respected source of health care services and information for the public. The new Pharmacy program began to admit students for fall quarter 1995. Applications for entry into the college are up 25 percent over 1991-92, and three qualified applicants are evaluated for every available position. Approximately 72 percent of the students in the professional program are Minnesota residents. The mean GPA of students entering in the fall of 1993 was 3.46. The graduation rate exceeds 90 percent. Sixty-eight percent of the 370 professional pharmacy students are women, and seventeen percent are minority.

The College of Pharmacy has made a serious commitment to expanding the role of minority and women faculty. Over the past 10 years, 14 new women faculty have joined the College. Today, one in three pharmacy faculty are women.

**Major Strategic Objectives/Issues.** There is a well-documented shortage of pharmacists in Minnesota. The limited funds supporting the College's instructional programs have prohibited the college from admitting many highly qualified Minnesota residents. Additionally, a substantial portion of the instructional efforts supporting the professional pharmacy programs is derived from volunteer faculty, non-regular faculty, and affiliated institutions. Each pharmacy student spends a required minimum of one year in a variety of practice settings learning to provide pharmaceutical care for patients, under the preceptorship of pharmacy faculty. A substantial portion of this one-on-one instruction is provided by volunteers at their practice sites throughout Minnesota. These affiliated hospitals, pharmacies, home health care agencies, nursing homes and HMOs can no longer provide the same level of free education to University pharmacy students. The College must obtain the resources to support these teaching needs. Additionally, the new pharmacy program requires the re-modeling of the teaching laboratories to create a modern pharmacy practice setting. Over $150,000 was raised for the new Pharmaceutical Care Laboratory, with additional commitments from business groups for equipment.

The high ranking of the College of Pharmacy is a result of not only the excellence of its teaching programs, but also of the strong research programs of the faculty. The College has 34 tenured/tenure-track faculty, and offers four graduate programs with ?? Ph.D. and M.S. candidates. The Medicinal Chemistry program is one of the very strongest in the nation and houses the editorial offices of the *Journal of Medicinal Chemistry*. The Pharmaceutics program has research strengths in pharmacokinetics, solid state pharmacy, and novel drug delivery systems. The faculty of the graduate program in Hospital Pharmacy recently developed a new emphasis in Experimental Pharmacotherapy designed to prepare future clinical scientists in pharmacy. Faculty in the Social and Administrative Pharmacy program have developed the Pharmaceutical Care Project and the PRIME Institute. Over the past decade, four endowed chair positions have been funded; these include three PUF chairs and one additional chair in pharmaceutics, the most of any pharmacy program in the country.

Additional strategic directions for the next several years include:
Continued implementation and improvement of the Doctor of Pharmacy curriculum focused upon producing pharmaceutical care practitioners to meet societal needs.

- Continued curriculum development to implement a consistent practice philosophy, active learning pedagogy and an integrated curriculum
- Continue evolution of the patient assessment course
- Continue evolution of the pharmaceutical care laboratory (residents, first year faculty, increased operating expenses)
- Develop business plan for Pharmaceutical care clinic to provide “real patient” experiences in the third year laboratory
- Continue evolution of the seminar and thesis course
- Introduce and integrate drug information skills into the curriculum
- Review and revise geriatric curriculum, both didactic and experiential components
- Continue investment in the Doctor of Pharmacy for Practicing Pharmacists using technology enhanced distance learning approaches.

Stabilization and improvement of the experiential program.

- Continue site development of community/ambulatory pharmaceutical care educational sites.
- Pilot a program to stabilize and improve the quality of acute-care and pediatrics experiential training by adding one educational coordinator to a major integrated health system site.
- Evaluate and improve quality of the clerkship experiences; do formal evaluation of Fairview project
- Develop geriatric experiential education sites
- Continue development of the longitudinal care/context of care second-year clerkship experience

Improve the student experience.

- Optimize performance of the Office of Student Services
- Optimize use of class advisors
- Identify ways to increase student-faculty interaction
- Continue to develop inclusion of student governance in collegiate governance
- Resolve student housing issues during the clerkship year
- Develop tutoring program
- Improve student recognition and community building events
- Implement recruitment/marketing strategies

Enhance community-based and population-based patient care.

- Initiate a community residency program to help implement pharmaceutical care throughout Minnesota
- Assess outcomes of pharmaceutical care implementation in communities
- Provide advanced outreach education through web-based training programs - degrees, certificates, and courses - for training of Minnesota pharmacists to provide pharmaceutical care
- Work with professional organizations on the Pharmacy Practice Act and other initiatives to implement pharmaceutical care, especially in rural and urban underserved communities.

Maintain and enhance the vitality of the graduate programs and post-graduate clinical research training.

- Develop recruitment strategies for the graduate programs
• Improve student stipends for the graduate programs to $12,000
• Perform a needs assessment for the Ph.D. in Experimental Pharmacotherapy and/or for a structured fellowship program and make a decision about implementation; seek new fellowship funding sources; add new TA positions in FY 01
• Explore development of an M.S. program in pharmacy leadership development/MBA

Enhance evolving areas of research strength
• Complete searches for faculty in oncology, psychopharmacy, drug delivery
• Add faculty in pain management, critical care (Fairview), chemo-prevention/carcinogenesis, outcomes assessment
• FY01 – add faculty in pharmacogenomics, med. chem renewal, Weaver chair
• Purchase research equipment; renovate facilities
• Invest in seed and bridge funding
• Faculty development

Enhance the College’s relationships with the pharmaceutical industry.
• Develop a search strategy for the Weaver Chair in Industrial Pharmacy; identify space to accommodate a new chair
• Support the Drug Delivery Center and the AHC Advanced Therapies Initiatives
• Participate in interdisciplinary clinical research initiatives
• Provide infrastructure support for external service organizations and industrial contracts; institute administrative charge structure

Budget Strategy. The college receives $3,852,935 in state support, earns $3,714,585 in tuition revenue, and $479,350 in indirect cost recovery. In addition, the college earns approximately $3.5 million in revenue from other sources. The entering class has been increased by one-third, to 105 students, and should result in a substantial increase in tuition revenue. The College is also supported by over $1.6 million in donated volunteer instruction, provided by more than 700 Minnesota pharmacists who teach and mentor pharmacy students in the pharmacies where they practice.

The college faces budgetary challenges on many fronts. These include the inability of non-University health care institutions and practitioners to continue to teach students in their practice environments without financial support from the college, the increasing expense to attract, hire and retain new faculty, especially minorities and women, and the need to implement a revised Pharm.D. program to better prepare future graduates. In addition, the 1993-94 salaries of the Pharmacy faculty are ranked last among their peer institutions (Big Ten plus Texas and California).

The College developed a five-year budgetary plan to address its needs. The strategy will generate additional financial support for the college’s teaching program each year, as those funds are generated primarily through increasing enrollment and restructuring tuition. The College of Pharmacy has received support through academic priority planning to assist in maintaining the professional student enrollment of 331. The new five-year plan called for an increase in enrollment to 415. This is a sound, integrated financial and educational strategy given the very strong demand for the program by highly talented students, the growing need for pharmacists in Minnesota, and the necessity to ensure the highest quality educational programs for future health care providers. The most recent pertinent information may be found at www.irr.umn.edu/compact/compact99.
**School of Public Health**

**Mission/Vision.** The School of Public Health (SPH) seeks to enhance the health of the public through education, research, outreach and service activities aimed at preventing illness and injury, reducing health risks, and promoting healthier life styles. The School also contributes to the planning, analysis, and evaluation of health services.

The School’s research and teaching programs are highly relevant to the health of every Minnesotan every day, at home, at work, at school or at play. The School has expertise in many areas, including adolescent health (smoking, alcohol and drug use, teen pregnancy, injuries and violence); reducing cardiovascular disease risks through healthier diets and other behavioral changes; identifying hazardous materials in the environment and preventing their harmful effects; maintaining food safety and the high quality of drinking water; preventing outbreaks of infectious diseases; identifying the causes of cancer and its early detection; and advising on the organization and financing of health services (including managed care and clinical outcomes research).

With health care costs continuing to rise, community-based health care and illness prevention are becoming increasingly important. The School focuses on protecting and promoting the health of communities, and it is well suited to working with traditional clinical care providers, helping them with information and skills as they adjust to their community-oriented roles.

**Organization.** Presently the SPH is organized into five administrative units: the Divisions of Biostatistics; Environmental and Occupational Health; Epidemiology; Health Management and Policy; and the Institute for Health Services Research. These units support and focus on the School's mission of education, research and service for health promotion and disease prevention for the people of local communities, the state, nation and the world. Biostatistics combines statistics, computing and biomedical science to further research in human health. Environmental and occupational health is the study of the interaction between people and the harmful aspects of their environments. Epidemiology is the study of the causes, distributions, trends, control, and prevention of diseases in populations. Health Management and Policy prepares leaders for the field of healthcare administration, public health administration, long-term care, and maternal and child health. The Institute for Health Services Research conducts research on the organization and delivery of health services and provides a broad range of training programs for those in health services research and policy.

The SPH offers nine educational majors leading to professional master's degrees. Five Graduate School degree programs are also based in the SPH. The school's educational reputation is underscored by the sizable number of applicants to its programs of study.

**Changes/Trends.** The SPH has developed a strategic plan; at this time, goals relating to improvement of instruction, research, accessibility, outreach, collaboration, financing, diversity, and space have been articulated. Specific plans to achieve these and other goals have been formulated by the school's Policy Council. The SPH continues to be a national leader in sponsored research within its professional peer group, and within the University. Data provided by the Office of Research and Technology Transfer
Administration (ORTTA) indicate that the SPH is the third most productive school in the University and that it brings in the highest amount of sponsored dollars per faculty.

- The School continues to rank among the top five state-supported schools of public health in the country.
- The School is nationally renowned for its research productivity and creation of new knowledge. The School’s faculty, per capita, secure about $520,000 annually in external funding, more than any other faculty group at the University. Faculty salary support from tuition and sponsored funding averaged 67 percent across the School in 1997-98.
- The School’s faculty provide expertise to the public through services to government agencies, community and professional groups, health care providers, and industry. Recent examples include the key role SPH faculty played as expert witnesses in Minnesota’s law suit against tobacco companies; faculty have been very active in the areas of health care costs, managed care, long term care, and rural health services, as well as environmental health policy issues, and problems affecting Minnesota youth (particularly alcohol abuse, teen pregnancy, and smoking). The School has recently increased faculty strength in public health aspects of infectious diseases (including AIDS), in environmental health policy, and in health services management and policy.
- The School is playing an increasingly important function in the Academic Health Center (AHC) as it helps health care providers understand and deal with special features of community health, notably disease prevention, health promotion, and the organization, management, and financing of health services. The School collaborates extensively with other collegiate units within the AHC and across campus.
- Each year, more than 100 SPH student interns work with agencies, health care workers, Extension Service Educators, and others around the state to provide public health services. This year 61 percent of students are Minnesota residents, and 65 percent of graduates in 1997 were employed in Minnesota (43 percent in the Twin Cities). Among those recent graduates, 70-75 percent were highly satisfied with their degree programs in the School, and a similar fraction rated their educational experience as highly relevant to their jobs.
- The current national debate on healthcare reform provides opportunities for research into the organization, financing and management of health care in the U.S. The unpredictability of the outcome of the debate creates uncertainty about the future for health professionals of all types and will require re-examination of the training programs required to prepare professionals who will work within the new system whatever its configuration.

Major Strategic Objectives/Issues.
- Continue to strengthen the core areas of public health through an additional 13 tenure/tenure-track faculty hires. It is likely also that non-regular appointments of faculty with expertise in public health practice and outreach will be made to the proposed new faculty tracks. Priority areas for all new positions will be based on the strategic planning and needs assessments completed in 1998-99.
- Disestablish the Division of Health Management and Policy: integrate the public health administration major with the Division of Health Services Research and Policy; and complete the transfer of the maternal and child health major to the Division of Epidemiology.
• Work with the Law School to develop joint JD-MS/JD-Ph.D. degrees to commence in Fall 2000. Develop a revised plan with the Medical School for a joint MD-MPH degree and seek funding for distance education capacity. Aim for implementation in Fall of 2001, pending availability of resources for technology assisted instruction.

• In conjunction with the Rochester campus endeavor, explore the availability of funds to develop distance and technology-enhanced applications in the five core areas of the public health curriculum. Develop a plan for off-campus, technology assisted MPH program, suitable for practicing physicians and other health professionals.

• Provide leadership and expertise in AHC interscholastic initiatives, including the multidisciplinary programs that would be established with tobacco settlement funds; the Clinical Outcomes Research Center; the Managed Care Initiative; the Primary Care Initiative; the Cancer Center; the Center for Aging; and the MS degree in Clinical Research.

• Continue working towards geographic consolidation of the School of Public Health, exploring options for funding to implement the plan developed in 1998-99. A major issue facing the SPH is the lack of contiguous space. The SPH is the only Academic Health Center unit that does not have a building designated for its occupancy. While the amount of space occupied by the school in 1995 -- somewhat under 200,000 ASF – was adequate, its location and configuration significantly hindered faculty interaction. The space is located in 13 different buildings: five on campus, one on University leased property, and the remaining seven off campus in rented quarters. This geographic separation presents problems of communication and transportation for faculty, staff and students and seriously impedes the very core of public health practice: interdisciplinary collaboration.

• Explore further areas of mutual interest with the Minnesota Extension Service, including public health outreach efforts in rural Minnesota.

Budget Strategy. SPH annual expenditures have grown to approximately $?? million, while the School receives $4,695,711 in state support, earns $2,072,646 in tuition revenue, and $3,375,000 in indirect cost recovery. Hard dollar support has averaged between 16 percent and 18 percent since 1985. In addition, the School earns approximately $6 million in additional revenue from other non-sponsored research sources. State support has averaged between 16 percent and 18 percent since 1985. Only due to the extraordinary productivity of SPH faculty and their effectiveness in securing grants and contracts has the school been able to maintain its excellence in student instruction, its national eminence in research, and its level of commitment in community services. Given the school's necessity to pursue outside sources of support, there exists the potential hazard that its academic agenda may become adversely affected by the available dollars. If the school were to lose all of its external funding, it would find over 95 percent of its O&M allocation committed to regular faculty salaries. The sobering fact is that, under such circumstances, the school could not continue to function due to its inability to provide for support staff and support services. More detailed information may be found at www.irr.umn.edu/compact/compact99.

College of Veterinary Medicine
Mission/Vision. The mission of the College of Veterinary Medicine, (CVM) is to foster the welfare of the people of Minnesota by contributing to animal health through teaching, research and service.

The College, established in 1947, ranks 8\textsuperscript{th} in the category of colleges of veterinary medicine in the Gourman Report and 13th in \textit{U.S. News and World Report}. The student body consists of 298 professional students and 69 graduate students. In 1998, 1167 applicants competed for 76 spots in the freshman class. The grade point average of entering students was 3.69, average age was 24 years and 80 percent were females. Presently, the College has 81 regular and term faculty, 40 Professional and Administrative staff and 256 Civil Service staff. Faculty FTEs have decreased 18 percent since 1988.

Research expenditures in FY 97-98 were $10.9 million or 30 percent of the College budget. This represents a 56 percent increase since 1988. Sources of research funding were $1.7 million from state sources, $2.5 million from federal sources and $6.7 million from private sources. In 1997, faculty contributed to 172 refereed journal publications (average of 2.1 per faculty member).

The College fulfills its outreach mission to the citizens of Minnesota through the Veterinary Teaching Hospitals, the Veterinary Diagnostic Laboratory and continuing education programs to veterinarians and animal producer groups. In FY97-98, staff in the Veterinary Diagnostic Laboratory processed 36,000 accessions (468,000 tests), and staff in the Veterinary Teaching Hospitals managed 23,000 companion animal and 2,400 large animal cases. The companion animal caseload in the Veterinary Teaching Hospital has increased 36 percent since FY94-95. The Raptor Center treated 700 birds of prey last year, the highest number in their history. The faculty presented 212 continuing education programs to veterinarians and 105 programs for animal producers.

The collegiate vision was established in its 1990 Strategic Plan, which included plans to:

- Strengthen production animal programs particularly in swine, poultry and dairy to ensure the CVM's international lead role in food animal veterinary medicine.
- Change the emphasis of companion animal veterinary medicine from a traditional therapeutic/restorative approach to one of preventive health care.
- De-emphasize certain species programs (i.e., beef cattle, small ruminants, equine, pet bird and exotic pet medicine) within the CVM. Coverage for teaching and service in these areas to be via agreements with other veterinary colleges, veterinary practices, etc.
- Focus the CVM's research effort on its areas of overall emphasis (i.e., swine, dairy, poultry and companion animal), via budgetary and personnel reallocations particularly to strengthen two disciplinary areas: molecular biology and population medicine.
- Continue change and growth within the College in order to graduate veterinarians with the education and skills demanded by rapidly changing rural and urban societies.
- Revamp the professional curriculum of the DVM degree to permit students to specialize for the type of veterinary practice they intend to enter (e.g., small companion animal, dairy, equine, swine, poultry, mixed rural, mixed suburban, etc.)
- Enhance the College's ability to remain as one of the three leading U.S. Colleges of Veterinary Medicine for Ph.D. graduate education.
- In concert with the Health Sciences’ Strategic Plan, invigorate faculty and staff by strengthening career development programs directed at encouraging faculty and staff to expand their professional and personal horizons and skills.
Changes/Trends. Since 1990 approximately $1 million has been aggressively reallocated to priorities of the College's strategic plan.

- Basic science and in particular molecular and cellular biology have been strengthened within the College by a series of actions. The 1991 merging of the College's two basic science departments to form a new, large (32 member) department of Veterinary Pathobiology. In both 1991 and 1992, $10,000 was used to develop and support a 12-day laboratory based program for faculty to improve understanding and skills in molecular biology. The success of this program led to the 1993 offering being made available to international faculty through the Office of International Agriculture Programs. In 1993 a new chairman was hired for the Department of Veterinary Pathobiology.
- In June 1992, a new fourth year curriculum was initiated for the DVM professional curriculum. In 25 two-week blocks, 37 specialty choices are offered. A revision of years 1-3 of the curriculum also was undertaken.
- Reallocation to graduate education has been accepted by the funding of an additional $60,000 in graduate stipends for those seeking the Ph.D. degree.
- Production aspects of Food Animal Medicine Programs were strengthened by the addition of the Department of Animal Science to the College (July 1991).
- Companion Animal Preventive Medicine gained a boost in 1992 by the establishment of the Center for Companion Animal Health within the College.

More recently, the college has:

- Established the Center for Dairy Health, Management, and Food Quality and strengthened the dairy program by recruiting and hiring 3 outstanding new dairy faculty.
- Established the Center for Excellence in XenoDiagnostics to develop and test products for xenotransplantation.
- Strengthened the swine program by recruiting and hiring 2 outstanding new faculty members.
- Instituted the second year of a new professional curriculum.
- Identified the gene and developed a molecular test for Lethal White Syndrome in Paint Horses.
- Remodeled the Veterinary Teaching Hospital’s Intensive Care Unit.
- Increased service in the Veterinary Teaching Hospital by adding ophthalmology and internal medicine specialists.
- Established the position of Director of Communication in the College.
- Remodeled animal facilities and received AAALAC accreditation.
- Developed new diagnostic tests for avian pneumovirus.

Major Strategic Objectives/Issues.

- Ensure the Excellence of the CVM Professional Program:

Initiate the 3rd year of the new professional curriculum and provide resources to support faculty’s efforts to increase the use of computer enhanced learning. Complete renovation of a second
classroom to support interactive multimedia presentations and CVM laptop computer initiative. Expand course offerings in the curriculum to include more species/topics as electives (complementary/alternative medicine, pet bird medicine, the human animal bond, “pocket pet” medicine, dentistry, behavior, lab animal medicine, industrial veterinary medicine).

- Ensure the Excellence of the CVM Graduate Program:

Conduct a planning exercise to establish a shared vision related to graduate education in the College, i.e., determine whether or not to continue the DVM/Ph.D. program, combine graduate programs, and increase funding for students.

- Enhance the Sense of Community between Professional Students, Graduate Students, Faculty and Alumni:

If given approval, complete feasibility planning for an Alumni/Student Center at the site of the old dairy barn on the St. Paul Campus. The new building would contain a state of the art multimedia classroom, rooms from small group tutorials, a skills laboratory, study space, and a faculty/student lounge.

- Position the CVM and AHC To Be World Leaders in Comparative Medicine:

The College and AHC will become leaders in comparative medicine by adding a comparative oncologist, a comparative pathologist and an experimental surgeon to the CVM faculty and by developing an NIH proposal to establish a Comparative Medicine Training Site at the University of Minnesota.

Initiate a companion animal Clinical Investigation Center (and associated community practitioner network), and an experimental surgery program in the CVM to enhance scholarship and revenue generation.

- Maintain Excellence In Outreach and Technology Enhanced Learning:

The College will initiate a distance learning pilot project as a strategy to enhance both continuing education offerings and the professional curriculum. This web-based program will focus on: 1) the development of continuing education programs for dairy, swine, avian and companion animal practitioners; and 2) the utilization of web-based resources to enhance and supplement material in the professional curriculum.

- Ensure the Continued Excellence of the Veterinary Teaching Hospitals and Veterinary Diagnostic Laboratory in Providing Services to the Citizens of Minnesota:

Conduct a strategic planning exercise in the Veterinary Teaching Hospital to determine its optimum size; to evaluate the need for satellite locations; to determine methods to enhance community partnerships; to ensure that it meets its teaching, research and service missions; and to ensure that it is financially successful. Enhance Veterinary Teaching Hospitals community partnerships.
Complete implementation of a new medical record based information system in the Veterinary Teaching Hospital that will establish the leadership of the VTH among other Colleges of Veterinary Medicine in medical information systems.

Secure funding to convert a portion of the existing Brucellosis laboratory into a state of the art molecular genetics laboratory to enhance the leadership of the Veterinary Diagnostic Laboratory in the molecular diagnosis of animal diseases.

Add two ruminant pathologist positions in the Diagnostic Laboratory to enhance the excellence of diagnostic services.

- Ensure that the CVM Retains its Leadership in the Application of Molecular and Genetic Techniques to Improving Animal Health

Seek funding for a new biological containment facility (biosafety level 3) on the St. Paul Campus (planning funds already appropriated) to enhance CVM research opportunities.

Continue ongoing initiatives to map important genes in food animals for production and disease and disease genes in companion animals.

Move the Advanced Genetic Analysis Center to Snyder/Gortner Hall and seek funds for new equipment and funds to subsidize laboratory costs to enhance cellular and molecular biology research at the University of Minnesota.

- Enhance CVM Leadership in Food Safety and Equine Research:

Establish a Center for Food Animal Health, Productivity and Food Safety. The Center will bring together food safety resources at the University of Minnesota to: 1) enhance external funding opportunities; 2) to enhance the dissemination of new food safety knowledge; 3) to promote food safety education; and 4) to serve as a central resource of pertinent information and expertise for researchers at the University of Minnesota.

If given approval, complete initial planning and begin fund raising for an Equine Research Center to be located on the St Paul Campus. This Center will provide the Twin Cities metropolitan areas with an equine facility to meet the needs of a modern society for world class equine research and education.

- Enhance U of M and MNSCU Partnership:

Conduct a feasibility study of establishing a 4-year veterinary technician baccalaureate degree program in association with Ridgewater Technical College.

Budget Strategy. The College receives $10,881,610 in state support, earns $3,425,366 in tuition, and $387,551 in indirect cost recovery. The College also earns approximately an additional $20 million in other non-sponsored income, primarily from other unrestricted income (services) and the veterinarian teaching hospital. Most recently, a three-year financial management plan for the Raptor Center was approved. The most recent financial picture may be accessed at www.irr.umn.edu/compact/compact99.
The College successfully completed in 1996 approximately 90 percent of its Redistribution and Reallocation Plan. Additional reallocations compatible with the College's Strategic Plan have continued in budget planning. In order to maintain an acceptable physical infrastructure, the CVM continues to build equipment reserve budgets as well as reallocate personnel funds to building maintenance and refurbishment. In 1995 the College reallocated $500,000 for remodeling alone.

**Perspectives of Faculty in the Academic Health Center**

The *Faculty and Staff Climate Survey* that was completed in the spring of 1997 included the responses of 368 faculty members in collegiate units in the Academic Health Center. A summary of their responses was provided to the Focused Visit Steering Committee and is presented here as validation of some of the concerns expressed by individuals in those units in May 1996.

Only those questions related to the three broad concerns noted in the Site Visit Team Report are summarized in Table 6 below. Overall responses of faculty in units in the Academic Health Center were similar to overall responses for faculty across all colleges and campuses, but were somewhat more negative for the questions concerning overall institutional direction and unit leadership. Faculty in the Academic Health Center were slightly more positive about their salary than were faculty across all campuses and colleges of the University of Minnesota. (Recall that some of the background that eventually yielded the discussion about revisions in the Tenure Code concerned tenure issues for Medical School faculty.) As part of its continuing implementation of the institutional level performance measures, it is expected that the Faculty and Staff Climate Survey will be re-administered at some time in the near future. An analyses of changes in responses across the University and in the Academic Health Center in particular will provide a means for continuing monitoring of the perspectives of faculty in the Academic Health Center and the University more generally.
<table>
<thead>
<tr>
<th>Question Type</th>
<th>University Faculty (N=1326)</th>
<th>AHC Faculty (N= 368)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean % Agree</td>
<td>Mean % Agree % Neither % Disagree % Strongly Disagree</td>
</tr>
<tr>
<td><strong>Institutional Mission and Direction</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have confidence in the direction the University is heading</td>
<td>2.8 26.2</td>
<td>2.7 24.3 31.3 34.7 9.6</td>
</tr>
<tr>
<td>I have confidence in the direction my department or work unit is heading.</td>
<td>3.2 48.6</td>
<td>2.9 35.2 20.7 26.4 17.8</td>
</tr>
<tr>
<td>How well the University is doing is important to me.</td>
<td>4.7 96.0</td>
<td>4.7 96.8 2.8 -- 0.4</td>
</tr>
<tr>
<td><strong>Development and Advancement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My current administrator/ supervisor supports and encourages me in my professional development.</td>
<td>3.7 64.7</td>
<td>3.5 61.1 15.9 11.8 11.2</td>
</tr>
<tr>
<td>I believe that adequate training and support are available to help me improve my job-related knowledge and skill.</td>
<td>3.5 56.6</td>
<td>3.5 57.2 20.8 17.9 4.2</td>
</tr>
<tr>
<td>Mentoring relationships are available here for people who want them.</td>
<td>3.2 46.0</td>
<td>3.2 43.7 27.6 21.1 7.7</td>
</tr>
<tr>
<td>I am satisfied with the opportunities for advancement at the University</td>
<td>3.1 44.8</td>
<td>3.1 40.9 25.7 24.1 9.3</td>
</tr>
<tr>
<td><strong>Compensation and Recognition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>As compared to others at this University, my compensation (that is, my salary and fringe benefits) is fair for the work I do.</td>
<td>2.7 33.2</td>
<td>2.8 37.3 18.6 27.3 16.8</td>
</tr>
<tr>
<td>I feel that employees are adequately recognized and rewarded for their efforts and contributions here.</td>
<td>2.4 18.9</td>
<td>2.4 16.3 26.1 36.3 21.2</td>
</tr>
<tr>
<td><strong>Leadership</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel that my University supervisor/administrator has the knowledge and skills necessary to perform the job effectively.</td>
<td>3.5 60.0</td>
<td>3.3 54.1 12.8 19.8 13.3</td>
</tr>
<tr>
<td>I am satisfied with my departmental/unit leadership.</td>
<td>3.3 53.4</td>
<td>3.0 41.5 15.8 24.4 18.4</td>
</tr>
<tr>
<td><strong>Satisfaction and Commitment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My work gives me a feeling of personal accomplishment.</td>
<td>4.3 90.6</td>
<td>4.3 88.3 7.9 2.6 1.2</td>
</tr>
<tr>
<td>Overall, I am satisfied with my employment at the University.</td>
<td>3.5 62.1</td>
<td>3.4 60.0 17.2 16.9 6.0</td>
</tr>
<tr>
<td>If I were doing it again, I would accept a position with the University.</td>
<td>3.4 56.1</td>
<td>3.2 49.6 23.2 15.0 12.1</td>
</tr>
</tbody>
</table>

All questions included a five-point response scale coded as follows: Strongly Disagree = 1, Disagree = 2, Neither Agree nor Disagree = 3, Agree = 4, Strongly Agree = 5.
Outcomes of the 1999 Legislative Session

Continuing Issues Facing the Academic Health Center