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FOR
HEALTH AFFAIRS COMMITTEE

Committee Meeting: 5/11/2005
Austin, Texas
Board Meeting: 5/12/2005
Austin, Texas

Rita C. Clements, Chairman
H. Scott Caven, Jr.
Judith L. Craven, M.D.
Cyndi Taylor Krier
Robert B. Rowling

1. U. T. System: Amendment to the U. T. System Professional Medical Liability Benefit Plan to add U. T. System institutions

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and the Vice Chancellor and General Counsel that The University of Texas System Professional Medical Liability Benefit Plan be amended in congressional style as shown below, to be effective immediately and to apply retroactively to liability claims filed after September 1, 2003:

THE UNIVERSITY OF TEXAS SYSTEM
PROFESSIONAL MEDICAL LIABILITY BENEFIT PLAN

. . .

ARTICLE II
DEFINITIONS

Unless otherwise required by the context, the following definitions shall control:

A. ***Plan Participant*** shall mean:

1. Staff physicians and dentists who are medical doctors, oral surgeons, oral pathologists, dentists, doctors of osteopathy, or podiatrists appointed to the full-time faculty of a medical or dental school or hospital of the System, medical doctors employed in health services at and by a general academic institution of the System;

2. Residents and fellows enrolled in a residency program or fellowship at a System medical or dental school who are duly licensed, credentialed, and registered to practice their profession;

3. Medical doctors, oral surgeons, oral pathologists, dentists, doctors of osteopathy, and podiatrists appointed to the faculty of a medical school or hospital of the System on a part-time or volunteer basis, and who either devote their total professional service to such appointments or provide services to patients by assignment from the department chairman. For purposes of the Plan, such persons are "Plan Participants" only when providing services to patients in conjunction with supervision of medical or dental students or residents by assignment from the department chairman and shall become Participants in the Plan only as provided in Article IV, Section 2; ~~and~~

4. Medical or dental students of a medical or dental school of the System and only when participating (with prior approval of such medical or dental school) in a patient-care program of a duly accredited medical or dental school under the direct supervision of a faculty member of the school conducting such program~~.~~; and

5. System institutions against which a liability claim, as that term is defined in Article IIB. below, is made that arises from the treatment or lack of treatment by a Plan Participant in 1-4 above.

B. ***Liability Claim*** means a claim, lawsuit or cause of action based upon treatment or lack of treatment within the United States of America, its territories or possessions, or Canada that departs from accepted standards of medical or dental care which proximately results in injury to or death of a patient, whether the claim or cause of action sounds in tort or contract, subject to the exclusions described in Article V, Section 4, below.

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BACKGROUND INFORMATION

Authority for the establishment of a self-insurance program to indemnify U. T. System physicians was granted to the Board of Regents by Senate Bill 391, Acts of the 65th Legislature, effective March 10, 1977 (later codified as *Texas Education Code*, Section 59.01 et seq.). The Plan for Professional Medical Malpractice Self-Insurance (renamed on February 12, 1998) was originally approved by the Board of Regents on April 15, 1977. The Plan has been amended several times, with the most recent amendments on August 12, 2004, to add coverage for physicians and other Plan Participants in actions before state licensing boards.

The tort reform legislation (House Bill 4, Acts of the 78th Legislature, effective September 1, 2003) made numerous statutory changes affecting health care liability claims. A significant change affected governmental entities and their employees, including The University of Texas System. A provision contained in the tort reform legislation was designed to discourage plaintiffs from suing both the individual U. T. System physician and the institution, forcing an election of remedies and shifting liability to the institutions (Section 11.05, Chapter 204, Acts of the 78th Legislature, Regular Session, 2003, revising Section 101.106, *Texas Civil Practice & Remedies Code*). Under the election of remedies provisions

a. a plaintiff must make an irrevocable election to sue either the employee or the governmental unit; the law then bars suit against the other;

b. if a plaintiff fails to make the election and sues both an employee and the governmental unit, the court must immediately dismiss the individual; and

c. if suit is brought against an individual employee but could have been brought under the Tort Claims Act against the governmental unit, the suit is considered to be against the employee in the employee's official capacity only, and the court must dismiss the suit against the individual employee unless the plaintiff's pleadings are amended to substitute the governmental unit for the employee.

Under the new law, personal liability for public servants, now including physicians, is limited to $100,000. Institutional liability is capped at $250,000.

The shifting liability resulting from these election of remedies provisions has already left U. T. System health institutions (and some academic institutions) facing financial burdens from medical liability claims. There is no existing mechanism for the institutions to predict or to bear the costs of judgment, settlements, or litigation expenses related to medical liability claims. Because there is general statutory authority for governmental units to establish self-insurance funds under *Texas Government Code* Section 2259.031 and because the existing Professional Medical Liability Benefit Plan is financially sound, it is recommended including U. T. System institutions as Plan Participants to establish a predictable method for bearing the costs of health care liability claims, regardless of whether the individual physician or the institution is the defendant.

2. U. T. Health Science Center - Houston: Approval of a Doctor of Nursing Practice (DNP) degree program

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Health Affairs and President Willerson that authorization be granted to establish a Doctor of Nursing Practice (DNP) degree program at U. T. Health Science Center - Houston and to submit the proposal to the Texas Higher Education Coordinating Board for review and appropriate action.

Upon approval by the Coordinating Board, the next appropriate catalog published at U. T. Health Science Center - Houston will be amended to reflect this action.

BACKGROUND INFORMATION

Program Description

A task force of the American Association of Colleges of Nursing (AACN) has worked for the past two years on its vision for a new practice doctorate since the Ph.D. and Doctor of Science in Nursing programs are both research degrees. Additionally, a nationally standardized curriculum that will assure the public and other professionals of a standard set of competencies for the DNP graduates has been developed by the AACN task force. The DNP degree program is designed to prepare recognized Advanced Practice Nurses (APNs) to be credentialed for hospital staff privileges and will allow them to demonstrate high-level clinical skills. DNP graduates will be able to fill the gap between scientific findings of research and standard practice by taking research findings and incorporating them into existing protocols. They will be trained to work across settings, i.e., following a patient from an ambulatory setting to a hospital ICU and comanaging the acute care with a physician specialist, then following the patient back into the home setting for maintenance of previous treatment plans. At the doctoral level there will be more individualized analysis and examination of evidence-based literature and correct protocols. As an added bonus, the DNP program has the potential for increasing the number of nurses qualified to teach in nursing schools. This would increase the number of entry-level nurses that are needed in the State of Texas and the nation.

Program Quality

There will be a decision-making faculty group to be designated as the DNP Council. The Council will be made up of faculty who represent various clinical specialties. U. T. Health Science Center - Houston has specialty programs in the following areas: Emergency Care, Acute Care, Family Health, Adult Health, Pediatrics, Oncology, Women's Health, Gerontology, Psychiatric/Mental Health, Neonatal, Nurse Anesthesia, and Occupational Health. A number of physicians and nurses with expertise in acute and critical care will assist in the teaching.

New faculty will have expertise to teach masters courses in acute care, primary care, and gerontology. They will be expected to have a doctoral degree, teaching experience, and an active research program.

Program Cost

Implementation of the proposed DNP will require no new State funds. The program will be funded from a reallocation of resources within the school through changes in the Master of Science in Nursing (MSN) degree program in three areas: (1) because of the difficulty currently in recruiting faculty for the Nurse Anesthesia program, the enrollment of this program will be reduced by 33% (from 15 to 10 students); (2) dual specialty

programs will be discontinued (12 students) because of changes in the regulations of the Board of Nurse Examiners (BNE) that have adversely impacted recruitment; and (3) similarly, the BNE has proposed new rules to limit the titles for APNs.

It is projected that this program will cost $509,500 the first year, increasing to $685,500 in the second year and thereafter when additional plans are in place. No new facilities or facility alterations are planned.

3. U. T. M. D. Anderson Cancer Center: Authorization to acquire approximately 42.4 acres of unimproved real property at Ellington Field in Houston, Harris County, Texas ("Ellington Site"), to exchange with the U.S. Government Department of Defense for approximately 18 acres of land and improvements located at 1850 and 1902 Old Spanish Trail, Houston, Harris County, Texas ("DOD Site"); authorization to lease back the DOD Site to the U.S. Government; and finding of public purpose

RECOMMENDATION

The Chancellor concurs in the recommendation of the Executive Vice Chancellor for Business Affairs, the Executive Vice Chancellor for Health Affairs, the Vice Chancellor and General Counsel, and President Mendelsohn that authorization be granted by the U. T. Board of Regents, on behalf of U. T. M. D. Anderson Cancer Center, to

a. acquire approximately 42.4 acres of unimproved real property at Ellington Field in Houston, Harris County, Texas ("Ellington Site") for a price not to exceed the fair market value as determined by an independent appraisal, plus all due diligence expenses, closing costs, and other costs and expenses to complete the acquisition of the property as deemed necessary or advisable by the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate, for the purpose of conveying the Ellington Site to the U.S. Government Department of Defense, together with cash, in exchange for the conveyance by the U.S. Government Department of Defense to the U. T. System of approximately 18 acres of land and improvements located at 1850 and 1902 Old Spanish Trail, Houston, Harris County, Texas ("DOD Site");

b. enter into a lease with the U.S. Government Department of Defense to occupy the DOD Site land and improvements during the Department of Defense's construction of the Ellington Site joint Reserve facilities, estimated to be four years;

c. determine that the lease of the DOD Site and the improvements thereon to the U.S. Government for the stated reasons serves a public purpose appropriate to the function of U. T. M. D. Anderson Cancer Center, and

that the consideration to the U. T. System and U. T. M. D. Anderson Cancer Center for the lease of the DOD Site is adequate; and

d. authorize the Executive Vice Chancellor for Business Affairs or the Executive Director of Real Estate to execute all documents, instruments, and other agreements, subject to approval of all such documents as to legal form by the Office of General Counsel, and to take all further actions deemed necessary or advisable to carry out the purpose and intent of the foregoing recommendations.

BACKGROUND INFORMATION

The U. T. M. D. Anderson Cancer Center's long-term strategic plan calls for the development of the U. T. Research Park on land located south of Old Spanish Trail in Houston. The Cancer Center recently completed the first of several research buildings on that property; other buildings and infrastructure are currently under construction.

As part of its strategic plan, the Cancer Center has been working on acquiring the adjacent DOD Site for several years. The U. T. Board of Regents authorized the acquisition of the DOD Site at fair market value at its meeting on November 12, 1998. In 1999, the Texas Legislature authorized the U. T. System to acquire the site by purchase, gift, or exchange (Chapter 854, 1999 Texas General Laws 3524, 76th Legislature, Regular Session). The DOD Site encompasses approximately 18 acres of land on the south side of Old Spanish Trail and is adjacent to the U. T. Research Park land. The Army, Navy, and Marine Corps Reserves currently use two facilities on the DOD Site.

The DOD Site lies between U. T. M. D. Anderson Cancer Center's Mid-campus Area and its U. T. Research Park (South Campus) land, squarely in the southward path of growth of the Cancer Center and the Texas Medical Center. The DOD site is contiguous to M. D. Anderson's 35 acres south of Old Spanish Trail.

Federal law previously required that U. T. M. D. Anderson Cancer Center acquire replacement land; construct new, replacement facilities; and then exchange that land and facilities for the DOD Site. In 2004, Congress passed new legislation that enables the Cancer Center to acquire replacement land and immediately transfer that land, plus cash as appropriate, for the DOD Site. The obligation to construct new, replacement facilities under the 2004 legislation resides with the U.S. Government and, during the construction period, the U.S. Government will lease the DOD Site from the Cancer Center for the use of the Reserve units.

The Attorney General of the State of Texas has advised in Opinion No. MW-373 (1981), that, for the use of space in university facilities without cash rental payments to comply with the Texas Constitution, three requirements must be met: (1) the use of the property must serve a public purpose, appropriate to the function of the university; (2) adequate consideration must be received by the university; and (3) the university

must maintain controls over the user's activities to ensure that the public purpose is achieved. In lieu of cash rental, the public purpose and consideration for the leaseback are described in the following paragraphs.

In 2004, when Congress authorized the method of acquiring the DOD Site, campus and U.S. Government representatives implicitly understood that not charging rent to the U.S. Government during the expected four-year occupation of the DOD Site by the Army, Navy, and Marine Corps Reserves was adequate consideration for establishing the purchase price now rather than when the new military facility at the Ellington Site is completed in about four years. The legislation allows the Cancer Center to acquire the property at an established price as soon as possible, which benefits the Cancer Center in light of the escalating value of all property in the area of the U. T. Research Park. The 2004 legislation allows U. T. M. D. Anderson Cancer Center to make a lump-sum payment, avoiding market risk, development risk, and the financial responsibility for any changes in scope to the new facilities.

Acquisition of the DOD Site enhances the overall value of the contiguous U. T. Research Park land by approximately $3.8 million according to a March 2005 appraisal report. The increase in value results from the DOD Site providing connectivity to the Texas Medical Center Mid-campus and core areas; multiple, direct access to Old Spanish Trail; increased visibility; and development flexibility. Furthermore, only land south of Old Spanish Trail is unencumbered by Texas Medical Center rules limiting commercial uses, giving U. T. M. D. Anderson Cancer Center the flexibility to integrate activities with private entities.

Because activities of the Reserves on the DOD Site are important to the defense of the nation, particularly at the present time, their activities cannot be suspended while a new joint use facility is constructed. As there are no other Army, Navy, and Marine Corps Reserves facilities in Houston, these entities must continue to occupy the DOD Site until their new facility at the Ellington Site is completed and the military relocates activities, about four years after the exchange.

In summary, U. T. M. D. Anderson Cancer Center has determined that acquisition of the DOD Site advances the mission of U. T. M. D. Anderson Cancer Center and the future development of the U. T. Research Park. Effecting the exchange at this time, pursuant to the 2004 federal legislation, and leasing back the site to the U.S. Government for the above-stated consideration and public purpose, provides substantial benefit to the U. T. System, and establishes a fixed price at current appraised value in an escalating market. The long and extensive acquisition effort for the DOD Site has included discussions with the Department of Defense, the City of Houston, and members of the Texas Congressional Delegation leading to the subsequent passage of legislation. Moreover, inasmuch as the DOD Site cannot be acquired by condemnation, M. D. Anderson's best chance of acquiring the DOD Site is the proposed transaction. The terms and conditions of the purchase of the Ellington Site and the leaseback of the DOD Site are reflected in the summary of the transactions on the following page.

Summary of Proposed Real Estate Transactions

Acquisition of Ellington Site

Institution:	U. T. M. D. Anderson Cancer Center
Type of Transaction:	Purchase
Total Area:	Approximately 1,845,202 square feet (42.4 acres)
Improvements:	Primarily vacant land, with private drives and 2,000 square-foot storage shed
Location:	Ellington Field, Houston, Texas
Seller:	City of Houston
Purchase Price:	$1,383,902
Appraised Value:	$3,228,000 (Gerald A. Teel Company, January 13, 2005) Acquisition of a second appraisal for submission to the Coordinating Board is pending.
Source of Funds:	Institutional funds
Intended Use:	For immediate exchange to the U.S. Government Department of Defense for the DOD Site on Old Spanish Trail

Lease of DOD Site to U.S. Government

Institution:	U. T. M. D. Anderson Cancer Center
Type of Transaction:	Lease
Total Area:	Army: 8.26 acres Navy and Marine Corps: 9.98 acres

Improvements:	Army, Navy, and Marine Corps Reserves facilities; special use buildings incorporating office, classroom, and open drill hall and storage facilities; small outbuildings are for storage, vehicle maintenance, and similar uses Army: 90,160 gross square feet in one main building and in two outbuildings; approximately 400-425 parking spaces Navy and Marine Corps: 97,953 gross square feet in three main buildings and in several outbuildings; 511 parking spaces
Location:	1850 and 1902 Old Spanish Trail, Houston, Texas
Tenant:	U.S. Government
Consideration:	In lieu of cash rent, consideration for lease is enhanced value and usefulness of adjoining Cancer Center property and recognition that 2004 federal legislation removes risk to Cancer Center that was inherent in obligation under prior federal law to provide complete replacement facility to the Department of Defense
Term:	Until the U.S. Government completes construction of the joint reserve facilities at the Ellington Site, estimated to be four years after the property exchange
Appraised Value:	Fee simple: $20,850,000 (Gerald A. Teel Company, January 13, 2005)
Intended Use:	Army, Navy, and Marine Corps Reserves training facilities

4. U. T. System: Report on the Chancellor's Health Fellows

REPORT

The Chancellor has approved an initiative proposed by the Executive Vice Chancellor for Health Affairs. This initiative, known as the Chancellor's Health Fellows, is intended to encourage faculty participation, bring added value, and enhance collaborations. After consultation with the presidents, Dr. Shine was authorized to appoint up to four Fellows during a one-year period, which began April 1, 2004. Each Fellow will be awarded a $25,000 academic enhancement fund, which can be used for appropriate research and educational purposes. Salary support will not be provided. Fellows will be faculty members or staff, selected for their expertise, who are willing to facilitate System-wide efforts to enhance achievements in selected areas.

This year, Fellows have been appointed in the areas of

a. Medical Education: L. Maximilian Buja, M.D., Executive Vice President for Academic Affairs at The University of Texas Health Science Center at Houston, serves as the first Chancellor's Health Fellow in medical education. With collaboration from the various campuses Dr. Buja organized the first System-wide symposium on Innovations in Medical Education held on October 21-22, 2004. This event focused on medical student undergraduate education with an emphasis on experiences with interdisciplinary education involving other members of the health-care professions. Over 80 faculty members and staff from the six health institutions participated in this program. The exchange of information and ideas was very successful. The participants strongly endorsed a continuing activity so that a steering committee chaired by Dr. Buja has been created. The steering committee recommended a program which includes an annual symposium, a website for sharing web-based curriculum, a small grants program for innovation in education, a System-wide award for innovation in education, and an expansion of programs content to include graduate medical education.

b. Quality of Care and Patient Safety: Sharon Martin, M.Ed., MT (ASCP) SC, Vice President for Quality Management at The University of Texas M. D. Anderson Cancer Center, is the appointed chair for this important issue. The purpose of this fellowship is to create a multidisciplinary program focused on intensive care unit (ICU) quality initiatives that will enhance patient safety, utilization of resources, and health-care provider satisfaction. In addition, the fellowship will facilitate collaboration among participating institutions to improve practices through shared knowledge. The ultimate goal is to create an infrastructure for an enduring program of collaborative quality improvement among University of Texas health-care ICU personnel, including the establishment of a website to facilitate knowledge sharing.

c. Science: Allan Brasier, M.D., Leon Bromberg, M.D., Professor in Internal Medicine; Senior Scientist at the Sealy Center for Molecular Science; and Associate Director at the Proteomics Center at The University of Texas Medical Branch at Galveston, organized and led the first U. T. System Science Symposium on Molecular Medicine on February 21-22, 2005. The Symposium brought together over 240 active scientists from the U. T. System and other research institutions in the state. Over 96 posters were presented and a number of research collaborations arose from the Symposium. The steering committee led by Dr. Brasier has proposed a number of ongoing activities to strengthen U. T. System programs in health research.

d. Additional Fellows will be appointed this year in Nursing and Public Health.

5. U. T. System: Report on Public Health in Texas

REPORT

Dr. Kenneth I. Shine, Executive Vice Chancellor for Health Affairs, convened a Task Force on the Future of Public Health in Texas in the Spring of 2004 to examine the role of U. T. System's public health campuses and the overall picture of public health in Texas. The report of this Task Force on Pages 58.1 - 58.70 is provided for information and discussion. Dr. Shine will discuss the Executive Summary of the report on Pages 58.3 - 58.5, provide an overview of the key conclusions and recommendations, and discuss the plan for dissemination and follow-up of the report.

The Future of Public Health in Texas

A Report by the Task Force on the Future of Public Health in Texas

The University of Texas System
2005

This report is available online at www.utsystem.edu/hea/publichealth.pdf

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Executive Summary

"Public Health" has been defined as "organized community efforts aimed at the prevention of disease and promotion of health." Public health is sometimes confused with publicly funded healthcare or medically indigent care. Although responsibility for these functions sometimes overlaps in communities, the emphasis of Public Health is focused on the protection of the population as a whole.

The Task Force on the Future of Public Health in Texas was created to address the challenges facing public health in Texas. The Task Force, which included representatives from campuses throughout The University of Texas System as well as local public health practitioners, held four meetings that included a variety of presentations on the delivery of public health services, education and research efforts.

As a result of these meetings and additional conversations, the overarching conclusions of the Task Force are:

1. The four regional campuses of The University of Texas Health Science Center at Houston School of Public Health (School of Public Health) have contributed to the public health education, research and service efforts in Texas. However, these campuses will fulfill their potential only when they become part of a shared vision between the School of Public Health and the host campuses. Such a vision is expressed in the creation of joint research programs, joint education programs, joint faculty and leadership recruitment, and joint evaluation and planning of personnel and programs. The Brownsville, El Paso, and San Antonio regional campuses have a unique opportunity to establish a consortium to address public health issues along the Texas border with Mexico.

2. Additional resources will be required to strengthen the regional public health campuses. It is essential that the resources be expended consistent with the concepts described above. The regional campuses require carefully articulated and focused research agendas and a range of educational programs, many of which will benefit from distance education efforts involving Houston and the other campuses.

3. These regional campuses are particularly well positioned to take advantage of opportunities to interact closely with local departments of public health and their surrounding communities. Both research and education efforts should be structured to take advantage of these opportunities.

4. The health of Texans can be substantially improved through the increase of state resources for the delivery of public health services. A reasonable goal would be to move Texas from the state's current level of 50% of the national average in per capita public health expenditures to 75% of the national average for such services by the year 2010. These resources should be allocated to support the essential public health services already identified in Texas statute, such as monitoring the health status of individuals; investigating community health hazards; enforcing laws and rules that protect the public health; and researching new insights and innovative solutions to community health problems. In addition to prevention efforts, these funds must be used to address emerging threats facing Texas such as bioterrorism, the obesity crisis, critical mental health and local environmental health issues. The expenditure of these funds must recognize and build upon the role of local public health efforts and foster collaboration between public health providers and researchers.

Additional conclusions of the Task Force include:

- The overall state of public health in Texas is poor in comparison to national averages, and is likely to further deteriorate in the absence of corrective action. Substantial disparities in health status exist.

- The support of public health in Texas is inadequate, as demonstrated by counties lacking public health infrastructure/poor salaries for personnel and level of training of these personnel. State and local public health expenditures are well below the national average.

- There is a shortage of well-trained public health professionals and this shortage will increase substantially over the next decade.

- The three Schools of Public Health in Texas should collaborate with other institutions in Texas to significantly increase opportunities for public health education, including additional masters of public health students and the development of undergraduate degrees and certificates in public health.

- Educational and research collaborations between public health and other health professions will be an essential part of improving public health.

- The regional public health campuses lack a critical mass of faculty and vary substantially in the extent to which they have developed synergies with academic

and/or health science campuses where they are located.

- Texas will receive significant economic benefits from proper funding of public health in Texas, including decreased medical costs, a healthier and more productive workforce, and increased federal public health research funding.

- Creation of a new fully accredited school of public health in Texas is not warranted at the present time. Stronger collaborations between the public health programs and other education institutions, including community colleges, universities and health science centers, and local health departments, would enhance the public health efforts in Texas.

In response to these conclusions, the Task Force makes the following recommendations:

1. **Increase the diversity of educational opportunities in public health, which includes**: offering a bachelor of public health; developing certificate programs for public health practitioners; increasing distance-learning opportunities; explicitly increasing the public health education content in the curriculum of medical, nursing, dental and allied health schools; and exploring collaborations to provide annual educational and/or research programs for professionals and the community.

2. **Curriculum issues to be addressed include**: making sure the eight new areas considered core competencies for public health in the 21st century, i.e., genomics, informatics, communication, cultural competency, community based participatory research, policy and law, global health and public health ethics are incorporated into the curriculum of the School of Public Health as well as at the regional campuses; and establishing incentives for cross-institutional teaching and research which involves individuals at both academic and public health faculties.

3. **Regional Campuses**: The recruitment of regional deans and faculty should be done jointly by the School of Public Health with the associated host campus. Faculty members should be recruited to the regional campuses on the basis of their research and education interests in order to create a critical mass of faculty around particular subjects. Opportunities should be developed so that doctoral candidates may take their course work through distance learning and do their thesis at a regional campus. The UT System should review its policies regarding tenure to facilitate opportunities for joint appointments to academic campuses and health science center campuses. A clear focus for the strategic, educational and research programs at each regional campus should be identified and maintained with appropriate benchmarks for evaluating success. Because solving public health problems emphasizes a model that recognizes the importance of other disciplines, including sociology, anthropology, urban planning, law, business, engineering, political science, etc., the specialty strengths of a particular regional campus and host campus should be exploited to offer programs unique to the campus. Such collaborations could create a niche for particular research funding as well.

   The Brownsville, El Paso, and San Antonio regional campuses have a unique opportunity to establish a consortium to address public health issues along the Texas border with Mexico. While these issues will confront many aspects of Hispanic health, they must also include a broad category of general public health challenges. This consortium, in conjunction with the host campuses and other academic campuses, could extend education and training opportunities and provide hands-on research opportunities in this growing, yet underserved, region. Such a consortium could encourage collaboration among campuses and disciplines.

   While it is premature to endorse such a consortium as a separate School of Public Health, it could build on the strengths of the individual campuses and provide for the growth of both education and training and research opportunities of each.

   The School of Public Health has expressed interest in a regional campus in Austin. The University of Texas at Austin's outstanding schools of nursing, law and public affairs would be a logical potential collaborator with the School of Public Health, and the establishment of a regional campus in Austin should be considered in light of the potential research collaborations and potential student base. Any such collaborative effort must be done in a manner consistent with themes expressed in this report.

4. **Faculty development**: Each new faculty member should have a clearly identified mentor. The mentor may be a research mentor or a professional development mentor or both. Promotion and tenure decisions should be made by a process that involves a significant number of faculty from the regional campus and its host campus, as well as individuals from the School of Public Health at Houston. Division Directors in the School of Public Health should follow closely the progress of faculty at the regional campuses, provide regular assessment and feedback and contribute whenever possible to minimizing any potential sense of isolation.

5. **Collaborative Programs**: While the School of Public Health has a range of dual degree programs, further opportunities for dual degrees should be explored. Examples for additional programs include programs with other schools of nursing, medicine, dentistry and allied health. UT Austin, with outstanding schools of nursing, law and public affairs, would be a logical potential collaborator with the School of Public Health. Serious consideration should be given to recruiting an outstanding health economist in collaboration with the Department of Economics at UT Austin. Any such collaborative effort must be done in a manner consistent with themes expressed in this report.

   The UT System should consider its role in fostering collaboration and interdisciplinary training and research efforts in public health.

   The UT System, in conjunction with the School of Public Health, could conduct a forum on public health and medicine, with a focus on health disparities in Texas.

6. **Research**: In addition to research opportunities enhanced by greater collaborative efforts, there are specific changes to the research infrastructure that could enhance the research enterprise within the School of Public Health and the regional campuses. The UT System should look at policies for institutional review boards to allow for a mutual agreement among the UT Health Science Center at Houston, the School of Public Health, and the regional campuses that recognizes reviews at each of the institutions so that a research project initiated at one of the campuses is subjected to only one review. To expand research activity, the establishment of a research faculty track could be considered. Financial and administrative barriers should be addressed so that greater attention could be paid to the development of research partnerships with institutes and centers on the academic health science center campus, the academic campus, the Veterans Administration, and related agencies.

7. **Resources Required**: In addition to the state support needed to reach the 75% of the national average per capita spending on public health, state funding should be provided for a Texas Cancer Registry that meets national standards. Such a registry would better position Texas researchers to compete for funding from the National Institutes of Health.

   The regional campuses need additional resources to expand faculty from 9 full-time equivalents to 15 FTE. Additional faculty is necessary to establish a critical mass of faculty so the core curriculum can be provided and a focus on important research could be achieved.

   Additional financial support is needed for the School of Public Health to increase core support for distance learning efforts and to address additional intellectual disciplines in the expanded core competencies being required of public health programs nationwide.

The Task Force looks forward to the opportunity to review the responses to this report in a follow up meeting at the end of 2005.

Introduction

The UT System, through the provision of education, research and patient care, plays a major role in providing for the health of Texans. "Public Health" has been defined as "organized community efforts aimed at the prevention of disease and promotion of health." This Task Force was created to address the challenges facing the future of public health in Texas.

The members of the Task Force include:

Ronald Angel (UT Austin), Gordon Green (University of Texas Southwestern Medical Center at Dallas), Fernando Guerra (Director of the San Antonio Metropolitan Health District), Robert Haley (UT Southwestern), David Lakey (University of Texas Health Center at Tyler), Bernard Levin (University of Texas M.D. Andersen Cancer Center), Scott Lillibridge (UTHSC-Houston), Brad Pollock (University of Texas Health Science Center at San Antonio), Elizabeth Poster (University of Texas at Arlington), Ben Raimer (University of Texas Medical Branch at Galveston), Eric Thomas (UTHSC-Houston), Leonel Vela (UTHSC-San Antonio), and Paul Villas (University of Texas-Pan American). Ex-officio members of the Task Force include W.S. "Chip" Riggins (Texas Department of Health Services, Public Health Regional Director—Region 8, San Antonio), David Warner (UT Austin), and Kenneth Shine (UT System).

The task force held four meetings that included a variety of presentations addressing the delivery of public health services, education and research efforts. The task force engaged two outside consultants to conduct site visits to the School of Public Health and two of its regional campuses (El Paso and San Antonio). A few of these presentations and the findings of the consultants are included as Appendices to this report.

The Task Force has concluded that regional campuses of the School of Public Health have contributed to the public health education, research and service efforts in Texas. However, these campuses will fulfill their potential only when they become part of a shared vision between the School of Public Health and the host campuses. Such a vision is expressed in the creation of joint research programs, joint education programs, joint faculty and leadership recruitment, and joint evaluation and planning of personnel and programs. The Brownsville, El Paso, and San Antonio regional campuses have a unique opportunity to establish a consortium to address public health issues along the Texas border with Mexico. Establishment of a regional campus in Austin should be considered in light of potential research collaborations and potential student base. Any such collaborative effort must be done in a manner consistent with themes expressed in this report.

Additional resources are required to strengthen the regional campuses. It is essential that the resources be expended consistent with the concepts described above. The regional campuses require carefully articulated and focused research agendas and a range of educational programs, many of which will benefit from distance education efforts involving the School of Public Health and the other campuses.

The School of Public Health's regional campuses, which include Brownsville, Dallas, El Paso, and San Antonio, are particularly well positioned to take advantage of opportunities to interact with local departments of public health and the surrounding communities. Both research and education efforts should be structured to take advantage of these opportunities.

The health of Texans can be substantially improved through the increase of state resources for the delivery of public health services to move Texas from 50% of the national average to 75% of the national average for such services by the year 2010. These resources should be allocated to support the essential public health services already identified in Texas statute, such as monitoring the health status of individuals; investigating community health hazards; enforcing laws and rules that protect the public health; and researching new insights and innovative solutions to community health problems. In addition to prevention efforts, these funds must be used to address emerging threats facing Texas such as bioterrorism, the obesity crisis, critical mental health and local environmental health issues. The expenditure of these funds must recognize and build upon the role of local public health efforts and foster collaboration between public health providers and researchers

The Institute of Medicine has defined 'public health' as "organized community efforts aimed at the prevention of disease and promotion of health" (1988 IOM Report, The Future of Health). The Public Health Functions Project of the United States Public Health Service has identified the functions of public health as[1]:

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services.

The Project also identifies 'essential public health services' as:

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve public health programs
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and ensure the provision of health care when otherwise unavailable
- Assure a competent public health and personal healthcare workforce
- Evaluate effectiveness, accessibility and quality of personal and population based health services
- Research for new insights and innovative solutions to health problems

Public health is sometimes confused with publicly funded healthcare or medically indigent care. Although responsibility for these functions sometimes overlaps in communities, the emphasis of Public Health is focused on the protection of the population as a whole.

As described in the 2002 Institute of Medicine Report, The Future of the Public's Health, the public health system involves a variety of components including community healthcare delivery systems, employers and business, the media, academia, and governmental public health infrastructure. (See Figure 1)

Figure 1

The public health system: government and some of its potential partners
SOURCE: *The Future of the Public's Health* (IOM, 2002)

This review by The UT System Task Force for The Future of Public Health in Texas is based on an understanding of the core competencies necessary for public health professionals and the responsibility to "work collaboratively with other professional schools to assure quality public health content in their programs." It recognizes the increasing interactions and in some cases overlap between public health and other health professions including medicine, nursing, pharmacy, dentistry, and allied health.

This report begins with a review of the overall health of Texans and presents the current public health structure and workforce needs. The report looks at the economic benefit of public health efforts and the education efforts in Texas, with special attention focused on the role of regional campuses in public health and the role that they may play in the future.

The Task Force has made a series of recommendations designed to inform and enhance public health in Texas. The Task Force is grateful to Patrick Francis who served as staff director for the study and to the many presenters, participants and discussants in its deliberations.

Public Health in Texas

Overall Health of Texans

Texas trails the nation on numerous health statistics. Vaccine-preventable disease rates are at their lowest level ever and immunizations have been a key to this success.[2] Yet for children 19 to 35 months, Texas, with 75% of children immunized, is below the national average immunization coverage, tied at 47th with 3 other states (only two others have lower rates of coverage).[3]

Estimated Vaccination Coverage
Children Aged 19 – 35 Months

Connecticut	1st
Massachusetts	2nd
North Carolina	3rd
Texas	47th

(Source: Center for Disease Control, "Morbidity and Mortality Weekly Report," July 30, 2004. Survey of 50 states and District of Columbia*)*

In national comparisons, Texans rank poorly, and significant health disparities exist between racial and ethnic groups. Compared with 2003 national averages, Texans had a higher percentage of residents identified as binge alcohol drinkers, residents with a sedentary lifestyle, and residents who are overweight and obese.[4] There was a higher percentage of Texans with diabetes and with high cholesterol.

While the lack of health insurance is a national issue, the rate of uninsured in Texas is dramatically higher. The absence of health insurance results in the lack of early diagnosis and treatment. When finally treated, the costs are often much greater.

Another significant difference between Texas and the rest of the nation is the percentage of women over 40 who have had a mammogram within the last two years — 69% in Texas compared to 76.3% in the United States.

Environmental factors are an important public health component. Fifty percent of Texans live in areas that fail to meet federal air quality standards.[5] Additionally, the 1,000 mile border with Mexico includes some of the most extreme environmental problems faced by either Mexico or the United States.[6] Concerns about water resources and poor air quality resulting from industrial emission and vehicle exhaust are critical issues for the border.

A recent study of polybrominated diphenyl ethers (PBDEs) showed Texas residents with PBDE levels 10 to 100 times higher than levels in Europe. [7] PBDEs have a chemical structure similar to PCBs and have the potential to damage the nervous system and cause cancer. [8] Such findings highlight the need for continued research on the levels of PBDE in people and food, and the resulting health risks.

There are areas in which Texas does very well. Over the last 40 years there have been steady declines in the resident death rate, including infant (except for 2002), maternal and fetal deaths.[9] Lung cancer (except for 2002), female breast cancer, and cardiovascular disease death rates continue to decline and the incidence rates of tuberculosis and syphilis continue to decline.

Health Disparities

While the death rates for whites, African Americans and Latinos from many common diseases have declined during the last decade, the Centers for Disease Control reports that "relatively little progress has been made in eliminating racial/ethnic disparities on a range of health indicators.[10]

Table 1
Mortality Rates for Texas by Race/Ethnicity, 2002
(All rates per 100,000 estimated population, age-adjusted using 2000 standard population)

	Homicide	Lung Cancer	Female Breast Cancer Deaths	Diabetes Mellitus
All Races	6.3	55.1	24.7	32.1
White *	3.6	60.8	24.9	23.5
African-American	16.6	69.8	35.4	57.8
Hispanic	6.9	26.6	18.0	55.4

* White includes "Other"
Source: Texas Department of State Health Services, Center for Health Statistics.

Some examples of disparities include[11]:

- Mortality rates for African Americans are higher than other groups for breast, colon, prostate, and lung cancer.

- Among patients with diabetes,

high blood pressure, or heart disease, Latino and Asian Americans are least likely to receive clinical services important to monitoring and controlling these chronic conditions.

- Latinos are less likely than whites or African Americans to receive preventive services, and, in particular, are less likely to be screened for cancers.

Even when controlling for insurance status and income, racial and ethnic minorities tend to have less access to health care and have lower quality of health care than non-minorities.[12] Hidden in some of the health successes in Texas are similarly large health disparities among race/ethnic groups. Health disparities also exist based on geography and age in Texas.

While the infant mortality rate per 1,000 live births for Texas as a whole was 6.4 in 2002, the rate was 5.7 for Whites, 5.5 for Hispanics and 13.5 for African-Americans.[13]

Infant Mortality Rate in Texas
Per 1,000 live births
(2002)

Whites	5.7
Hispanics	5.5
African-Americans	13.5
Texas as a Whole	6.4

(Source: Texas Department of State Health Services, Bureau of Vital Statistics 2002 Annual Report*.)*

While the overall vaccination rates in Texas are similar, the pertussis morbidity rate among Hispanic infants (73 per 100,000) was almost twice that of non-Hispanic Whites (40 per 100,000).[14]

Obesity rates differ among racial and ethnic groups in Texas: 72.8% of African-American, 67% Hispanic, 33.9% Asian, and 58.7% of non-Hispanic white adults were overweight or obese in 2003.[15]

Pertussis Morbidity Rate in Texas *(2003)*

Hispanic infants	73 per 100,000
Non-Hispanic infants	40 per 100,000

(Source: Texas Department of State Health Services, Immunization Branch 2004*.)*

"In 2002, about 62 percent of Texans under age 65 – and for whom their income status was known – had private health insurance. For the entire population under age 65, rates of private coverage varied according to race and ethnicity, with 79 percent Anglo, 59 percent African American, and 43 percent Hispanic."[16]

Again, the disparities exist not only in the rate of disease, but in the access to care. For instance, African-American females have lower rates of breast cancer, but die more frequently from the disease than other groups of women.[17]

While there is limited mental health data specific to Texas, nationwide there are significant disparities in the degree to which racial and ethnic minorities seek and receive mental health treatment.[18] Research shows that mental health is key to overall physical health and the World Health Organization has identified mental illnesses as the leading causes of disability worldwide; accounting for nearly 25% of all disability across major industrialized countries.[19]

The stigma surrounding mental illness that prompts many people to hide symptoms and avoid treatment is particularly pronounced among older adults, ethnic and racial minorities, and residents of rural areas. Suicide, the leading cause of violent deaths worldwide, outnumbering homicide or war-related deaths, is one serious public health challenge. The vast majority of people who die by suicide have a mental illness – often undiagnosed or untreated.[20]

Critical Public Health Issues in Texas

In his June 2004 presentation to the Task Force, Eduardo Sanchez, Commissioner of the Texas Department of State Health Services (formerly the Texas Department of Health), identified a number of public health challenges for the state. These included:

- Exploding healthcare costs
- Highest rate of uninsured
- Rapid population growth
- Low immunization rate
- Threat of bioterrorism
- Epidemic of obesity
- Challenges of border region
- Sharp health disparities
- Mental health challenges
- Substance abuse challenges

At that time Commissioner Sanchez indicated that the five top priorities for the Texas Department of Health were:

- Improving immunization rate
- Focusing on fitness
- Eliminating health disparities
- Better preparation for public health disasters and bioterrorism
- Improving our business practices

The previous section on the "Overall Health of Texas" presented figures on how Texas compares to the rest of the country on key health indicators. Even if Texas compared more favorably to the rest of the United States, it is worth considering that while the United States ranks first in the world in health care spending, it is 27th in life expectancy.[21]

Obesity in Texas

Five out of the eight fattest cities in the United States in 2004 were in Texas:

2. Houston,
3. Dallas
4. San Antonio
6. Fort Worth
8. Arlington

(Source: Men's Fitness magazine*)*

Obesity carries with it a prevalence of diabetes, high blood pressure and an increased incidence of some cancers. Commissioner Sanchez estimates that even medium growth in the number of obese adults in Texas would result in 8 million obese adults in 2040, with cost implications over $25 billion.

To highlight one of challenges raised by Commissioner Sanchez, in 2001 treatment for overweight or obesity-related conditions in Texas amounted to $10.5 billion in medical care and other costs.[22] Based on the current trend, these costs could reach $15 billion by 2010 and $39 billion in 2040.[23]

Texas Demographics

Demands on the public health workforce must be viewed in the context of the changing face of Texas. State demographer Steven Murdock reported to the Task Force that the population of Texas grew by 22.8% between 1990 and 2000. The population of Texas was 20.85 million in 2000.

Murdock predicts that the population will reach 35.8 million in 2040, assuming that the rate of net migration into this state is equal to one half of that between 1990 and 2000. If the same rate of migration persisted as that which occurred between 2000 and 2002, the estimated population in 2040 would be 45.4 million.

Table 2
Population in Texas by Race/Ethnicity in 2000 and Projections of the Population in Texas by Race/Ethnicity from 2010 to 2040

Year	Anglo	Black	Hispanic	Other	TOTAL
2000	11,074,716	2,421,653	6,669,666	685,785	20,851,820
Assuming Rates of Net Migration Equal to One-Half 1990-2000					
2010	11,533,980	2,754,737	9,080,466	961,460	24,330,643
2020	11,796,479	3,052,412	11,882,993	1,273,908	28,005,792
2030	11,789,292	3,268,611	15,140,088	1,632,588	31,830,579
2040	11,525,083	3,403,176	18,804,297	2,028,603	35,761,159
Assuming Rates of Net Migration Equal to 2000-2002					
2010	11,587,971	2,826,849	9,877,268	1,117,442	25,409,530
2020	11,908,234	3,217,037	14,090,715	1,726,191	30,942,177
2030	11,960,333	3,539,340	19,449,030	2,569,996	37,518,699
2040	11,749,690	3,786,341	26,153,290	3,698,715	45,388,036

Source: Steve H. Murdock, July 30, 2004 presentation to the UT System Task Force on Public Health.

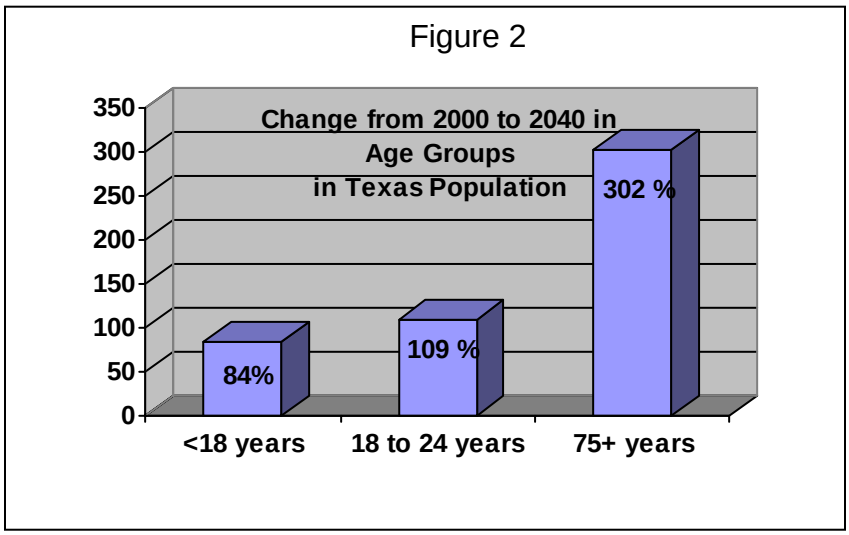
Although the overall population is relatively young, the greatest percentage change in population will occur among those over 75 years of age. Between 2000 and 2040, the population over 75 is anticipated to increase three-fold. This older population has increased vulnerability to illness, particularly chronic diseases.

In 2000 32% of the population of Texas was Hispanic, while 11.6% was Black, and 53.1% Anglo. The United States Census Bureau reports that in 2003, Anglos made up 49.5% of the 21.5 million people living in Texas. This rate of changes occurred more rapidly than most had predicted. Hispanics increased to 35.3% and African Americans accounted for 10.8%. Asians were 3.03%. All others including Native Americans were just over 1%. The evidence strongly suggests that Texas will continue to be a rapidly growing state, and that the proportion of Hispanics in the state will continue to increase. The absolute number of individuals aged 75 will increase substantially. The population growth itself indicates greater demands

for public health including programs ranging from immunization to infectious disease control, and public health attempts to minimize obesity.

The aging population emphasizes the increased health care requirements for this population. The continued growth of Hispanics as a percentage of the population underscores the need for opportunities for public health professional preparation in the Hispanic population in addition to efforts for Anglos, African Americans and other racial and ethnic groups.

Figure 2



Public Health Structure in Texas

Figure 1 of this report (page 9) presents the various entities (government, community, health care system, employers, media and academia) involved in public health efforts. Federal, state and local health departments are assisted by private non-profits, community based organizations, the personal health services industry and private industry, and education institutions.[24] In essence, "…individuals from many sectors of a community (e.g., education and economic development) must be involved to produce health and well-being for citizens.[25]

"Texas' public health infrastructure remains alarmingly fragile. Health registries, (particularly the Texas Cancer Registry), local health departments, and disease detection and response systems are floundering in the midst of years of under-funding. These seemingly mundane but vital tools must be upgraded to protect and improve the health of our vast and diverse populations."

(*Source:* Letter from Robert W. Sloane, MD, chair of the Texas Medical Association's Council on Legislation to Texas Legislators, March 5, 2001.)

The Texas Department of State Health Services (TDSHS) has a statutory responsibility to address the health needs of the state. In addition to the Texas Cancer Registry discussed at the end of this section, TDSHS uses local organizations to deliver many of its prevention activities and sets state level goals for improving health.

State law allows for the creation of local health departments, but does not require local governments to establish such departments. Local departments include city and county departments, joint city-county departments and public health districts.

There is great diversity of local health departments in Texas. Some local health departments offer a full array of services, while other local departments offer very limited services (such as septic inspections and animal control).[26] In Texas' 254 counties, 140 have health departments; 114 do not. In counties without a local public health department, one of TDSHS's eight regional offices fills that role.

The diversity of interactions required of a public health professional highlights the range of skills needed. The diversity of local health departments indicates that some public health professionals will need to act in numerous capacities at any one time. These interactions between community and government, health care and employers, academia and media and everything in between highlights that there are opportunities for partnership between the sectors.

Table 3
Health Care Program Rankings (2000)

	Texas	U.S. Average	Texas Compared to U.S.
Local government per-capita spending on public health	$62	$85	73%
State government per-capita spending on public health	$49	$98	50%

Source: Texas Health Care Primer, Center for Public Policy Priorities, November 2003.

The Association of Academic Health Centers is one of many groups that have highlighted the need for more formal relationships between academic health centers and public health departments. Exposure of health professions faculty and students to public health efforts beyond the classroom facilitates research efforts and can enhance community health.[27]

Another section of this report highlights some of the economic benefits of public health efforts. Not only the lives saved, but the health and disability costs avoided as a result of public health efforts indicates that there are reasons for businesses to invest in public health efforts. In light of private sector willingness to fund health research, efforts should be made to attract such funding for public health related research.

The Texas Cancer Registry is just one piece of the state effort to address cancer issues. Although cancer is the second leading cause of death in Texas, the cancer registry administered by the TDSHS fails to meet national standards.[28] Per capita funding for cancer registration in Texas is $0.16 compared to an average $0.40 for states with a nationally certified cancer registry.[29] TDSHS indicates that the "…registry is essential for assessing the burden of cancer, and evaluating the successes of cancer prevention and control efforts at the state, region, and local community levels."[30] Such data is needed to identify populations at increased risk of cancer for targeting health resources and intervention efforts. Biomedical researchers in Texas are at a disadvantage in competing for National Institutes of Health grants because of the incompleteness of the Texas Cancer Registry.

Workforce Needs

The Institute of Medicine (IOM) study *Who will keep the Public Healthy?* defines a "public health professional as a person educated in public health or related discipline who is employed to improve health through a population focus." As discussed earlier in the report, such individuals are employed by local, state (including agriculture, environment and education departments) and federal government health agencies, but they also include those in academia who educate, train and conduct research, and employees at private sector health care delivery organizations.[31]

Only 20 percent of the nation's estimated 400,000 to 500,000 public health professionals have the education and training needed to do their jobs most effectively.[32]

In 1995 the estimated 17,700 public health professionals represented less than 3 percent of Texas' total health workforce. An estimated 7 percent had formal public health education.[33] In Texas, Dr. Eduardo Sanchez estimates that less than 15% of those working in public health in the state would qualify under the IOM definition of "public health professional."

As underlined by the eight core competencies recommended for public health preparation -- informatics, genomics, communication, cultural competence, community-based participatory research, global health, policy and law, and public health ethics -- continued dependence on a public health workforce in which 85% of the participants have no public health professional training will compromise the public health in Texas.

Public Health Workforce?

Environmental Engineers
Environmental Engineering Technician and Technologists
Environmental Scientists and Specialists
Health Educators
Occupational Safety and Health Specialists
Occupational Safety and Health Technicians/Technologists
Health Services Managers or Administrators
Public Health Policy Analysts
Biostatisticians
Epidemiologists
Public Health Physicians, Nurses, Dentists, Dental Workers, Veterinarians, Nutritionists, Attorneys, Laboratory Scientists, Laboratory Technicians and Technologists, and Community Social Workers
Mental Health and Substance Abuse Social Workers
Psychologists, Mental Health Providers
Alcohol and Substance Abuse Counselors
Mental Health Counselors
Health Information Systems Specialists

Source: Kennedy and Moore, "A Systems Approach to Public Health Workforce Development," Journal of Public Health Management and Practice, July 2001.

According to a Pew Health Professions Commission report entitled *Critical Challenges: Revitalizing the Health Professions for the Twenty-First Century*: "The needs of the integrated systems will not be met simply by hiring [new] public health professionals [but by] substantial and ongoing retraining of nurses, physicians, allied health personnel, and managers…[who are] required to apply the skills in new contexts."[34]

The eight core competencies listed above indicate that the education and training of health professions must be done in collaboration with a range of academic disciplines and a range of academic levels. Understanding how advances in genomics and biomedicine will impact public health reflects the importance of medical schools and public health programs working together.[35] The intersection of environmental and behavioral issues, the need for technical skills and to communicate effectively with government and community leaders, reflects a broad skill set that demands an integration of the education efforts.

The limited spending on public health, particularly in Texas, is reflected in relatively low salaries in the profession and makes it difficult to attract large numbers of students into masters and doctoral programs in public health. There is a need for a public health workforce with a background and training in a variety of public health issues, but it is unlikely the current salaries will attract practitioners with increased level of public health. If salaries remain low, consideration must be given to the level and amount of training provided to ensure training for some of the most basic public health workforce needs are met.

Economic Benefits of Public Health Efforts

While life expectancy has increased by 30 years between 1900 and 2000, 25 of these years have been attributed to public health measures and 5 to medical care advances.[36] A few public health efforts over the last century that have saved lives and money include[37]:

- Control of Infectious Diseases – clean water and improved sanitation have reduced the role of typhoid and cholera as a cause of illness and death;
- Motor-Vehicle Safety – engineering efforts have made vehicles and highways safer;
- Safer and Healthier Foods – identifying essential micronutrients and establishing food fortification programs have reduced major nutritional deficiency diseases such as rickets, goiter, and pellagra;
- Work-related Health – safer workplaces have resulted in a reduction of approximately 40% in the rate of fatal occupational injuries; and
- Fluoridation of drinking water has helped prevent tooth decay and loss.

Public health in action

The Texas Department of Health's influenza surveillance system collects cultures throughout Texas. The purpose is to screen for the misdiagnosis of influenza and obtain information early on to determine what influenza strains are circulating. This helps determine whether the current vaccine will likely protect against the confirmed influenza in Texas. Having the appropriate vaccine can help reduce the illnesses and work days lost during the flu season.

(*Source:* "Disease Prevention News," Texas Department of Health, December 9, 2002.)

The United States ranks first in the world in health care spending and 27th (out of 192 countries) in life expectancy.[38] There is a question about the balance of health efforts – approximately 74 percent of health care spending supports physicians, hospitals, drugs and professional services, while only 3 percent is invested in public health.[39]

Human and financial resources can be saved by the prevention and controlling of disease and illness. According to the Health Resources and Services Administration (HRSA, which is part of the U.S. Department of Health and Human Services), approximately half of the 2 million deaths in the U.S. each year could be prevented. HRSA confirms that "Public health professionals – in their roles as environmental monitors, inspectors, and health care providers – significantly reduce the number of preventable deaths." [40]

A better understanding of the costs of disease and illness creates a greater perspective of the value of public health. In his proposal entitled "Texas Center for Health Promotion Economics," Guy Parcel, Dean at the Houston School of Public Health, notes "…some 40% of deaths are caused by behaviors that could be modified by prevention interventions…A major obstacle to giving greater priority to health promotion is the fact that there is insufficient evidence on economic factors that influence specific programs, practices, and policies that affect health decisions made by people and those responsible for health policies and programs in public health, health care delivery, and educational systems, as well as their counterparts in business and other private sector enterprises, governments and governmental agencies."[41]

In Texas the top three leading causes of death have remained the same the last four decades: Diseases of the Heart, Malignant Neoplasms, and Cerebrovascular Diseases. Injuries (including car crashes, falls, and fires) are the fourth leading cause of death in the state, costing an estimated $18.2 billion annually.[42]

While genetics plays a factor in the development of many cancers, heredity alone does not explain cancer.[43] In December 2001, The Cost of Cancer in Texas estimated the total cost of cancer in Texas in 1998 at $14 billion ($4.9 billion in direct medical costs and $9.1 billion indirect costs from lost productivity).[44]

Eduardo Sanchez, Commissioner of the Texas Department of State Health Services, in a June 2004 presentation to the Task Force, projected billions of dollars lost if current projections of overweight and obesity in Texas are correct.

A greater understanding of the primary and secondary prevention tools, as well as the cost-effectiveness of prevention efforts is a critical piece of the public health enterprise. Cost-effectiveness should be viewed not only in monetary terms, but should include quality of life – avoidance of misery factors.

The Role of Academia

The traditional role of academia includes:

1. educating students who will enter the public health professions;
2. conducting research which adds to the body of knowledge that is used to enhance efforts to improve public health; and
3. serving the community through the knowledge and expertise of its faculty and students.

As emphasized in Figure 1 (page 9), these academic functions must interact with and synergize with the other elements required for population health including: the media, employers and business, the healthcare delivery system, community and the governmental public health infrastructure. Population health in this formulation refers to "the health of a population as measured by health status indicators and as influenced by social economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development and health services" (Federal Prudential Territorial Committee on Population Health, 1997).

More recently the Institute of Medicine (IOM) report, *Who will keep the Public Healthy? Educating health professionals for the 21st Century*, determined that academic public health has six major responsibilities. These are to:

1. Educate the educators, practitioners, researchers as well as the public health leaders and managers;
2. Serve as a focal point for multi-school trans-disciplinary research as well as traditional health research to improve the health of the public;
3. Contribute to policy that advances the health of the public;
4. Work collaboratively with other professional schools to assure quality public health content in their programs;
5. Assure access to life-long learning for the public health workforce; and
6. Engage actively with various communities to improve the public's health.

These responsibilities reflect the complex set of interactions described earlier.

Traditionally schools of public health have been organized to teach in five core areas. These include epidemiology, biostatistics, environmental health, health services administration, and social and behavioral sciences. Accreditation of schools of public health requires instruction in all five core areas. As will be noted later in this report this has posed serious challenges for small regional public health campuses. Moreover, the 2003 IOM report emphasized the need for instruction in eight content areas. These include informatics, genomics, communication, cultural competence, community based participatory research, global health, policy and law, and public health ethics. The report notes that "these areas are natural outgrowths of traditional core public health sciences as they have evolved in response to ongoing social, economic, technological, and demographical changes".

This list of core competencies as well as responsibility to "work collaboratively with other professional schools to assure quality public health content in their programs" emphasizes the increasing interactions and in some cases overlap between public health and other health professions including medicine, nursing, pharmacy, dentistry and allied health.

Public Health Education in Texas

The University of Texas Health Science Center at Houston School of Public Health

The School of Public Health was authorized in 1947. The Texas Legislature first appropriated funds for the School of Public Health in 1967. The school admitted its first class in the fall of 1969. By the end of 2003 graduates of the School of Public Health numbered more than 4,000. Some 50% of the school's graduates work in Texas with the remainder addressing public health issues in the United States and abroad.

The main campus of the School of Public Health is in Houston in the Texas Medical Center, in the 10-story Ruel A. Stallones Building. The building was first occupied in 1976 and has more than 167,000 square feet of space. In the past four years the school has expanded to include 2.5 floors of the University Center Towers. The school offers four degree programs, the Master of Public Health (MPH), the Doctor of Public Health (DrPH), the Master of Science in Public Health (MS), and the Doctor of Philosophy in Public Health (PHD). Areas of specialization open to those pursuing a MPH or a DrPH include community health practice, disease control, health promotion, health education, health services organization, international and family health, and occupational and environmental health. Students pursuing an MS or PHD degree may major in biological sciences, biostatistics, environmental sciences, epidemiology, behavior sciences and management and policies science.

There are four regional campuses of the School of Public Health – San Antonio, El Paso, Dallas and Brownsville. These provide MPH education to individuals in areas geographically distanced from Houston. The regional campuses have their own resident faculty and onsite course offerings. Interactive video courses are broadcast and received at each of the school's five campuses.

At least four concurrent degree programs are also available, including a JD/MPH with the University of Houston Law Center, a MD/MPH with the UTHSC-Houston Medical School, a MS/MPH with the UTHSC-Houston School of Nursing, and a MSW/MPH with the University of Houston Graduate School of Social Work. The School of Public Health is accredited by the Council on Education for Public Health and other appropriate accrediting bodies. The fact sheet on students, tuition and budget is shown in Appendix 1.

The School of Public Health has achieved considerable distinction in many areas. Among 34 schools of public health nationally, it is 4th in student enrollment, 5th in number of faculty, 7th in NIH funding, and 1st in enrolled Hispanic students in the continental United States. It is also ranked 1st among doctoral programs in health education. The operating budget for the school in 2004 was $58.3 million with $18.8 million from state sources. Contracts and grants are 64% of the budget and tuition revenue is less than 2% of the budget. The school will experience a decrease in its budget of 2% in fiscal year 2005 as a result of decreased state funding. The 2005 reduction is in on top of reductions in state funding for 2003 and 2004.

Regional Campuses

Each of the four regional campuses offers a Masters of Public Health degree. Each campus has approximately nine faculty positions and in Fall 2003 enrolled between 16 and 66 degree seeking students. For a snapshot of the four campuses, see Appendix 2.

Established in 1979, the San Antonio regional campus is the oldest of the four. There were 66 degree seeking students in Fall 2003. The majority of the 614 graduates of this campus come from its local partners, the majority of which had military connections. The interests of the students and faculty have been primarily in community health problems, disease control, administration, environmental health, occupational health, and veterinary public health. New extramurally funded research awards for FY 2002-FY 2004 total $1,512,470.

The El Paso regional campus, established in 1992, is the second oldest and enrolled 44 degree seeking students in Fall 2003. Much of its research focuses directly on assessing local public health problems, evaluating the effectiveness of local programs, or developing new approaches to solve local problems. New extramurally funded research awards for FY 2002-FY 2004 total $1,313,434.

The Dallas regional campus was established in 1998. It had 47 degree seeking students for Fall 2003 and new extramurally funded research awards for FY 2002-FY 2004 total $11,526,958. The research efforts include on-going collaborations on effect of secondary smoking, hypertension, breast cancer, asthma prevention, alcohol-related trauma and alcohol dependence treatment.

Established in 2001, Brownsville is the youngest regional campus and served 16 degree seeking students in Fall 2003. Located less than a mile from the Mexico border, the health challenges in the Rio Grande Valley (LRGV) have substantial economic importance because of the relative poverty of the area. The estimated cost of medical care, based on national averages, and on prevalence of disease in the LRGV, for diabetes, obesity and cancer is 11.2% of the LRGV per capita income,

whereas nationally the cost is only about 4.4%.[45] The new extramurally funded research awards for FY 2002-FY 2004 total $7,533,699.

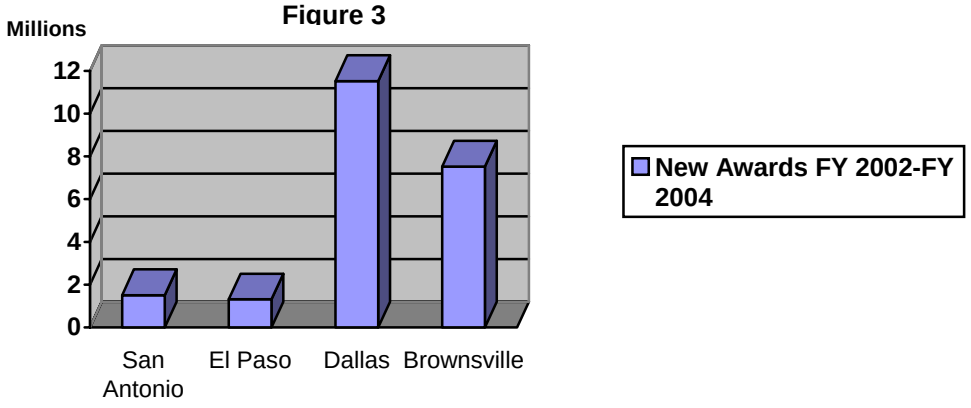
Table 4
Public Health Graduates from HSC Houston and Regional Campuses

	Academic Year 2001-02			Academic Year 2002-03		
	Master's	Doctoral	TOTAL	Master's	Doctoral	TOTAL
HSC Houston	89	31	120	90	28	118
Brownsville	0	0	0	0	0	0
Dallas	8	0	8	6	0	6
El Paso	9	0	9	9	0	9
San Antonio	17	0	17	14	0	14
TOTAL	123	31	154	119	28	147

Assessment of Regional Campuses

The Task Force heard testimony from the Assistant Deans at each of the regional public health campuses, from faculty members at each campus and from academic leadership of the host institution where the regional public health campus is located. Although longevity of the campus and the specific history underlying its establishment had a profound impact on the experiences at each campus, the task force identified certain themes which emerged from the presentations and consultants' site visits.

Figure 3



Success of the regional campuses, as measured by the number of students and graduates and by the amount of extramural research funds, has been mixed. The most success has occurred in instances where the establishment of the program, recruitment of the assistant dean, and the development of the program, were carried out in close collaboration with the host institution.

Successful research programs occurred at campuses that had a strong energetic visionary assistant dean as leader. This dean had a proven history of successful research programs and research funding. The research program often became the centerpiece for recruiting faculty and attracting additional research dollars. In the absence of such a figure, regional campuses research programs did not do well.

When the regional campus had a clear research focus, the opportunities to recruit faculty with the right skills and expectations have been substantial. At the same time, faculty reported that the necessity to have a faculty member at the regional campus to teach each of the five core areas of the curriculum limited the opportunities to create a critical mass around important research initiatives.

Faculty at the campuses expressed concerns about a sense of isolation from the main campus and the academic programs on the host campus, lack of appropriate mentoring and concerns about academic

recognition and promotion. A recurrent theme was the difficulty in obtaining graduate students to work with them on research programs.

Several faculty from regional campuses expressed considerable enthusiasm and pleasure with the opportunity to carry out research that was community-based. They saw this as one of the important strengths of the regional campuses.

The amount of research at each of these campuses varies greatly.

Host institution leaders expressed frustration regarding their lack of understanding of the long-term vision for the regional public health campuses with which they are associated. They felt that important opportunities for synergisms in recruitment and program development were sometimes missed and that communications with the School of Public Health at Houston were sometimes inadequate. There were some indications that these communications have improved with the appointment of the new dean at Houston. Host institution leaders and public health faculty express general concern about the capacity of the regional campuses to grow because of the limited number of faculty positions available.

Joe McCormick, assistant dean of the regional campus at UT Brownsville was quite clear that he anticipates growth based on grants and other sources of non-state money. He also urged that the building for the Regional Academic Health Center at Brownsville be completed in order to further expand programs at that campus. While this general approach is endorsed by the assistant dean of the regional campus at UT Southwestern (Dallas campus), the strategy was much less clear for the schools at San Antonio and El Paso.

Faculty at the regional campuses was particularly sensitive to the notion that the appointments and promotions committee evaluating their progress was in Houston and did not feel that a full appreciation of their contributions was always feasible at distance. Both the faculty and assistant deans expressed satisfaction with their efforts at education.

The majority of students came from the local area around the school. Many of these students worked at regular employment while seeking degrees and therefore took more than the usual time to complete their programs. At UT Southwestern there was considerable success of the MD/MPH and a significant portion of the student body were physicians. The impact of the public health faculty on medical student education was much less clear and by some observers was thought to be much less than optimum. This again may reflect the limited faculty size available in public health.

Public Health Efforts in Austin

School of Public Health believes there are few resources for public health education or research in central Texas and is interested in establishing a regional campus in Austin.

The Texas A&M Health Science Center School of Rural Public Health recently began offering distance education classes in Austin, with a majority of the 20 students being employees of the Texas Department of State Health Services (TDSHS). A need for graduate education would include employees at the Travis County (Austin) Health Department, the Central Texas Veterans Health Care System and other public health workers in central Texas. Additionally, UT Austin's Society of Public Health Students currently has 300 students, which reflects interest from current undergraduates.

Collaborative research opportunities exist with UT Austin, UT Medical Branch at Galveston which has medical students in Austin, and TDSHS. Of particular interest to UT Austin faculty is collaboration with public health researchers in the areas of biostatistics and epidemiology.

The vision for a regional campus in Austin would begin with a core public education program to support undergraduate or graduate degree programs at UT Austin and provide a public health certificate program for public health professionals. The second phase would be the development of the program to offer masters and doctoral degrees in public health and the establishment of a focused research program in public health.

The core courses in public health would be offered on the UT Austin campus with local or distance education formats by UTHSC Houston School of Public Health faculty. Cooperative relationships with UT Austin faculty in academic fields related to public health have been established to make effective use of expertise already available in Austin. Priority for new faculty would be to compliment existing strength and programs at UT Austin and UTMB and would include epidemiology, biostatistics, health promotion, health policy and economics, and health outcomes research.

Course offerings could be used to meet requirements for interdisciplinary minors and majors in public health and the plan is to develop a "4+1" degree program in which students receive a baccalaureate degree in four years and a MPH degree in one year.

Other Public Health Programs in Texas

In addition to the Graduate Program in Public Health at the University of Texas Medical Branch at Galveston, which offers a MPH degree, the University of North

Texas Health Science Center and Texas A&M Health Science Center have schools of public health. While three community colleges offer an associate degree in "Community Health Services," nearly all others offer some course work but no degree in this field.

The UNT HSC School of Public Health was authorized by its board in 1997, but the HSC had been offering an MPH in collaboration with the University of North Texas as early as 1995. In the Fall 2003 the School enrolled 201 master's students and 43 doctoral.

The Texas A&M HSC School of Rural Public Health (SRPH) was established by the Texas Legislature in 1995 and the first class enrolled in September 1998. The school enrolls approximately 160 students in its three masters programs (Public Health, Science in Public Health, and Health Administration). A Doctor of Public Health was initiated in Fall 2004. In the Fall 2002 the SRPH began offering a Rural Public Health Certificate Program. This five-course program provides a general overview of core function and disciplines in public health. Students can use the program simply for additional training or as the beginning of graduate work.

Academic Institutions and Public Health Practitioners

As mentioned throughout this report, the public health system involves a variety of components and there are increasing interactions between public health and other health professionals. In addition to exposing public health students to technical skills, students need exposure to survival skills in the field.

Enhanced collaboration and integration between academic public health programs and state and local public health practitioners would benefit Texans as a whole. This collaboration and integration should extend beyond practiced-based educational opportunities (service-learning, preceptorships, and internships) to include research and service efforts as well.

In addition to education degree seeking students, such collaborations could provide for learning (certificate) opportunities for local public health practitioners. Preparing these "lower level" practitioners, whether at a community college, university or health science center, could serve as pathways for some individuals to learn more about public health options and whether to pursue additional education.

While some relationships between academia and local health departments exist, many are informal and based on personal initiative of a faculty member and local health department. Efforts should be made to maintain these relationships and build institutional structures to support and expand such relationships.

Education institutions should consider ways to utilize exemplary public health practitioners in teaching, research and service activities, perhaps in the form of a "practitioner faculty track."

Research Opportunities

As noted previously, the School of Public Health at Houston ranks 7th in the nation in NIH funding and has well-developed research programs in a wide variety of areas. There is a substantial need in Texas for increased expertise in health services research, health economics, and health policy.

The School of Public Health has launched a new institute in health policy which will attempt to address a number of these issues. Although Texas offers important opportunities for research related to health disparities and border health, these general descriptors require highly focused initiatives in order to effectively add to the body of knowledge.

Integrated multi-disciplinary research programs around such issues as obesity, HIV AIDS, diabetes, hypertension, in the context of health disparities and/or border health have not been fully developed. While expertise in some of the proposed core competencies was present, the genomics effort led by Eric Boerwinkle being an excellent example, there was less evidence for creative activities in informatics, global health, policy and law, and public health ethics. The School of Public Health has recently agreed to offer a dual degree with the School of Health Information Sciences and formed a task force to transition the International and Family Health degree to an educational program in global health. As noted in the recommendations, opportunities for developing some of these areas in collaboration with the general academic campus are quite attractive, for example, law at UT Austin, ethics at UT Health Science Center at San Antonio, etc.

Lastly, new public health programs dealing with the interface between health and security such as the Center for Biosecurity and Public Health Preparedness have been extremely successful in terms of funding, collaborative engagement and flexibility to adapt to new opportunities for growth. Because of the pivotal role of public health in this arena, this interface is an area where the UT School of Public Health can provide leadership.

Conclusions and Recommendations

Conclusions

1. The overall state of public health in Texas is poor in comparison to national averages for many parameters and is likely to further deteriorate in the absence of corrective action. Substantial disparities in health status exist.

2. The support of public health in Texas is inadequate, as demonstrated by counties lacking public health infrastructure/poor salaries for personnel and level of training of these personnel. State and local public health expenditures are well below the national average. (State per capita expenditures are 50% of the national average.)

3. There is a shortage of well-trained public health professionals and this shortage will increase substantially over the next decade.

4. Schools of Public Health should collaborate with academic campuses to significantly increase opportunities for public health education, including additional MPH students and the development of undergraduate degrees and certificates in public health.

5. Educational and research collaborations between public health and other health professions will be an essential part of improving public health.

6. The regional campuses of the UTHSC School of Public Health will reach their full potential only if they are more fully integrated with other academic and health science campuses in education, research and public service.

7. The concept of regional public health campuses is sound, but the campuses lack a critical mass of faculty and vary substantially in the extent to which they have developed synergies with academic and/or health science campuses where they are located.

8. Significant economic benefits will be derived from proper funding of public health in Texas, including decreased medical costs, a healthier and thus more productive workforce, and increased federal public health research funding.

9. Creation of a new fully accredited School of Public Health in Texas is not warranted at the present time. Stronger collaborations between the public health programs and other education institutions, including community colleges, universities and health science centers, and local health departments could enhance the public health efforts in Texas.

Recommendations

The major public health problems in Texas reach beyond any one school or academic discipline. These issues require the capacities of the academic institutions in engineering, behavioral science, social science including economics and sociology, law, business, public affairs, exercise physiology, pharmacy, and communications as well as medical and nursing. All of these disciplines are needed to do the training, research and community outreach necessary to meet the challenges Texas faces.

These recommendations attempt to address the institutional structure that will foster such collaboration and enhance the capacity of the public health system to address the state's needs.

1. **Increase the diversity of educational opportunities in public health**
   a. Offer a bachelor of public health to undergraduates on those university campuses in which there is a school of public health regional campus.

   b. Develop certificate programs for public health practitioners needing further education in a specific area but not requiring a full MPH degree.

   c. Increase the distance-learning opportunities for candidates for the MPH degree. These could include internet based or tele-campus type programs.

d. Explicitly increase the public health education content in the curriculum of medical, nursing, dental and allied health schools.

e. Explore collaborations to provide annual educational and/or research programs for professionals and the community

2. **Curriculum issues**

a. The eight new areas considered core competencies for public health in the 21st century, i.e., genomics, informatics, communication, cultural competency, community based participatory research, policy and law, global health and public health ethics should be incorporated into the curriculum of the School of Public Health as well as at the regional campuses. The School of Public Health should continue to work with the Association of Schools of Public Health to develop competencies in the additional areas and assess the need to expand existing courses and develop new courses to address the competencies. Successful implementation of this approach could require a further development of a matrix of courses taught through the internet or via telemedicine such that faculty expertise in the particular area can be made available at multiple campuses and other remote sites.

b. Incentives will be required for cross-institutional teaching and research which involves individuals at both academic and public health faculties.

3. **Regional Campuses**

a. The Brownsville, El Paso, and San Antonio regional campuses have a unique opportunity to establish a consortium to address public health issues along the Texas border with Mexico. While these issues will confront many aspects of Hispanic health, they must also include a broad category of general public health challenges. This consortium, in conjunction with the host campuses and other academic campuses, could extend education and training opportunities and provide hands-on research opportunities in this growing, yet underserved region. Such a consortium could encourage collaboration among campuses and disciplines.

While it is premature to endorse such a consortium as a separate school of public health, it could build on the strengths of the individual campuses and provide for the growth both education and training and research opportunities of each.

b. The School of Public Health has expressed interest in a regional campus in Austin. UT Austin's outstanding schools of nursing, law and public affairs, would be a logical potential collaborator with the School of Public Health and the establishment of a regional campus in Austin should be considered in light of the potential research collaborations and potential student base. Any such collaborative effort must be done in a manner consistent with themes expressed in this report.

c. Recruitment of regional deans and faculty should be done jointly by the school of public health with the associated host campus. There should be clear lines of responsibility of administrators at the regional, host and main campuses so that faculty and students know who can address issues as they arise and to establish lines of accountability.

d. If the matrix of course work described above is adopted, faculty members should be recruited to the regional campuses on the basis of their research interests in order to create a critical mass of faculty around particular subjects. So long as expertise is available at one of the various campuses in order to teach basic courses, it is not necessary that every campus have representation in each core competency.

Opportunities should be developed so that doctoral candidates may take their course work through distance learning and do their thesis at a regional campus. Opportunities for PhD candidates to be mentored by faculty in the academic campus should be developed. The UT System should review its policies regarding tenure to facilitate opportunities for joint appointments to academic campus and public health campuses. A clear focus for the strategic, educational and research programs at each regional campus should be identified and maintained with appropriate benchmarks for evaluating success.

e. Because solving public health problems emphasizes a model that recognizes the importance of other disciplines, including sociology, anthropology, urban planning, law, business, engineering, political science, etc., the specialty strengths of a particular regional campus and host campus should be exploited to offer programs unique to the campus. The PhD in Psychology in conjunction with regional campus faculty expertise in health promotion and

behavioral change is one such example. Such collaboration could create a niche for particular research funding as well.

4. **Faculty Development**
   a. Faculty members should be recruited to the regional campuses on the basis of their research and education interests and their potential to contribute to a critical mass of investigators and teachers around a series of focused objectives within the regional campus.

   b. Each new faculty member should have a clearly identified mentor. The mentor may be a research mentor or a professional development mentor or both. Mentoring is a critical element in the success of new faculty. Mentors should be selected on the basis of their proven capacity to perform and function well. Individuals with less than broad experience may require some instruction in the mentoring process.

   c. Promotion and tenured decisions should be made by a process that involves a significant number of faculty from the regional campus, its host campus as well as individuals from the School of Public Health.

   d. Division Directors in the School of Public Health should follow closely the progress of faculty at the regional campuses, provide regular assessment and feedback and contribute whenever possible to minimizing the sense of isolation.

   e. Faculty should be recruited conjointly with those in the host campus and efforts should be made to create collegial intellectual relationships that go beyond the regional public health campus.

5. **Collaborative Programs**
   a. While the School of Public Health has a range of dual degree programs, including programs with the School of Nursing at that campus and with the University of Houston's Law School and School of Social Work, further opportunities for dual degrees should be explored. Examples for additional programs include other schools of nursing, medicine, dentistry and allied health. UT Austin, with outstanding schools of nursing, law and public affairs, would be a logical potential collaborator with the School of Public Health. Any such collaborative effort must be done in a manner consistent with themes expressed in this report.

   b. Serious consideration should be given to recruiting an outstanding health economist in collaboration with the Department of Economics at UT Austin. The Department of Economics at that campus is considered one of the best in the country. Although it has largely eschewed applied economics, the need for a top ranked scholar in health economics recruited in collaboration with the School of Public Health would be a great asset to the state. Additional joint programs with the LBJ School could strengthen the health policy and health services aspect of the state.

   c. A role for the UT System to foster collaboration and interdisciplinary training and research efforts in public health should be developed.

   d. The UT System, in conjunction with the School of Public Health, could conduct a forum on public health and medicine, with a focus on health disparities in Texas.

6. **Research**
   a. In addition to the research opportunities fostered by greater collaboration efforts, there are some specific changes to the research infrastructure that could enhance the research enterprise within the School of Public Health and the regional campuses.

   b. The UT System should look at policies for institutional review boards to allow for a mutual agreement among UTHSC-Houston, the School of Public Health, and the regional campuses that recognizes reviews at each of the institutions so that a research project initiated at one of the campuses is subjected to only one review.

   c. To expand research activity, the establishment of a research faculty track could be considered. It would include Research Assistant Professor, Research Associate Professor, and Research Professor titles. Faculty in a research track would participate in educational activities by supervising student work on research projects, mentoring students, and serving on student thesis and dissertation committees. Research faculty would be expected to raise all of their financial support through research, although research assistant professors should receive some temporary support for several years until they are able to develop their research portfolio.

d. Greater attention should be paid to the development of research partnerships with institutes and centers on the academic health science center campus, the academic campus, the Veterans Administration, and related agencies. While relationships do exist with many of these entities, there are current financial and administrative barriers preventing the full realization of the advantages of such relationships.

7. **Resources Required**

a. State funding for the delivery of public health services should be increased so that Texas reaches the 75% of the national average for such services by 2010. These resources should be allocated to support the essential public health services already identified in Texas statute, such as monitoring the health status of individuals; investigating community health hazards; enforcing laws and rules that protect the public health; and researching new insights and innovative solutions to community health problems. In addition to prevention efforts, these funds must be used to address emerging threats facing Texas such as: bioterrorism, the obesity crisis, critical mental health and local environmental health issues. The expenditure of these funds must recognize and build upon the role of local public health efforts and foster collaboration between public health providers and researchers.

   Additional state funding should be provided for a Texas Cancer Registry that meets national standards. An additional $1.2 million would be needed the first year, and $1 million annually thereafter. Such a registry would better position Texas researchers to compete for funding from the National Institutes of Health.

b. The existing regional campuses need additional support to expand faculty from 9 full-time equivalents to 15 FTE. A total of approximately $3.7 million annually in additional funding would be needed. This expansion of faculty is necessary to establish a critical mass of faculty so that the core curriculum can be addressed and a focus on important research could be achieved. If a similar program is established in Austin, another $1.9 million would be needed, primarily for faculty salaries.

   Additionally, the building that houses the Brownsville campus needs to complete remaining shelled lab space. The cost for the build-out of the shell space is $4 million. At the present time the remaining campuses operate in space provided by the host campus or rented space. As these programs mature in the next four to six years and the needs of the host campuses expand, these regional campuses will need their own facility. The total cost for the three remaining campuses would be $30 million. A similar facility would be needed if a program is established in Austin, adding $10 million to the total.

c. Additional support is needed for the Houston campus to increase core support for distance learning efforts and to address additional intellectual disciplines in the expanded core competencies referenced above. Approximately $1.5 million annually in additional funding would be needed.

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OBSERVATIONS AND RECOMMENDATIONS FOR THE UNIVERSITY OF TEXAS SYSTEM TASK FORCE ON PUBLIC HEALTH

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General Observations

University of Texas (UT) Houston School of Public Health

1. Like many if not most state-supported schools of public health, the UT Houston School of Public Health is suffering from serious budget cuts and underfinancing. This is hampering its ability to meet the modern public health challenges of the new and re-emerging infections, health disparities, the growing incidence and prevalence of obesity, and associated chronic illness and related issues.

2. The UT Houston School of Public Health is a good school of public health with a national reputation and special strengths in important public health areas. It has an established faculty that is well-balanced between junior and senior faculty and well-funded research programs that address important public health problems. There are a number of community-based projects that contribute to public health practice in the state of Texas.

3. The School is undergoing substantial reorganization, changing from a matrix or functional structure to a departmental or divisional structure. There are new divisional directors who are defining their roles and responsibilities, and the School is developing policies and procedures reflecting the new organizational model. While progressing well, this change will take the energy and focus of the School's leadership in the near future.

4. Extensive strategic planning has been done by the School as part of its upcoming re-accreditation by the Council on Education in Public Health, and it benefits from the presence on its staff of an Associate Dean for Strategic Program Planning. The School is currently reviewing and revising its degree programs and curricula to ensure consistency across all programs, identify deficiencies, and enhance interdisciplinary programs.

5. The incentives for research in the School are good. The School receives approximately 50% of the UT Houston Health Science Center's research indirect cost recovery generated by the School, and that, along with the School's Faculty Incentive Plan, stimulates good research productivity.

6. The UT Houston School of Public Health is geographically well positioned within the UT Houston Health Science Center for interaction with other Houston-based health professional schools. There are dual professional degrees with the Schools of Dentistry, Medicine, Nursing, the Health Information Sciences, and with the Graduate School of Biomedical Sciences.

7. The School has excellent ITV facilities for communicating with students and faculty at its regional campuses. Students are generally satisfied with the quality of courses offered through distance learning, provided the instructors are trained to effectively utilize ITV.

8. The regional campus system is unique among accredited schools of public health. While generally supported by the School's current leadership, there are clearly concerns and tensions with the system. The School faces the challenge of the substantial resources necessary for infrastructure support of the regional campus system. This includes the development and support of the campuses including the faculty and students at each campus, ITV facilities and associated support services, database development and management, campus space, and coordination of regional campus activities, including research.

9. The regional campuses are not yet fully staffed to reach a critical mass that can appropriately implement the teaching, research, and service expectations within each region.

10. While constructive efforts are being made, the regional campuses and their associated health science center host campus are missing opportunities for closer collaboration and integration. This is also true for linkages between the regional campus and its host academic campus.

11. The administrative bureaucracy of the UT Health Science Center system is a barrier to achieving greater integration, collaboration, and benefit from the regional campus concept. This is particularly true in regard to research collaboration.

12. The regional campuses are viewed by the UT Health Science Center leadership as contributing positively to the educational and research missions of the Center rather than being a drain on its resources. However, the Health

Sciences Center leadership support is passively rather than actively involved in the planning, direction, and evaluation of the regional campuses.

13. Each regional campus is unique and offers different opportunities and challenges; a common model is neither feasible nor desirable, although some general policies need to be developed. The School recognizes that there are particular issues at the different regional campuses and the importance of recruiting excellent assistant deans at the regional campuses.

14. The UT Houston School of Public Health and its regional campuses need considerable effort to make the entire system greater in both education and research than the sum of its parts. This is not the situation currently. Provided the various entities develop a common vision, goals, and commitment, there are excellent opportunities to strengthen and enhance the existing system. [NOTE: The entire system should include not only the UT Houston School of Public Health and its regional campuses, but also the host institutions and health science centers of each of the regional campuses.]

UT El Paso (UTEP) Regional Campus - PW

1. The University of Texas at El Paso is uniquely situated to provide educational access to the Mexican-American community. It is rapidly expanding both its educational and research activities through a diverse array of disciplines that offer many opportunities for multi-disciplinary activities. There is a large undergraduate student enrollment and increasing graduate enrollment.

2. There are many community-based research opportunities in El Paso given the campus location on the Mexican border. "Border health" is a subset of global health that is focused primarily on Texas communities bordering Mexico and includes health disparities, risk of particular infectious and chronic diseases, obesity, unhealthy environmental conditions, and cultural and communication problems. There is considerable faculty expertise in "border health" on the El Paso and other campuses, and funded research in this area provides an excellent opportunity for collaborative relationships among faculty from Houston, the regional and host campus at El Paso, and other regional campuses.

3. Unfortunately, the relationship between the UT El Paso host campus and the UT Houston School of Public Health is very strained. UTEP feels there is little commitment or parity in the relationship with Houston. It has little or no input on regional campus faculty hires or in the promotion or tenure of the regional campus faculty. The regional faculty members are answerable only to Houston.

4. UTEP finds too little evidence of joint activities between host campus faculty and the regional campus faculty such as joint appointments and joint degrees. As a result, the El Paso host campus is considering an MPH degree offered jointly by El Paso and the Houston campus.

5. In general, there is a sense that the UTEP regional campus has been exploited by the UT Houston Health Science Center and School of Public Health. Since the inception of the El Paso regional campus, there has been no formal oversight, assessment, or evaluation of the UTEP regional campus by the UT Health Science Center's leadership or by the UT higher education system. There was an agreement between the two institutions (Houston and El Paso) when the regional campus was established in 1992; however, this agreement has not been revised even though the situation has changed considerably since then.

6. Good communication is one of the biggest challenges of the Houston School, the El Paso regional campus, and the El Paso host campus. There is a lack of a common vision and goals for the regional campus and little understanding of what is important to each entity. The lack of trust among the entities is probably the biggest barrier.

7. There is a new Assistant Dean for the El Paso regional campus, an experienced administrator who has the potential to provide strong leadership to the El Paso public health faculty and to enhance the relationship with both the UTE host campus and the UT Houston School of Public Health.

8. UTEP regional campus faculty members feel they do a number of things with the UTEP host faculty that are not recognized or valued by the UTEP leadership, nor do they feel that what they do is recognized or valued by the Houston School of Public Health. They feel like second-class citizens at both campuses.

9. Faculty located at the El Paso regional campus face too many barriers in developing research activities. They must undergo human subject review not only at their UTEP host campus but also at the UT Houston Health Sciences Center. The Office of Research at the Houston Health Science Center is perceived to be inflexible and often does not understand regional campus research projects. Interestingly, the UT Houston School of Public Health faculty also felt there were barriers in working with the UT Houston Health Science Center's Office of Research.

10. The El Paso regional campus faculty, who are graduates of the UT Houston School, have particularly strong loyalties to the Houston campus.

11. Regional campuses appear to have been developed with the aim of having at least two faculty members representing each of the five core public health disciplines–biostatistics, epidemiology, environmental health, health services, and social and behavior science–yielding a total of 10. This distribution of faculty expertise provides for the teaching of core courses in each of the five disciplines. There is a strong desire to have a critical mass of at least 12 at each of the regional campuses.

UT San Antonio (UTSA) Regional Campus – SS

1. Relationships between UTSA and the Houston campus appear reasonably good, but both parties recognize the need and opportunity for greater and more effective collaboration.

2. This is particularly true in regard to:
    a. expansion of shared teaching opportunities
    b. greater involvement of UTSA faculty in the policy-making and decision-making processes of the Houston campus
    c. greater involvement of the UTSA Assistant Dean in the review and oversight of UTSA faculty
    d. greater standardization of research and grants administration
    e. continued attention to assuring adequate IT resources for effective instruction

Recommendations

The regional campus system needs to be streamlined and enhanced to achieve its potential in education, research, and service. Given the geographic distribution of the Texas population, the sheer size of the state, available resources, and the nature of the public health challenges facing the state, the regional public health campus strategy is generally sound. However, for a variety of reasons (outlined below), it is not achieving its potential.

Education

Graduate Education: streamline teaching of core public health courses and expand specialty degree programs at the regional campuses

1. While it is reasonable to have two faculty in each public health discipline at each regional campus, the need for faculty to teach the five core public health courses at each campus and the Houston School of Public Health is unclear. With an excellent ITV system at Houston and each regional campus, there is no need for each campus to teach all of the core public health courses. Core courses could be taught at Houston, where there is more faculty depth in each discipline, or a course could be taught at a regional campus with strengths in a particular core area or regularly rotated among all the sites. This would free faculty at Houston and the regional campuses to teach other courses in their specialty and/or to do more research.

2. The new approach to understanding and solving public health problems emphasizes the ecological model that recognizes the importance of other disciplines in addressing public health problems. These disciplines include sociology, anthropology, urban planning, law, business, engineering, political science, etc., in addition to the usual biomedical sciences. Many of the regional host campuses have faculty and programs in these disciplines and in other areas related to public health and should be utilized in the teaching and research programs of the regional campuses. The specialty strengths of a particular regional and host campus should be exploited to offer public health programs unique to that campus.

3. For example, UTEP offers a PhD in Psychology with a concentration in health, while several of the El Paso regional campus faculty members have expertise in health promotion and behavioral change. This could be a focus of the regional campus at El Paso that would utilize the combined expertise of the host and regional campus faculty. These faculty could contribute to the overall public health educational system by offering through ITV the core course in social and behavior sciences, in addition to a PhD in that area. Additional collaboration in research with the Houston CDC Center for Health Promotion and Prevention Research could capture the opportunities provided by the Hispanic Health Disparities Research Center at El Paso.

4. To enhance the quality of distance education there should be special training for faculty at all campuses on effective ways to teach using the ITV system.
5. Regional campuses should be utilized to provide education and training for the current Texas public health workforce.

6. There is a need for more effective mentoring of junior faculty at the regional campuses. In part, this can be accomplished through the Houston School's new reorganization, in which division chairs have closer contact with faculty at the regional campuses in their respective division.

7. To encourage further integration of faculty, it is recommended that the Assistant Deans at the regional campuses play an active role in reviewing their respective faculty for merit and promotion, reviewing of their teaching evaluations, and providing support for corrective action and related activities.

8. There should be more cross listing of courses between the regional campus, the academic health science center, and the academic campus host institution.

9. Search committees at all schools should involve at least one regional campus faculty member relevant to the position being recruited.

10. The possibility of a joint MPH degree program between Houston and El Paso should NOT be considered at this time. Rather, full consideration should be given to the recommendations in this report to promote more effective collaboration between these two campuses.

Undergraduate Public Health Education: develop undergraduate public health education

The large undergraduate enrollment at UTEP and Austin provide an opportunity to enlarge the public health workforce pipeline. The looming public health workforce crisis and the recommendations in the Institute of Medicine report on "Educating Public Health Professionals" encourage undergraduate public health education. Several schools of public health now offer a bachelor's degree in public health, while other schools offer an undergraduate public health minor. UTEP and the El Paso regional campus are well positioned to offer undergraduate public health education now. A minor could be developed with relatively few new courses by utilizing undergraduate courses already available at UTEP. If successful, this program could develop a major in several years which would provide an excellent pipeline to graduate programs in public health and also to the local public health workforce. Undergraduate public health opportunities should also be explored at the Austin campus.

Research: streamline the UT Houston Health Science Center's research enterprise to facilitate faculty research and increase productivity

1. The research infrastructure must work more efficiently and effectively to facilitate increased faculty research. Regional campus faculty must also have appropriate support to help them identify potential funding opportunities; develop research proposals, including budgets and clear, transparent processes for UT Houston Health Science Center grant and contract sign-off; and human subjects review and/or institutional review board approval.

2. For human subjects and institutional review boards, there should be mutual agreement among the UT Houston Health Science Center, the UT Houston School of Public Health, and the regional campuses that recognizes reviews at each of the institutions so that a research project initiated at one of the campuses is subjected to only one review.

3. Faculty at the regional campuses should be encouraged to develop collaborative research activities with the UT Houston School of Public Health and the regional host campus by explicit criteria in the School's promotion and tenure guidelines.

4. To expand research activity, the establishment of a research faculty track could be considered. It would include Research Assistant Professor, Research Associate Professor, and Research Professor titles. Faculty in a research track would participate in educational activities by supervising student work on research projects, mentoring students, and serving on student thesis and dissertation committees. Research faculty would be expected to raise all of their financial support through research, although research assistant professors should receive some temporary support for several years until they are able to develop their research portfolio.

5. Regular track faculty should be encouraged to "buy out" of teaching using research funding, provided their state funding is returned to the teaching unit to pay for other faculty teaching. Ideally, in a research-intensive institution, faculty should teach no more than two or three courses a year.

6. The Office of the Associate Dean for Research at the Houston School of Public Health should provide research support for faculty not only in Houston but for all of the regional campuses. Given their location on the Houston campus, this office provides a critical link to the UT Houston Health Science Center's Office of Research.

7. Greater attention should be paid to the development of research partnerships with institutes and centers on the academic health science center campus, the academic campus, the Veterans Administration, and related agencies. While relationships do exist with many of these entities, there are current financial and administrative barriers preventing the full realization of the advantages of such relationships.

Increasing communication/participation/and enhancing decision-making

1. Within the context of the reorganization at the Houston campus, the regional campus deans should participate in the School of Public Health's monthly deans meeting. Some may be able to do this in person while others should be involved through the ITV.

2. In similar fashion, the faculty located at the regional campuses should participate in the monthly meeting of their respective divisions—Biostatistics, Epidemiology, etc. Again, some will be able to do this in person while others should participate via the ITV.

3. The Houston leadership needs to be better acquainted with each of the regional campuses. In order for the Houston School of Public Health leadership to understand the culture and setting of each regional campus, regular (at least annual) visits to each of the regional campuses should be made by the dean, associate deans, and division directors. During these visits they should meet with faculty, students, alumni, the leadership of the host campus, and, to the extent possible, with local health leaders.

4. The school should consider developing an annual or semi-annual system-wide research symposium with participation and involvement of doctoral students. Selected faculty from each of the regional campuses would be invited to give presentations. The location should be alternated among the Houston campus and the various regional campuses. Those that cannot attend in person should participate via ITV.

5. Consideration should be given to selecting one or two "system-wide public health visiting faculty" who, for a given semester or year, would rotate among the various regional campuses and give major lectures, meet with faculty and students, and provide overall scholarly advice. It would be considered an honor to be selected as a "system-wide scholar," and the individual would be given some release time from their usual activities in order to perform this function.

6. Each regional campus should establish a practice/policy advisory council that would work with its faculty and students to address the public health problems in their locale.

7. Each regional campus should put on public health educational programs for their health science center colleagues.

8. As appropriate, linkages should be forged with the other two Schools of Public Health at Texas A&M and the University of North Texas around shared interests that could benefit all parties in the state.

System planning and building for the regional campus system

1. While strategic plans have been developed for each regional campus, the plans are fairly generic and don't reflect the unique attributes and opportunities at each campus. Strategic plans for each regional campus should be developed with input not only from Houston, but also from the host campuses to ensure that there is a common vision for each regional campus and goals that are shared by all partners.

2. The Associate Dean for Planning at the UT Houston School of Public Health should assist all regional campuses in developing their strategic plans. The UT Houston Health Sciences Center and the Houston School of Public Health should also develop a strategic plan with a vision and goals for the UT Regional Campus Public Health Education System.

3. Faculty at each of the regional campuses (public health and host) and those in Houston need to have opportunities to learn more about each other's expertise and research interests.

4. There needs to be either an affiliation agreement or a memorandum of understanding between the Houston Health Sciences Center and each of the regional campuses that describes the expectations for each with a timeline of what will be accomplished over a five-year period based on their strategic plans.

5. Faculty searches at the regional campuses should involve representation from the regional campus, the host campus, and the UT Houston School of Public Health. Over-representation of faculty who are graduates of the Houston School of Public Health should be balanced by graduates from other schools of public health.

6. The UT Houston School of Public Health needs to adopt promotion and tenure criteria used by other accredited schools of public health that recognize and value contributions made by faculty to academic public health practice. These activities are particularly appropriate for regional campus faculty as well as for Houston-based faculty.

7. Measures need to be developed for tracking the UT Public Health Educational Regional Campus System to determine if it is accomplishing the desired education and research goals. Such metrics could include the number of public health graduates at each campus; the employment of public health graduates, especially in local and state public health departments as well as academic and research institutions; the federal research expenditures of each campus (in total and per faculty); the number of grants submitted, the number of successful submissions, and the number of faculty peer-reviewed publications; and student and employer satisfaction and alumni participation.

Resources

1. Sufficient funding should be provided as soon as possible so that each regional campus has a core faculty of 12 members.

2. Additional resources should be made available to improve the information technology infrastructure and database management linking the regional campuses and the Houston campus.

Barriers to be removed

1. An overall "process improvement" task force should be established to examine all aspects of the administrative mechanisms currently in operation to facilitate the work of faculty, staff, and students between and among all of the campuses. Specific examples that were mentioned by a number of parties during the course of our interviews included:

   a. The length of time it takes to get grant and contract approval on research proposals—up to four months.
   b. There should be a single human subjects or institutional review board approval process.
   c. The need to standardize forms and biographical sketches throughout the system—apparently each campus has a slightly different way of handling these presently.
   d. Procedures for cross listing of courses, approving courses, and so on.
   e. Procedures for student registration, student financial aid, and receipt of health services; for example, should some of this be decentralized to each regional campus?
   f. Specific attention should be given to the financial barriers that currently exist for faculty across different schools on campuses who wish to engage in joint research. The same holds true for those who wish to engage in activities at the VA and related outside entities. For example, consideration might be given to

removing the indirects for outside funders such as the VA and private foundations that do not pay indirects or have a much lower rate than federal agencies.

g. Consideration might also be given to eliminating indirects on all subcontracts involving schools within the UT higher education system.
h. Where possible, the regional campus School of Public Health should be physically located as close as possible to its host health science center complex in order to facilitate student, faculty, and staff interaction.

Other recommendations

1. Consideration might be given to starting a system-wide Forum on Public Health and Medicine. The purpose would be to explore creative ideas for collaboration between public health and medicine that would benefit the citizens of Texas.

2. School of Public Health faculty should provide more input and involvement in teaching in the medical school and in other health professional schools curricula.

3. Consideration should be given to developing a "statewide initiative on health disparities," with particular focus on Hispanic and minority health and the problems of obesity, diabetes and related chronic illness. Such an initiative would play to the strength of the regional campuses with their involvement in outreach to a number of minority groups throughout the state. Such an initiative should be viewed as an *investment* by the state of some basic core support, which could then be leveraged and measured in terms of accountability by the amount of National Institutes of Health and related grant support generated.

Overall Conclusion

A fourth accredited school of public health in the State of Texas is NOT warranted at this time. Adequate resources should be provided to the existing three accredited schools of public health—UT Houston and its regional campuses, University of North Texas, and Texas A&M. There is opportunity for enhanced research and education at each of the existing institutions, especially through the Houston regional campuses if they are adequately resourced and significant attention is paid to streamlining the system by the UT higher education system and UT Houston Health Sciences Center. Any future expansion of public health education might begin with an accredited Master of Public Health program at a regional campus.

Implementation of the regional campus concept, started in 1978, has been uneven on a number of dimensions, but, overall, reasonably good progress has been made to date. The concept is quite fragile, however, and its success in various regions determined largely by the quality of leadership. With additional resources to arrive at a nucleus of faculty around 12 and with implementation of many, if not most of the recommendations contained herein, it is believed that the regional campus concept can achieve its potential and thereby enhance the ability of academic public health in the state to more effectively address the public health challenges facing Texans.

Pursuing the above strategy will enable an assessment to be made over the next three to five years to see if one or more of the current regional campuses might develop in such a fashion that even further impact could be achieved by formally designating that site as a "school" of public health. Such a school would, however, have to be appropriately "scaled up" by its considerable integration with the host health science center campus and academic campus at large and have a considerable research-funding base, such that any state resources allocated to a new school would be appropriately leveraged.

Methodology

Observations are based on the meetings and discussions of:

Dr. Wahl on August 3 and 4:
- University of Texas School of Public Health at Houston (UTSPH-H)
  - Executive Dean
  - Associate Deans
  - Division Directors
  - Students
  - Center for Health Promotion (CDC Prevention Research Center)
    - Senior Executive Vice President & Chief Operating Officer of University of Texas Health Sciences Center (UTHSC)
  - Dean, School of Medicine at UTHSC

- University of Texas at El Paso (UTEP)*
  - President
  - Associate Vice President for Academic Affairs
  - Graduate School Dean
  - College of Health Sciences Dean
  - Biological Sciences Chair
  - a Professor

- UTSPH at El Paso (UTSPH-EP) – a UTSPH-H Regional Campus
  - Regional Campus Dean
  - Co-director of Hispanic Health Disparities Research Center
  - Faculty members

* Vice President for Health Affairs – UTHSC attended all meetings at El Paso

Dr. Shortell on August 10 and 11:
- San Antonio Regional Campus
  - Dean of the College of Nursing
  - President of UT HSC San Antonio
  - Regional Academic Health Center, CEO
  - Associate Dean for Research
  - Dean of the School for Allied Health and Sciences
  - Interim Assistant Dean
  - Faculty
- School of Public Health at Houston
  - Executive Dean
  - Associate Deans
  - Medical School Dean
  - Regional Campus Assistant Deans
  - Division Directors
  - Students
  - Research Center Directors

Whoever wishes to investigate medicine properly should proceed thus:

In the first place to consider the seasons of the year, and then the winds.

One should consider most attentively the water…

— and the mode in which the inhabitants live, and what are their pursuits, whether they are fond of drinking to excess,

and given to indolence, or are fond of exercising and labor

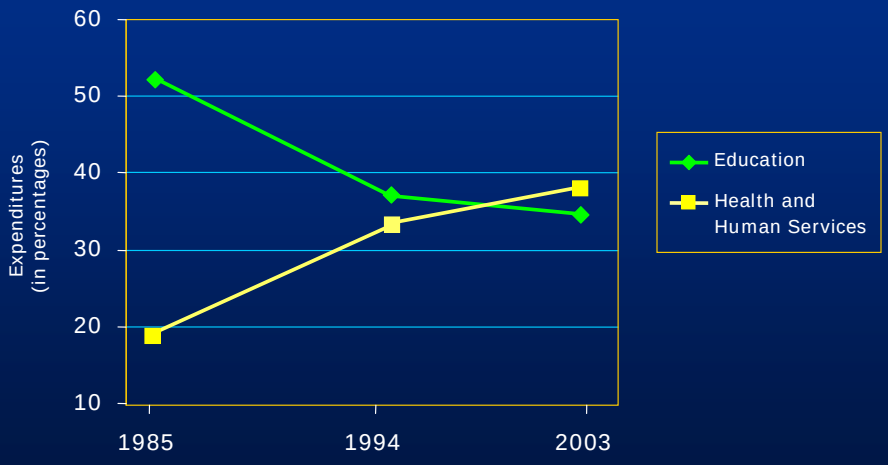
-Hippocrates, 400 B.C.

Task Force on Public Health

Eduardo J. Sanchez, M.D., MPH

Commissioner, Texas Department of
State Health Services

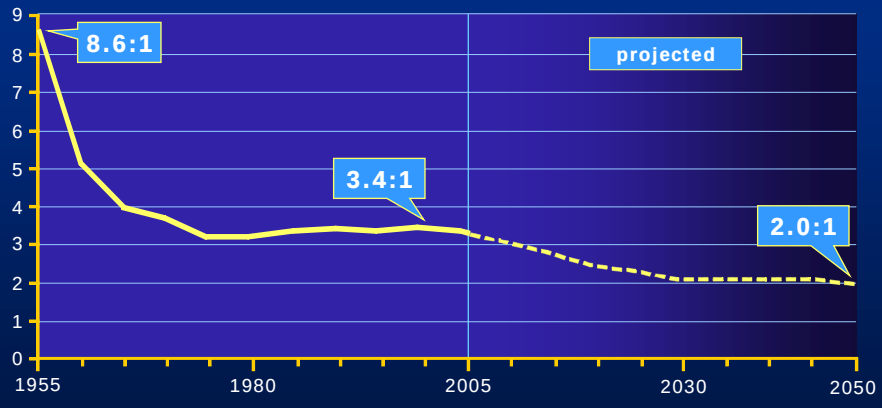
Texas Expenditure History by Function 1985-2003



Source: Texas Comptroller of Public Accounts.

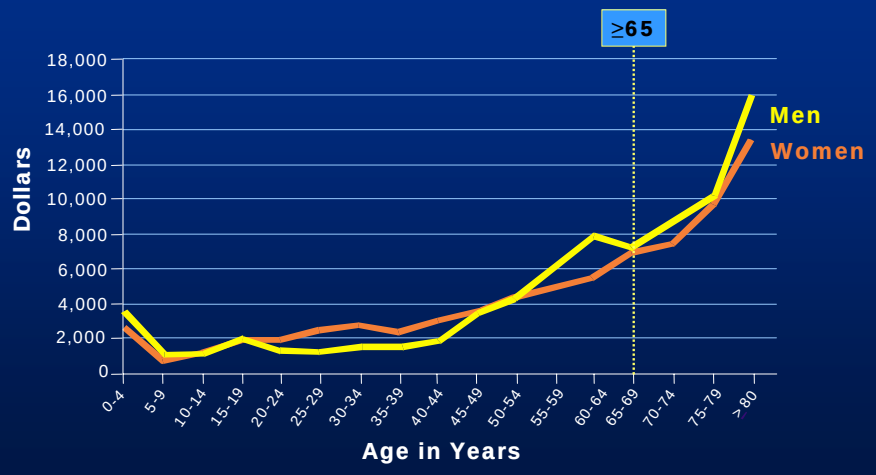
Worker-to-Retiree Ratio Drops

Projected number of workers paying into social security fund compared with number of retirees withdrawing from the fund



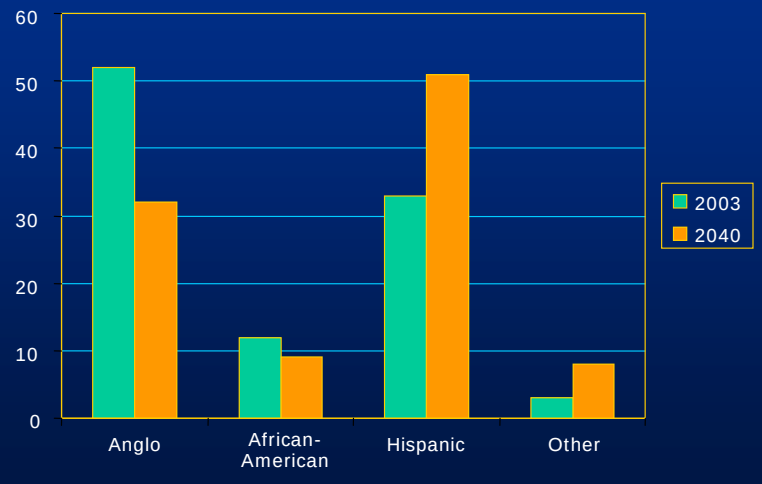
Source: Eugene Streuerle and Adam Carasso, Urban Institute. Based on data from the 2001 Social Security Trustees Report. *USA Today*, December 4, 2001.

Estimated Per Capita Health Expenditures by Age and Sex, 1995



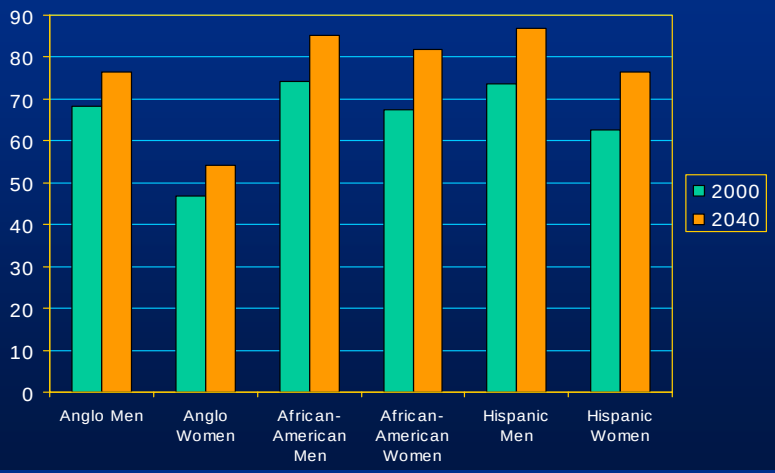
Source: From Baby Boom to Elder Boom: Providing Health Care for an Aging Population
Copyright 1996, Watson Wyatt Worldwide.

Texas Population 2003 and 2040 Projection



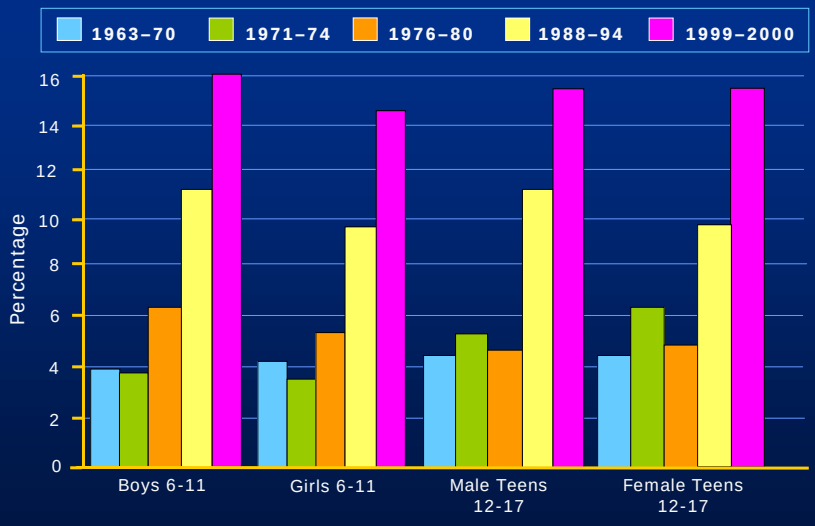
Source: Texas State Data Center, Texas A&M University.

Overweight and Obese Adults by Sex and Race — 2000 and 2040 Projection



Source: Texas Department of Health.

Percentage of Overweight Children and Teens



Source: Ogden CL, et al. Prevalence and trends in overweight among US children and adolescents, 1999 –2000. JAMA 288:1728-32.2002.

America's Fattest Cities – 2004

1. Detroit
2. **Houston**
3. **Dallas**
4. **San Antonio**
5. Chicago
6. **Fort Worth**
7. Philadelphia
8. **Arlington, TX**

Source: Men's Fitness Magazine.

Americans and Fast Food

1970
$6 billion

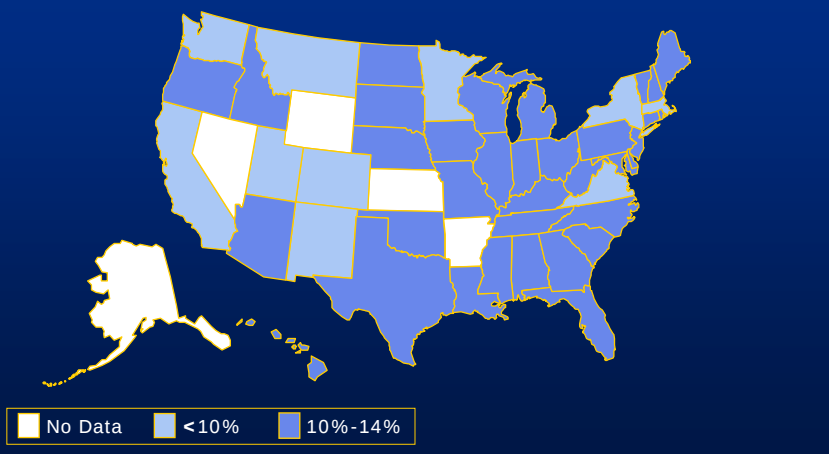
2001
$110 billion

2010
$?

Obesity Trends* Among U.S. Adults

BRFSS, 1990

(*BMI ≥30, or ~ 30 lbs overweight for 5'4" woman)

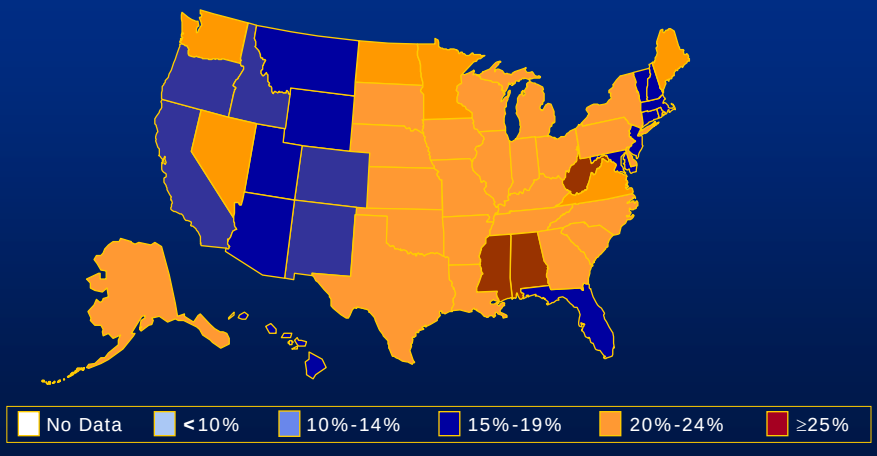


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Trends* Among U.S. Adults

BRFSS, 2002

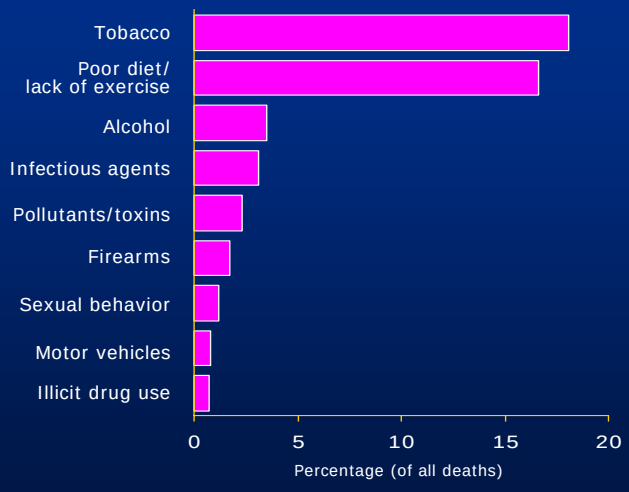
(*BMI ≥30, or ~ 30 lbs overweight for 5'4" woman)



Source: Behavioral Risk Factor Surveillance System, CDC.

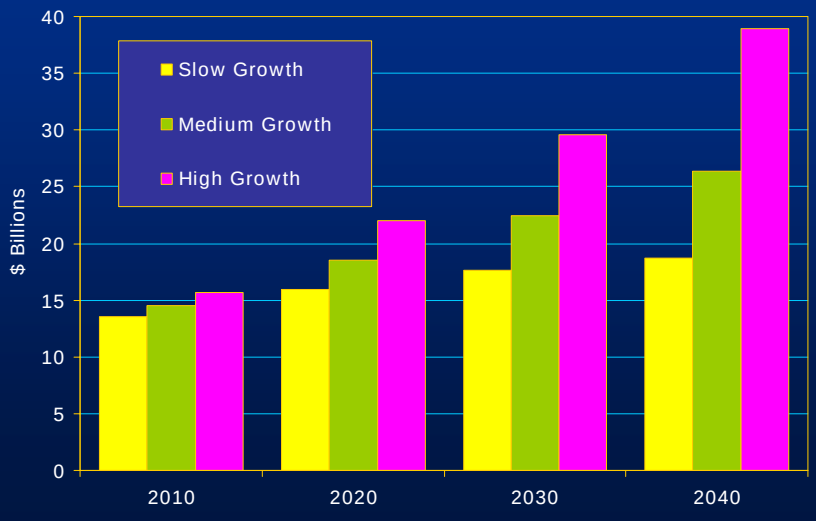
THE PERFECT STORM

Actual Causes of Death in U.S., 2000

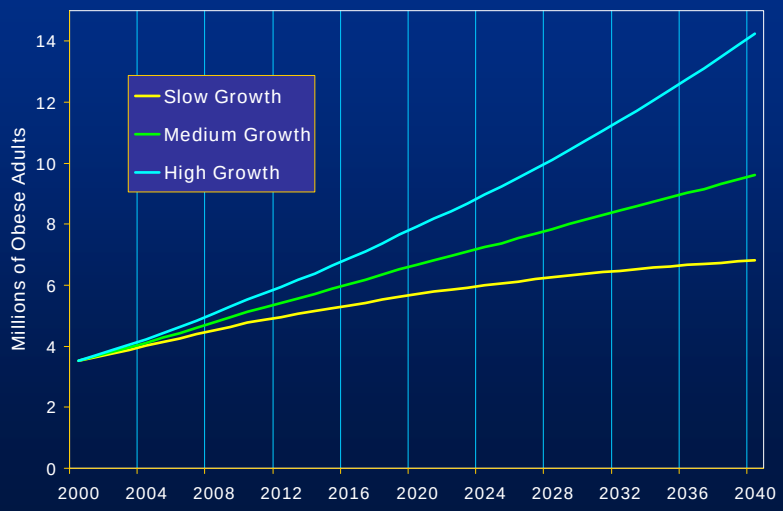


Sources: * National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002
† Adapted from McGinnis Foege, updated by Mokdad et. al.

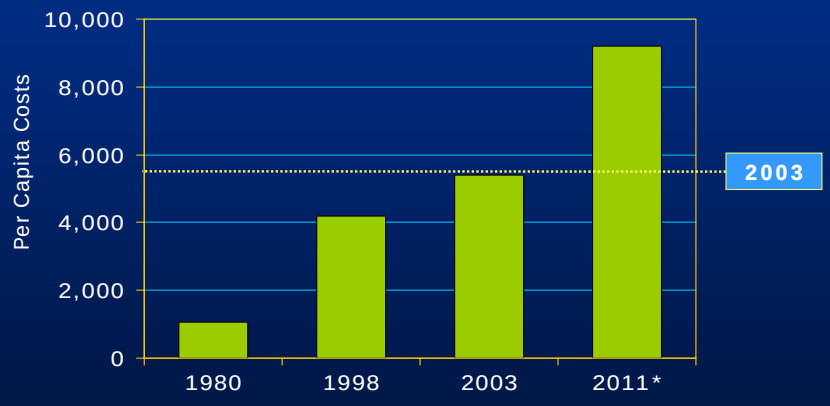
Projected Cost of Overweight and Obesity in Texas, 2010-2040



Projected Number of Obese Adults in Texas, 2000-2040

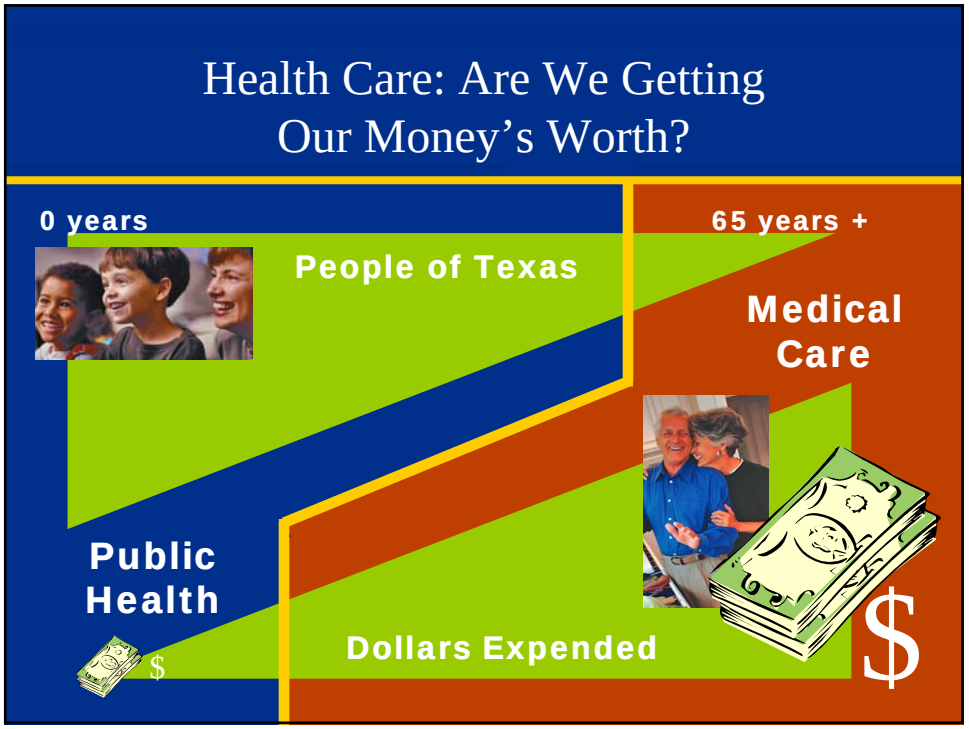


Growth in National Health Expenditures 1980–2011*

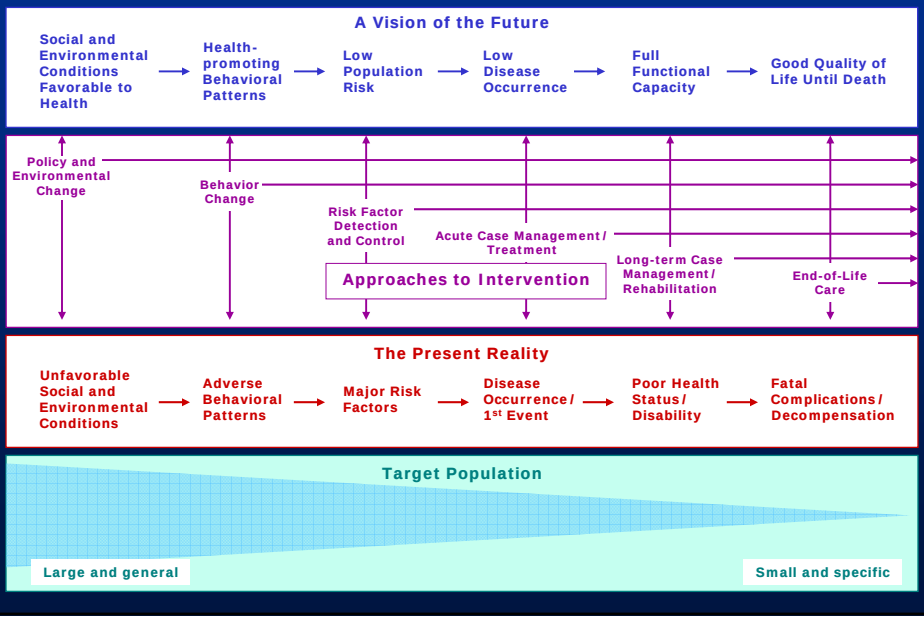


Source: Levit et al. Health Affairs 2002;21:172–181.
*Projection from Heffler et al. Health Affairs 2002;21:207–218.

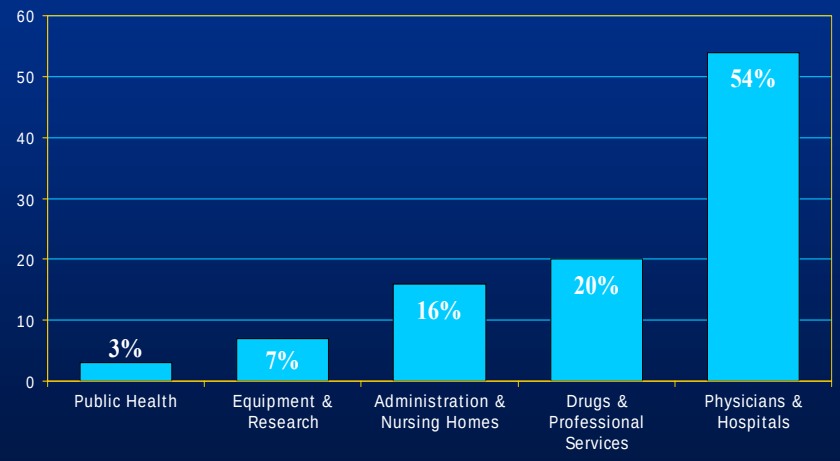
Health Care: Are We Getting Our Money's Worth?



Framework on Public Health Intervention



2002 Health Care Spending



Source: CMS, Office of the Actuary.

The Price is Not Right

The U.S. Ranks:

Health Care Spending	1st
Life Expectancy	47th

Source: New York Times, April 19, 2004.

Cost of Gastric Bypass Surgeries

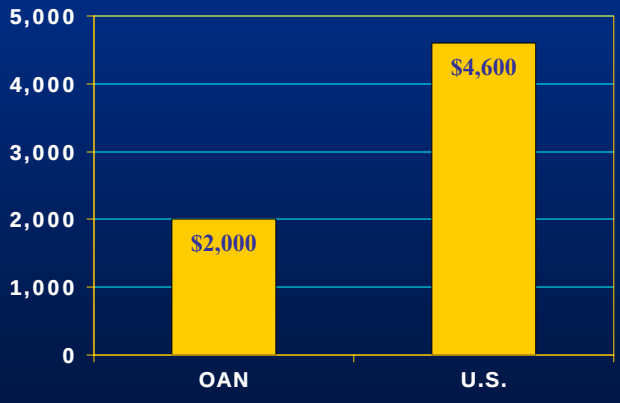
$30,000

x 1 million

$30 Billion

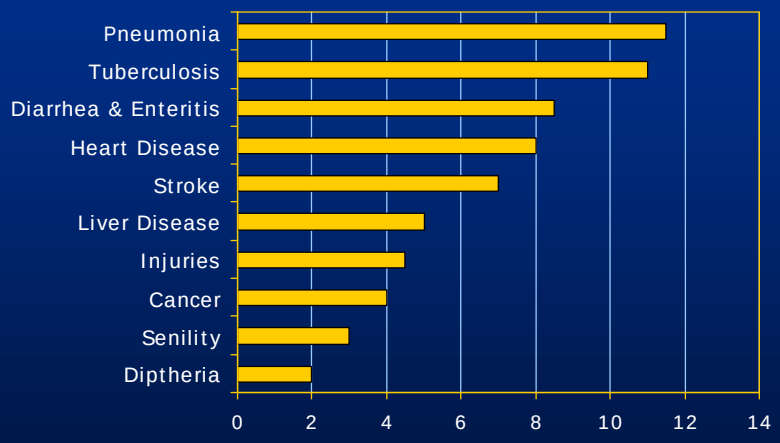
U.S. vs. 30 Other Advanced Nations (OAN)

Per Capita Health Care Spending 2000:



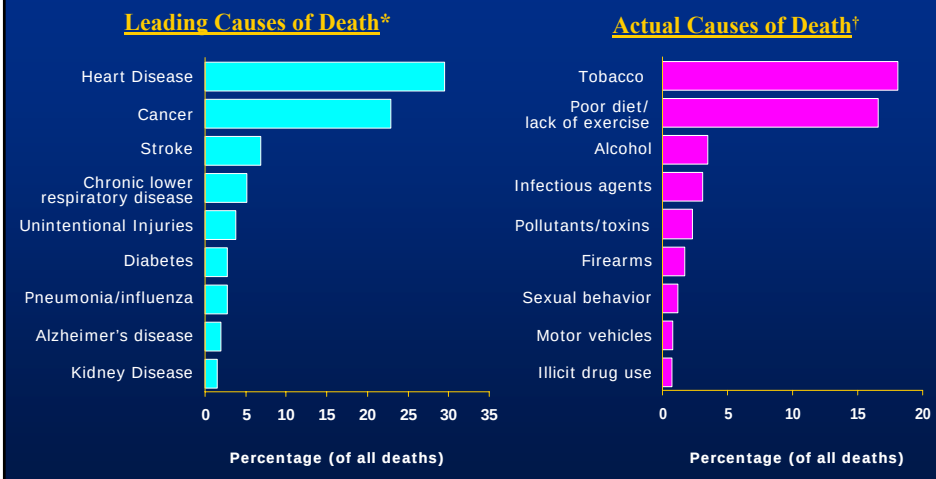
Source: Alliance for Health Reform, January 2003, Health Affairs, May 6, 2003.

Leading Causes of Death – 1900



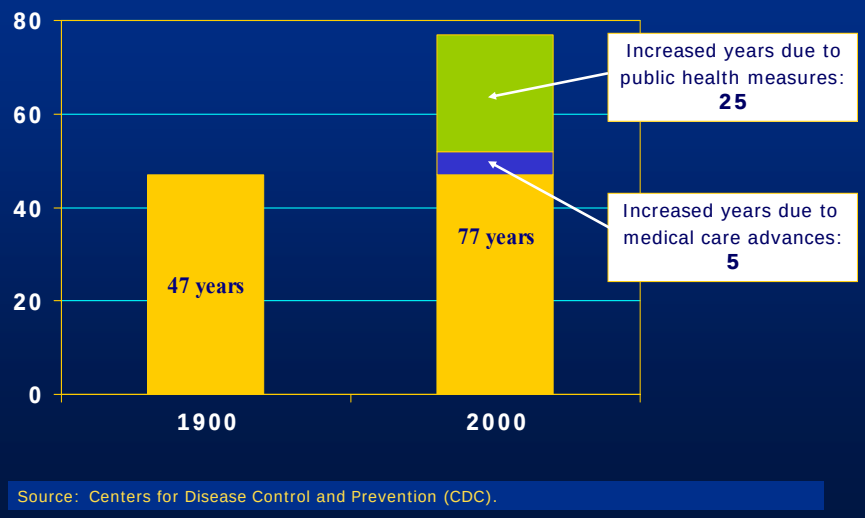
Source: Achievements in Public Health, 1900-1999: Control of Infectious Diseases. MMWR, July 30, 1999.

Causes of Death in United States – 2000



Sources: * National Center for Health Statistics. Mortality Report. Hyattsville, MD: US Department of Health and Human Services; 2002
† Adapted from McGinnis Foege, updated by Mokdad et. al.

Increased Life Expectancy



Source: Centers for Disease Control and Prevention (CDC).

Texas Public Health Structure

- 254 counties
  - 140 with health departments
  - 114 without health departments
- 80% of population live in 15 counties
- 8 public health regions
  - House state programs
  - Local public health provider/enforcer
  - Liaison

Public Health Challenges

- Exploding costs
- Highest rate of uninsured
- Rapid population growth
- Low immunization rates
- Threat of bioterrorism
- An epidemic of obesity
- Challenges of border region
- Sharp health disparities
- Mental Health challenges
- Substance abuse challenges

Five TDH Priorities

- Improving immunization rates
- Focusing on fitness
- Eliminating health disparities
- Better preparing for public health disasters and bioterrorism
- Improving our business practices

Texas State Strategic Health Partnership

Nearly 100 Organizations

- Government agencies
- Voluntary health agencies
- Hospitals
- Nonprofit organizations
- Educational institutions
- Professional organizations
- Health advocates
- Community organizations

Texas State Strategic Health Partnership

Partners Include:

- United Way
- American Cancer Society
- American Heart Association of Texas
- Texas Medical Association
- Texas Association of Nurses
- Mental Health Association of Texas
- Hospitals
- Foundations
- Educational institutions
- Community organizations

Texas State Strategic Health Partnership

Academic Partners:

- University of Texas School of Public Health, Houston
- University of Texas School of Public Health, San Antonio Regional Campus
- Texas A&M Univesity, School of Rural Public Health
- University of Texas Health Science Center, Houston
- University of Texas Health Science Center, Tyler
- Univesity of Texas Medical Branch at Galveston
- LBJ School of Public Affairs, Center for Health & Social Policy
- University of Texas Health Science Center at San Antonio – Center for South Texas Programs
- Southwest Texas State University
- Texas Higher Education Coordinating Board

Texas State Strategic Health Partnership

Health Status Goals:

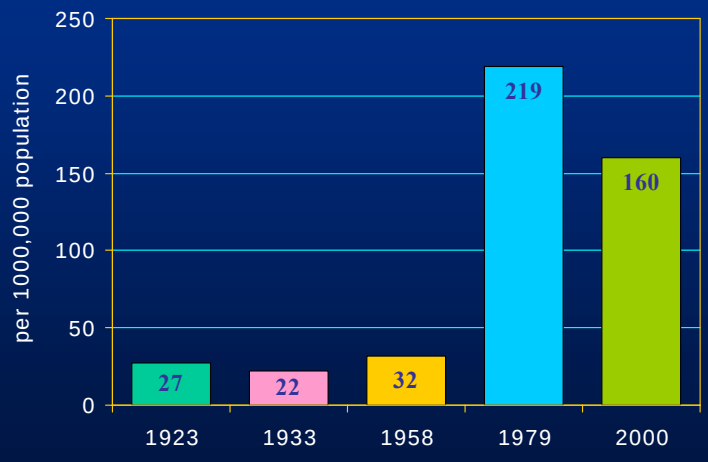
- Promote healthy nutrition and physical activity
- Promote healthy choices with regard to risky behavior
- Recognize mental health as a public health issue
- Increase rates of high school graduation, adult literacy and college attendance to improve socioeconomic and health status
- Reduce health threats due to environmental and consumer hazards
- Reduce infectious disease

Texas State Strategic Health Partnership

Health System Goals By 2010:

- Ensure public health services are available in all Texas communities
- Ensure collaboration between governmental and non-governmental entities to meet public health needs
- Educate Texas communities regarding the structure, function and availability of public health resources
- Train the public health system workforce to meet evolving public health needs
- Develop funding flexibility to efficiently and effectively meet community needs
- Develop a statewide data collection and reporting system for health indicators to guide decision-making

Ratio of Public Health Workers to Population



Source: H. Tilson and K. Gebbie. 2004. The Publlic Health Workforce, *Annual Review of Public Health* 25:341-56.

Public Health Worker Density

- Local workers 34%
- State workers 33%
- Federal workers 19%

Source: H. Tilson and K. Gebbie. 2004. The Publlic Health Workforce, *Annual Review of Public Health* 25:341-56.

Core Subject Areas of Public Health

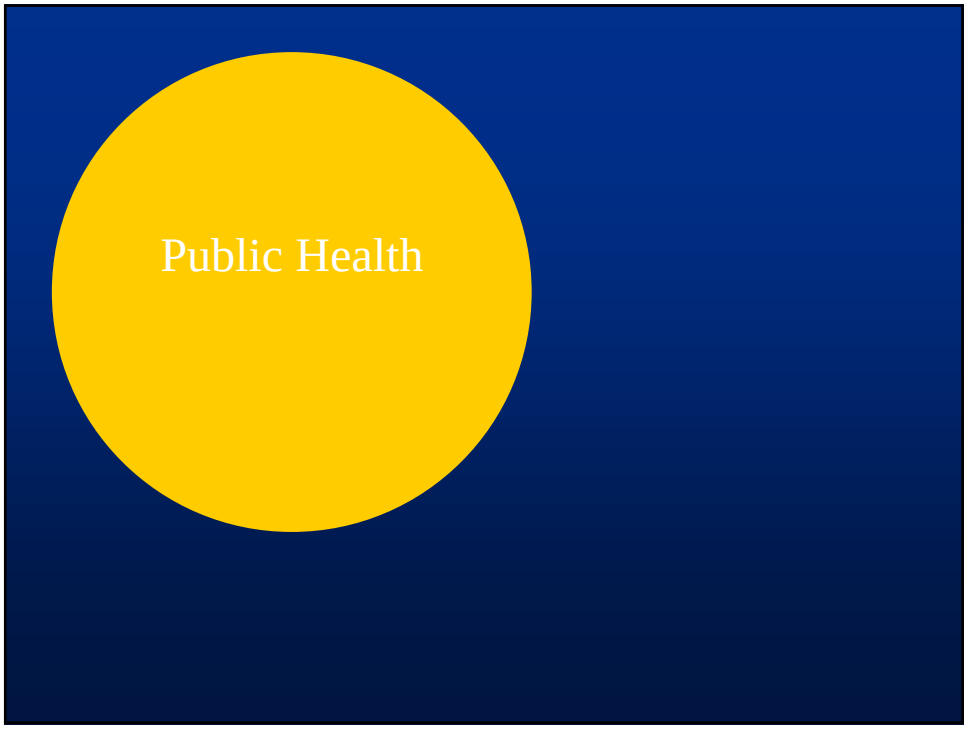
- Biostatistics
- Epidemiology
- Behavioral and social sciences
- Environmental sciences
- Health services

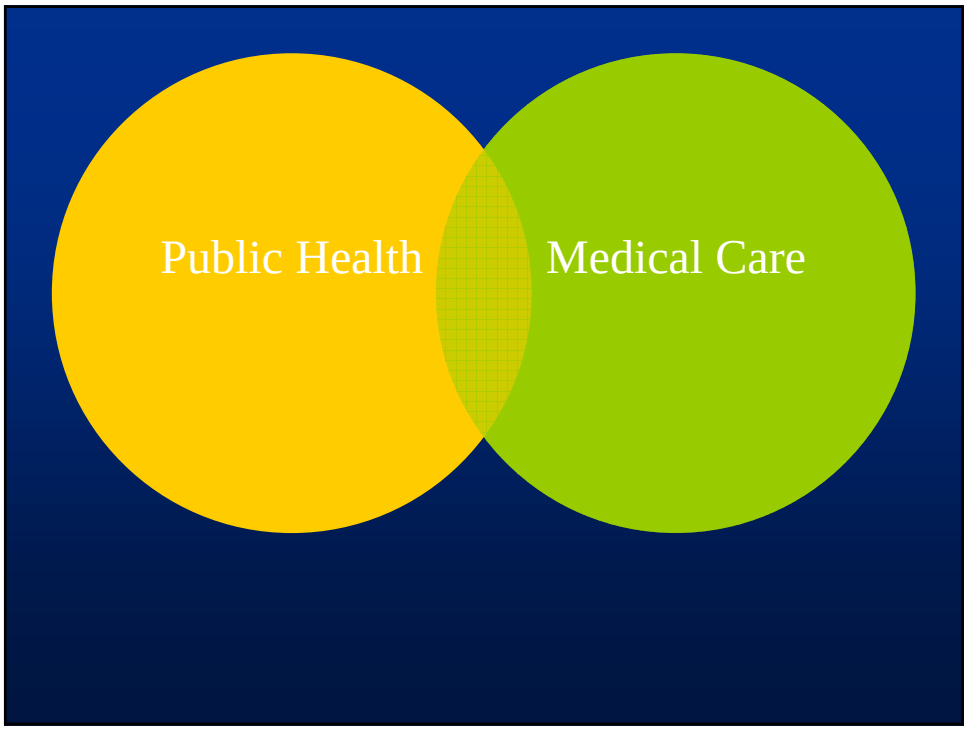
Source: H. Tilson and K. Gebbie. 2004. The Publlic Health Workforce, *Annual Review of Public Health* 25:341-56.

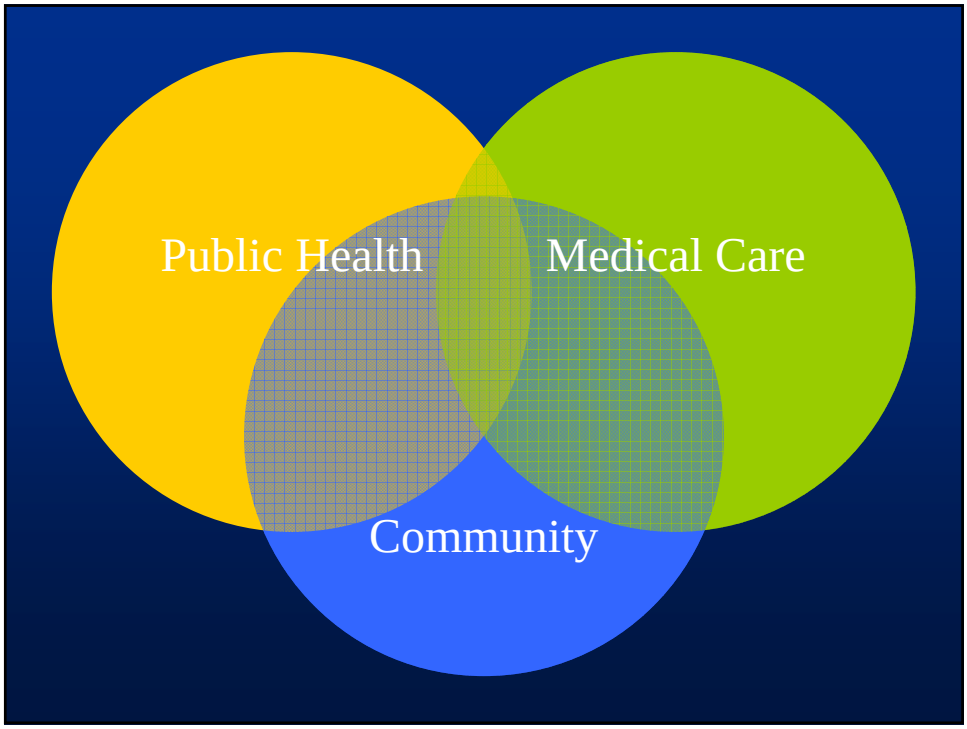
Potential Public Health Areas

- Informatics
- Genomics
- Cultural competency
- Communications
- Community-based participatory research
- Law
- Policy and ethics
- Global health

Source: H. Tilson and K. Gebbie. 2004. The Publlic Health Workforce, *Annual Review of Public Health* 25:341-56.


Public Health


Public Health
Medical Care



The Future of Public Health in the 21st Century

- Adopt public health approach based on multiple determinates of health
- Strengthen the public health infrastructure
- Develop a new generation of partnerships
- Develop systems of accountability to assure quality and availability
- Make evidence the foundation of decision making
- Strengthen communications

Source: Institute of Medicine, 2003.

Key Questions For Public Health Educators

- Is the size and scope of the academic public health enterprise in Texas adequate?
- Does Texas need additional schools of public health?
- Are we producing enough public health graduates to meet the needs of Texas?
- Are they being properly prepared for the 21st Century?
- Is academic research on target?
- What are the needs of the public health workforce in Texas?
- What important prevention initiatives should we undertake?

UT Task Force on Public Health

April 23, 2004

The University of Texas
School of Public Health at Houston

A part of The University of Texas Health Science Center at Houston

Schools of Public Health

- **34 Accredited schools of public health nationally**
- **3 schools of public health in Texas**
- **Accredited by the Council on Education for Public Health (CEPH)**
- **Association of Schools of Public Health (ASPH)**

The University of Texas School of Public Health at Houston

- **4th in student enrollment**
- **5th in number of faculty**
- **7th in NIH funding**
- **1st in enrolled Hispanic students (except Puerto Rico SPH)**
- **Ranked 1st among doctoral programs in health education**

2004

Resources

1969

Budget Overview FY 2004

- $58.3 million operating budget in FY 2004
- Less than 1/3 ($18.8M) is State funds
- Contracts and grants are 64% of budget
- Tuition revenue is less than 2% of budget
- 2% reduction for FY 2005

Relative Financial Rankings

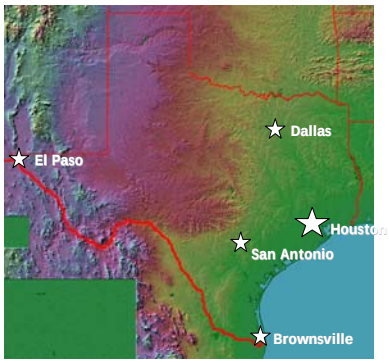
- UTSPH rankings in FY 2002 ASPH financial survey (31 SPHs reporting):
  - 2nd – State/university support
  - 7th – Unrestricted operating funds
  - 9th – Total operating funds
  - 7th – Federal contracts & grants – direct costs
  - 9th – Total contracts & grants – direct costs
  - 20th – Gifts to endowment and capital
  - 22nd – Tuition and fees revenue

2004

Academic Program

1969 The University of Texas School of Public Health at Houston Making Health Happen...

UTSPH Campuses



Degree Programs

Professional Degrees:
MPH
DrPH

Academic Degrees:
MS
PhD

Major Courses of Study

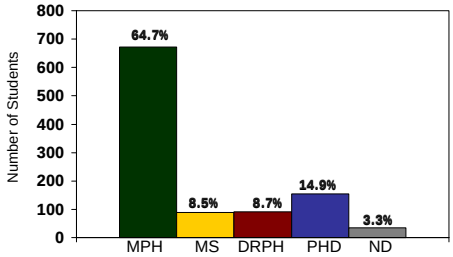
Areas of Specialization
Community Health Practice
Disease Control
Health Promotion/Health Education
Health Services Organization
International and Family Health
Occupational and Environmental Health

Concentrations:
Behavioral Sciences
Biological Sciences
Biostatistics
Environmental Sciences
Epidemiology
Management & Policy Sciences

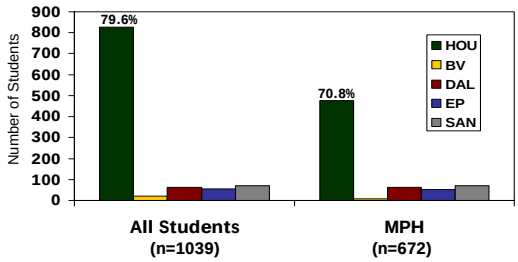
Student Demographics

Unduplicated Head Count,
Fall 2002-Spring 2003

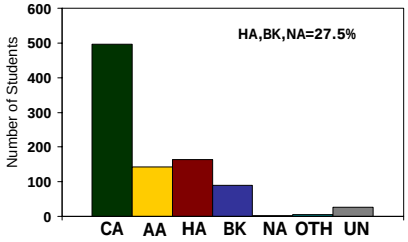
Degree Program Enrollment



Students Per UTSPH Campus

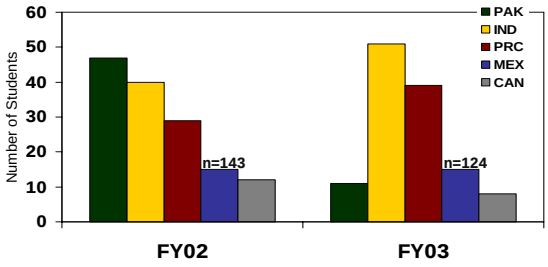


Ethnicity of UTSPH Students



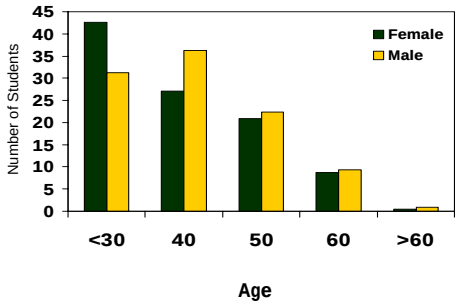
Foreign nationals not included in analysis.

International Students: Most Common Countries



Total international students = 229 in each FY

Student Age and Gender



Median age:
F=32 years
M=35 years

Gender:
F=68.9%
M=31.1%

Research Program

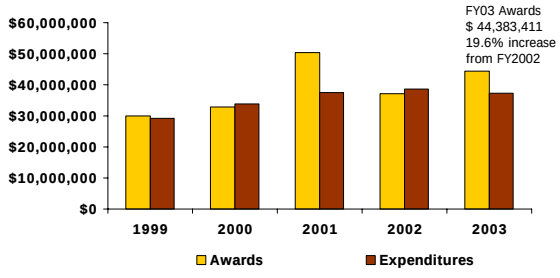
2004

1969

The University of Texas School of Public Health at Houston

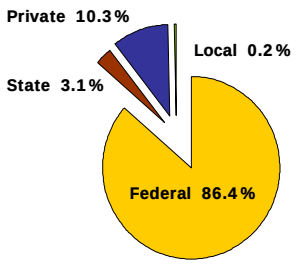
Making Health Happen...

Total Research Awards & Expenditures FY 1999-2003

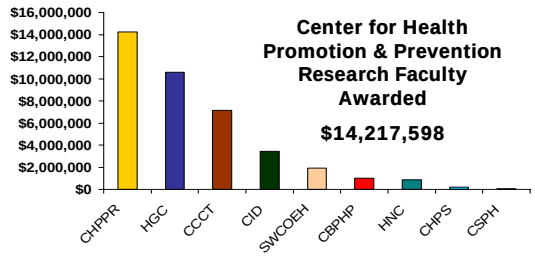


FY03 Awards
$ 44,383,411
19.6% increase
from FY2002

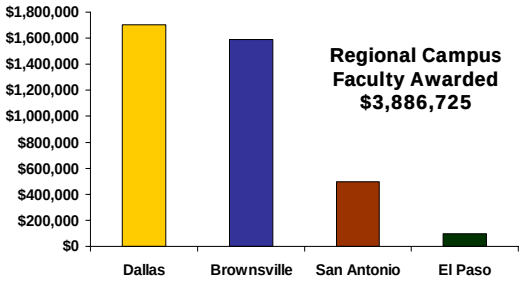
Research Award Fund Sources FY 2003



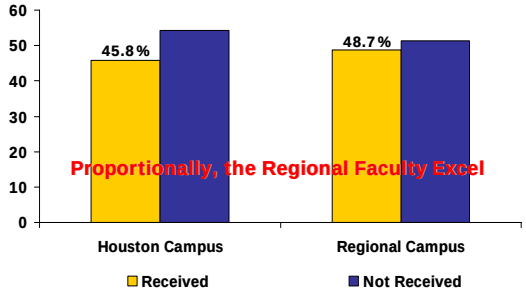
Awards by UTSPH Research Centers FY 2003



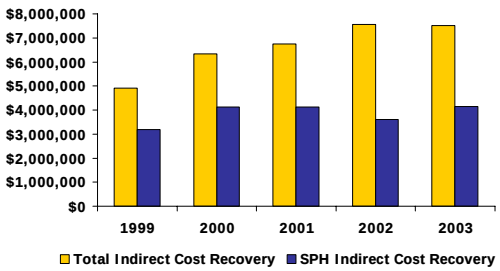
Awards by Regional Campus FY 2003



Percent of Total Faculty Receiving New Awards by Campus FY 2003



Total & SPH Indirect Cost Recovery FY 1999-2003



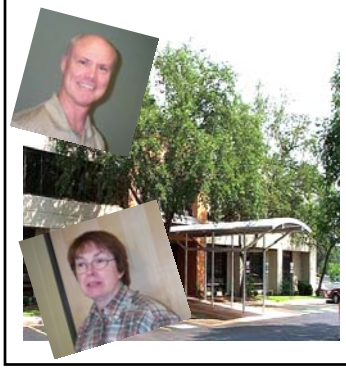
Regional Campus System

1969 2004

The University of Texas School of Public Health at Houston

Making Health Happen...

San Antonio Regional Campus



- 9 faculty – one vacant TT position
- 66 students enrolled fall 2003
- 7 staff
- 614 MPH graduates since 1979
- Moved into 10,000 sq ft of new space – May 2003
- Last fall 32.7% of our MPH students were enrolled at a regional campus

El Paso Regional Campus

- 9 faculty
- 44 students enrolled fall 2003
- 3 staff
- Began in 1992
- Through new collaborative programs with UTEP, we now offer MPH concentrations in environmental sciences and behavioral sciences
- Added 1200 gsf of new space in Stanton Bldg

Dallas Regional Campus

- 9 faculty
- 47 students enrolled fall 2003
- 2 faculty associates
- 12 staff
- Began September 1998
- Many students and faculty activities affiliated with UT Southwestern host campus

Brownsville Regional Campus

- 9 faculty – one vacant TT position
- 16 students enrolled fall 2003
- 24 staff
- Established in 2001
- MBA/MPH and MD/MPH dual degree programs
- UTSPH 26,000 gsf building

Austin Initiative

- Central Texas Institute for Research & Education in Medicine & Biotechnology (CTI)
- Formed to expand medical education and research in Central Texas
- Participants include:
  - Central Texas Veterans Healthcare Network
  - Greater Austin Chamber of Commerce
  - St. David's Healthcare Partnership
  - Daughters of Charity Health Services (Seton Medical Center/Brackenridge Hospital-Austin
  - The University of Texas at Austin
  - The University of Texas Health Science Center at Houston (UTSPH)
  - The University of Texas Medical Branch at Galveston

2004

Public Health Practice & Service

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Trends in Public Health Practice

- Emphasis on determinants of health for defining population needs/planning and implementing interventions (IOM's ecological approach)
- Community systems development and "best practices" to address community health priorities
- Implications for certification and accreditation programs

Trends in Academic Public Health

- Increased interaction with practice agencies in the community system
- Increase in funded workforce development training/technical assistance
- Greater integration of practice issues in formal courses and practice-based research
- Policy development in professional associations, government, and academia

UTSPH Initiatives

Workforce Development

- Texas Public Health Training Center;
- Center for Biosecurity and Public Health Preparedness
- SW Center for Occupational and Environmental Health
- Center for Health Promotion and Prevention Research

Academic Practice Connection

- Practica/Internship – 242 students completed in 2003
- Health Policy Internships – 4 students in 2003 Legislative Session
- Practice Council
- Texas State Strategic Health Partnership

Academic Practice Connection Outreach Projects

Widespread activity in all campuses; some examples:

- Center for Health Promotion and Prevention Research – CATCH project adopted by many school districts in the state
- Brownsville – K thru 12 Science Program
- San Antonio – Community Health Assessment Course
- El Paso – El Paso Community Health Data Book

The Institute for Health Policy

The missing link for academic health centers

The Institute for Health Policy

The missing opportunity for academic health centers

The Institute for Health Policy

Four Principal Functions:

- ***Translation*** - providing the missing link between scientific research and practical solutions
- ***Design and Development*** - developing viable action alternatives
- ***Analysis*** - providing non-partisan issue analysis for policy deliberations
- ***Education and Advocacy*** - to equip others with translation, design and dissemination skills

The Institute for Health Policy

The State-wide Survey Collaborative

- Tracking Changes in the Health of Texans
- Identifying Policy Opportunities
- Design and Development of Policy Options
- Dissemination of Results

2004

The University of Texas School of Public Health at Houston

Vision

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Our vision is to build an integrated program of teaching, research, and service that will:

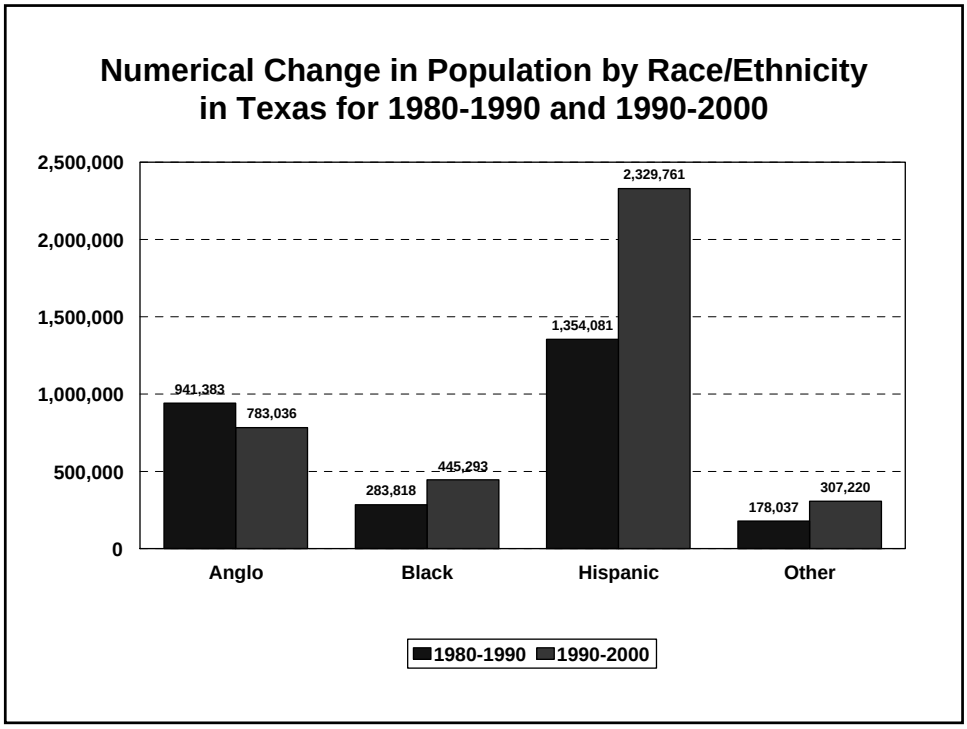
- establish the school as a pre-eminent research institution in public health
- effectively apply new scientific knowledge to graduate education and community-based programs
- build dynamic partnerships with academic institutions and state and local agencies
- translate what we learn through research to effective health programs and policies

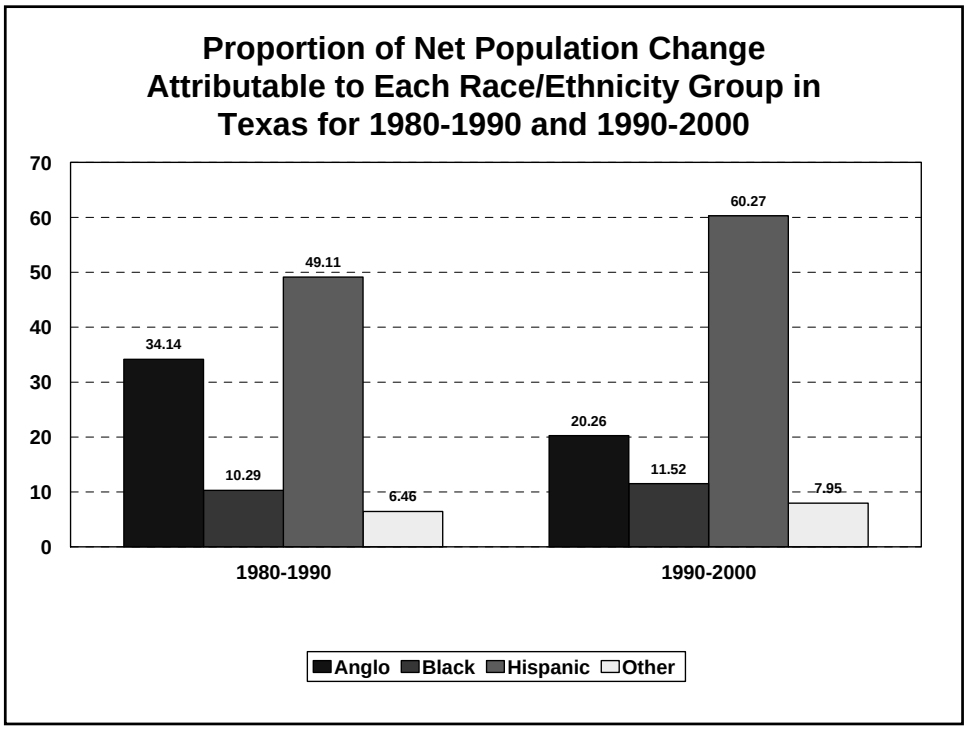
The UT System center of excellence in public health serving the state of Texas

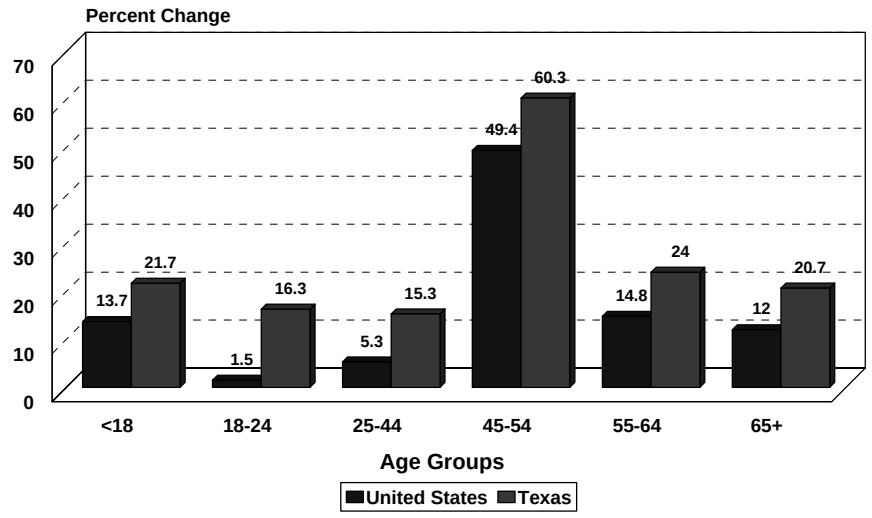
	UTSPH Regional Campuses											
	El Paso		San Antonio		Dallas		Brownsville		RC Support		RC Totals	
	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
State & Designated Funds Combined												
Faculty Salaries	8.90	705,641	8.50	786,865	9.00	757,384	8.25	726,847	0.30	49,696	34.95	3,026,433
Classified Salaries	3.00	100,310	4.00	130,703	3.00	109,606	7.11	245,522	2.75	105,016	19.86	691,157
Student Salaries	1.00	20,400	0.50	10,200	1.00	20,400	1.57	40,350	0.00	0	4.07	91,350
Wages		0		3,000		3,500		660		0		7,160
Employee Benefits (Desingated Funds Only)		0		0		0		57,488		0		57,488
M & O		17,720		17,000		15,320		28,046		8,913		86,999
Facility Lease		0		176,313		0		0		0		176,313
Travel		9,000		6,000		6,000		6,000		0		27,000
Capital Equipment (all but BV in central budget)		0		0		0		21,357		0		21,357
Contract w/Host Campus for Local Support												0
Wages		1,500		0		0		0		0		1,500
M & O		40,200		52,928		58,400		45,830		0		197,358
Travel		31,100		23,900		19,300		23,900		0		98,200
Reserve for Contingencies		4,000		4,000		4,000		4,000		0		16,000
Subtotal: Local Operating Contract		76,800		80,828		81,700		73,730		0		313,058
Total Operating Budgets	12.90	929,871	13.00	1,210,909	13.00	993,910	16.93	1,200,000	3.05	163,625	58.88	4,498,315

The University of Texas School of Public Health's
Projection of Regional Campus Program Funding Needs

	San Antonio		El Paso		Dallas		Brownsville		Austin		Central Support		Regional Campus Totals	
	FTE	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**	**FTE**	**Amount**
FY 2005 Budgets (A)														
Faculty Salaries	9.00	786,865	9.00	705,641	9.00	757,384	9.00	726,847	1.40	138,700	0.30	49,696	37.70	3,165,133
Classified Salaries	4.00	130,703	3.00	100,310	3.00	109,606	7.11	245,522	0.00	0	2.75	105,016	19.86	691,157
Teaching/Research Assistants	0.50	10,200	1.00	20,400	1.00	20,400	1.57	40,350	0.00	0	0.00	0	4.07	91,350
Employee Fringe Benefits *		0		0		0		57,488				0		57,488
M & O		76,928		63,420		81,220		78,536		5,000		8,913		314,017
Facility Lease		176,313		0		0		0				0		176,313
Travel		29,900		40,100		25,300		29,900		5,000		0		130,200
Capital Equipment **		20,000		20,000		20,000		21,357				20,000		101,357
Total: FY 2005 Budgets	13.50	1,230,909	13.00	949,871	13.00	1,013,910	17.68	1,200,000	1.40	148,700	3.05	183,625	61.63	4,727,015
New Funding Needed (B)														
Faculty Salaries	6.00	570,000	6.00	570,000	6.00	570,000	6.00	570,000	13.60	1,292,000	0.00	0	37.60	3,572,000
Classified Salaries	3.00	127,500	4.00	170,000	4.00	170,000	1.00	42,500	7.00	297,500	4.00	170,000	23.00	977,500
Student Salaries	2.50	60,000	2.00	48,000	2.00	48,000	1.50	36,000	3.00	72,000	2.00	48,000	13.00	312,000
Employee Fringe Benefits		0		0		0		0		0		0		0
M & O		58,072		71,580		53,780		56,464		130,000		21,087		390,983
Facility Lease (Assume Owned)		0		0		0		0		0		0		0
Travel		16,100		14,900		20,700		16,100		41,000		0		108,800
Capital Equipment		30,000		30,000		30,000		28,643		50,000		70,000		238,643
Total: New Funding Needed	11.50	$ 861,672	12.00	$ 904,480	12.00	$ 892,480	8.50	$ 749,707	23.60	$ 1,882,500	6.00	$ 309,087	73.60	$ 5,599,926
Total Budgets Needed (A+B)														
Faculty Salaries	15.00	1,356,865	15.00	1,275,641	15.00	1,327,384	15.00	1,296,847	15.00	1,430,700	0.30	49,696	75.30	6,737,133
Classified Salaries	7.00	258,203	7.00	270,310	7.00	279,606	8.11	288,022	7.00	297,500	6.75	275,016	42.86	1,668,657
Student Salaries	3.00	70,200	3.00	68,400	3.00	68,400	3.07	76,350	3.00	72,000	2.00	48,000	17.07	403,350
Employee Fringe Benefits		0		0		0		57,488		0		0		57,488
Total: Budgets Needed	25.00	1,685,268	25.00	1,614,351	25.00	1,675,390	26.18	1,718,707	25.00	1,800,200	9.05	372,712	135.23	8,866,628
Building Construction - 35,000 GSF		$ 10,000,000		$ 10,000,000		$ 10,000,000		$ 2,000,000		$ 10,000,000		0		$ 42,000,000
* As a division of the Regional Academic Health Center, the Brownsville Regional Campus receives tobacco settlement endowment earnings in Designated Funds														
** Capital equipment is currently budgeted centrally except for Brownsville														

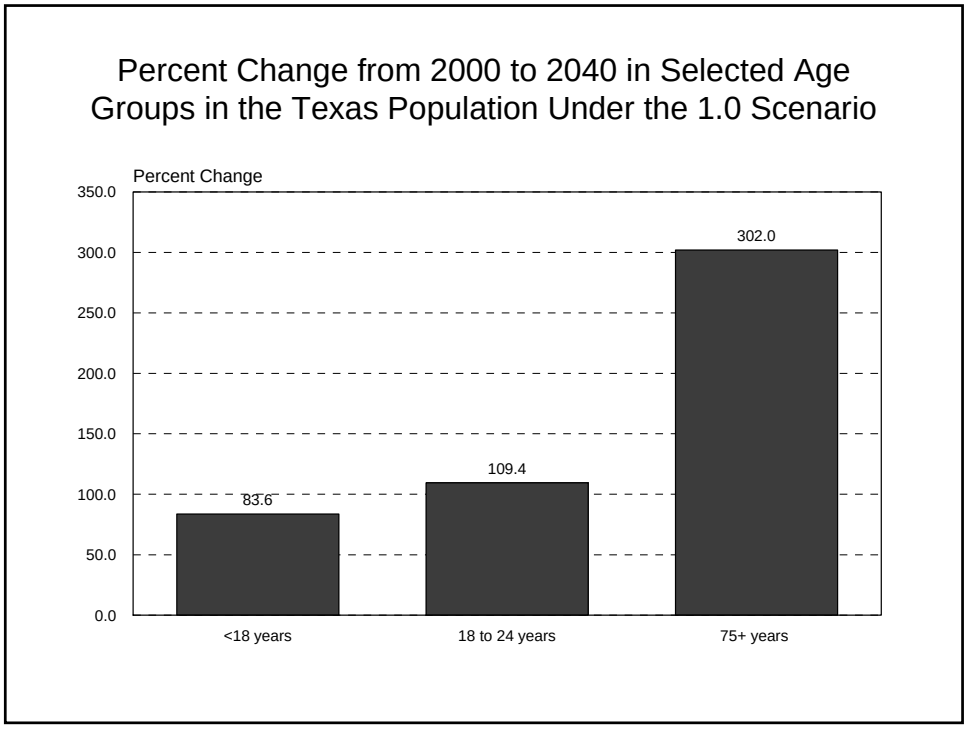

Numerical Change in Population by Race/Ethnicity in Texas for 1980-1990 and 1990-2000
2,500,000
2,000,000
1,500,000
1,000,000
500,000
0
941,383
783,036
283,818
445,293
1,354,081
2,329,761
178,037
307,220
Anglo
Black
Hispanic
Other
1980-1990
1990-2000


Proportion of Net Population Change Attributable to Each Race/Ethnicity Group in Texas for 1980-1990 and 1990-2000
70
60
50
40
30
20
10
0
34.14
10.29
49.11
6.46
20.26
11.52
60.27
7.95
1980-1990
1990-2000
Anglo
Black
Hispanic
Other



Population in Texas by Race/Ethnicity in 2000 and Projections of the Population in Texas by Race/Ethnicity from 2010 to 2040

Year	Anglo	Black	Hispanic	Other	Total
2000	11,074,716	2,421,653	6,669,666	685,785	20,851,820
Assuming Rates of Zero Net Migration					
2010	11,331,893	2,627,284	8,060,578	783,204	22,802,959
2020	11,381,151	2,771,391	9,336,524	841,641	24,330,707
2030	11,171,425	2,823,276	10,576,281	878,111	25,449,093
2040	10,733,074	2,796,626	11,662,262	893,139	26,085,101
Assuming Rates of Net Migration Equal to One-Half of 1990-2000					
2010	11,533,980	2,754,737	9,080,466	961,460	24,330,643
2020	11,796,479	3,052,412	11,882,993	1,273,908	28,005,792
2030	11,789,292	3,268,611	15,140,088	1,632,588	31,830,579
2040	11,525,083	3,403,176	18,804,297	2,028,603	35,761,159
Assuming Rates of Net Migration Equal to 1990-2000					
2010	11,740,016	2,888,449	10,252,219	1,177,909	26,058,593
2020	12,227,555	3,361,702	15,226,371	1,921,057	32,736,685
2030	12,442,104	3,783,657	21,871,382	3,020,447	41,117,590
2040	12,376,303	4,140,670	30,604,621	4,585,895	51,707,489
Assuming Rates of Net Migration Equal to 2000-2002					
2010	11,587,971	2,826,849	9,877,268	1,117,442	25,409,530
2020	11,908,234	3,217,037	14,090,715	1,726,191	30,942,177
2030	11,960,333	3,539,340	19,449,030	2,569,996	37,518,699
2040	11,749,690	3,786,341	26,153,290	3,698,715	45,388,036


Percent Change from 2000 to 2040 in Selected Age Groups in the Texas Population Under the 1.0 Scenario
Percent Change
350.0
300.0
250.0
200.0
150.0
100.0
50.0
0.0
83.6
109.4
302.0
<18 years
18 to 24 years
75+ years

6. U. T. Health Science Center - Houston: Discussion of compact priorities

REPORT

President Willerson and Executive Vice Chancellor Shine will lead a discussion about compact priorities for U. T. Health Science Center - Houston as set out in the compact on Pages 59.1 - 59.25. Dr. Willerson's PowerPoint presentation is on Pages 59.26 - 59.29.

BACKGROUND INFORMATION

The U. T. System Institution Compacts were sent to the Board of Regents in early September 2004. The compact process was first introduced by Chancellor Yudof at the December 2002 meeting of the Board. The compacts have been integrated into the accountability and strategic framework for the U. T. System.

The compacts are written agreements, between the Chancellor and the presidents of each of the academic and health institutions, that summarize the institution's major goals and priorities, strategic directions, and specific tactics to achieve its goals.

These compacts reflect the unique goals and character of each institution, highlighting action plans, progress, and outcomes. Faculty, staff, and students helped to create these compacts, so that a shared plan and vision resulted. The U. T. System Administration's commitment of resources and time to support each institution's initiatives is included in every compact.

Covering the fiscal years ending 2005 and 2006, the compacts were completed in Summer 2004. They will be updated annually; updates for the second year of the cycle will be completed in August 2005.

To enhance understanding of the compacts, compact priorities for each institution will be discussed at Board meetings in the coming year.

The University of Texas Health Science Center at Houston

Compact with The University of Texas System
Fiscal Years 2005-2006

I. Introduction: Institutional Mission and Goals

As the most comprehensive health science center in the southwest region of the United States, The University of Texas Health Science Center at Houston (UTHSC-H) is uniquely positioned to serve the health needs of the State of Texas.

Mission
Teaching, Searching, Serving

The University of Texas Health Science Center at Houston is a comprehensive health science university composed of six schools, an institute of molecular medicine and a psychiatric center. UTHSC-H's mission is to treat, cure and prevent disease now and in the future by educating health science professionals; discovering and translating advances in social and biomedical sciences; and modeling the best practices in clinical care.

To fulfill its mission, UTHSC-H:

1. Educates health professionals and scientists in a diverse interdisciplinary academic community.
2. Creates and evaluates new knowledge—through basic science and applied research—as it relates to disease prevention, treatment and cure.
3. Provides leadership and advances scholarship in biomedical sciences, health professions, health promotion, public health policy and health care delivery.
4. Models appropriate and compassionate clinical care.
5. Addresses the health needs of the community at large through public health expertise, information, outreach and service.
6. Develops the expanding field of health information science.

As mentioned above, one of UTHSC-H's primary goals is to educate health professionals and scientists in a diverse interdisciplinary academic community. Fall 2003 enrollment demographics include 61.6 percent (2,106) female and 38.4 percent (1,311) male. Of these 3,417 students, 56.7 percent are Caucasian, 13 percent are Asian, 12.5 percent are Hispanic and 5.6 percent are African American. The university's 1,215 faculty are 71.6 percent Caucasian, 17.1 percent Asian, 6.3 percent Hispanic and 4.4 percent African American.

Also as part of its mission, UTHSC-H provides an average of $100 million in un-reimbursed clinical care, most of which benefits the underserved of Southeast Texas.

Vision
"Excellence above all" in the quest to be an acknowledged leader in the collaboration to treat, cure and prevent the most common diseases of our time through education, research and clinical practice

The University of Texas Health Science Center at Houston aspires to be a leader in the collaboration to treat, prevent, and cure the most common diseases of our time by:

1. Utilizing the distinctive capabilities of its schools, clinics, institutes and centers;
2. Collaborating with colleagues in the University of Texas System, the Texas Medical Center and throughout the world;
3. Being an academic health science center that is nationally and internationally recognized in teaching, research and service;
4. Serving as a home for the visionaries and scholars who will lead the way in defining and creating the future of the health sciences; and
5. Providing a diverse work environment that is ethically-based, service-oriented and community-sensitive.

Of the university's six schools, two (Nursing and Public Health) are nationally ranked within the top10 percent of their peer groups. The Dental Branch is the oldest dental school in the state. The Graduate School of Biomedical Sciences is a successful collaboration between UTHSC-H and UT M.D. Anderson Cancer Center. The School of Public Health, with four regional campuses in addition to the main campus in Houston, is the only school of its kind within the University of Texas System. Moreover, UTHSC-H is strategically located in the Texas Medical Center, the largest medical center in the world. This location provides the opportunity for collaboration with six major hospitals, two of whom have Level 1 trauma centers, two schools of nursing (Texas Woman's University and Prairie View A&M University) and one medical school (Baylor College of Medicine).

II.A. Major Ongoing Priorities and Initiatives: Short Term Goals and Priorities

UTHSC-H has identified three short term priorities: (1) develop facilities for education, research and clinical practice; (2) increase the scope of the university's research enterprise; and (3) enhance educational excellence.

Priority: Develop facilities for education, research and clinical practice

Objective: *Equip the Center for Nursing Research (CNR) in the new School of Nursing and Student Community Center building*

Strategies

1. Achieve fund raising target
2. Equip the Nursing Research Laboratory

Resources

1. Center for Nursing Research
   - Philanthropy: $1 million ($950,000 raised to date)
   - Reallocation of indirect cost recoveries: only if fund raising target not met

Progress Measures

1. Amount of grant support generated by August 31, 2006

Major Obstacles

1. None anticipated

Objective: *Complete the Medical School recovery plan on schedule and within budget*

Strategies

1. Complete the Surgical and Clinical Skills Center
2. Complete flood mitigation project to elevate Medical School switchgear and vault
3. Complete basement level Vivarium support
4. Complete Tropical Storm Allison recovery project: basement mechanical, electrical, and plumbing (MEP) infrastructure

Resources

1. Surgical and Clinical Skills Center ($14 million est. Total Project Cost [TPC])
   - Insurance: $500,000
   - Tuition Revenue Bonds: $3.5 million
   - Philanthropy: $10 million
2. Medical School switchgear and vault ($4,251,000 est. TPC)
   - Insurance: $750,000
   - FEMA: $2,250,750
   - Tuition Revenue Bonds: $1,250,250
3. Medical School basement level Vivarium support ($267,000 est. TPC)
   - Insurance: $267,000
4. Medical School basement mechanical, electrical, and plumbing (MEP) infrastructure ($4,950,000 est. TPC)

Insurance: $3,372,000
Tuition Revenue Bonds: $1,578,000

Progress Measures

1. Percent of projects completed both on time and within budget

Major Obstacles

1. Ability to achieve fund raising goal

Objective: *Complete construction of the Brown Foundation Institute of Molecular Medicine*

Strategies

1. Oversee work of architects and contractors
2. Review funding sources for maintenance and operation costs of the building

Resources

1. IMM building ($120 million est. TPC)
   Tuition Revenue Bonds: $15 million
   PUF: $50 million
   Philanthropy: $55 million

Progress Measures

1. Percent of projects completed both on time and within budget

Major obstacles

None at this time

Objective: *Complete the purchase and assume management control of the Hermann Professional Building (HPB) and parking garage*

Strategies

1. Secure Letter of Intent
2. Perform all due diligence activities in a timely manner
3. Establish baseline data on deferred maintenance and the building's energy profile
4. Secure final approval for use of $19.5 million in tuition revenue bonds to purchase the building
5. Assume maintenance and operation of the building in a seamless process that will not adversely affect current tenants

Resources

1. HPB and garage purchase ($30.95 million est. TPC)
   Tuition Revenue Bonds: $19.5 million
   Revenue Financing System: $11.45 million

Progress Measures

1. Meet or exceed revenue targets from office rentals and parking garage

Major obstacles

None at this time

Objective: *Upgrade teaching laboratories and patient care operatories at the Dental Branch by September 2005*

Strategies

1. Replace equipment and upgrade Preclinical lab B-54
2. Complete replacement of clinic dental chairs/delivery systems as required
3. Expand technology in preclinical labs
4. Replace small clinical equipment
5. Develop/purchase cost effective computerized patient simulators
6. Perform due diligence on environmental health and safety issues
7. Use institution's project management process to support the necessary infrastructure changes
8. Complete projects both on time and within budget

Resources

1. Teaching laboratories/patient care operatories ($3 million est. TPC)
   Available Dental Branch funds: $375,000
   FEMA: $35,000
   Reallocation of existing resources: amount TBD
   Philanthropy: amount TBD

Progress Measures

1. Percent of fund raising target realized

Major obstacles

1. Raising funds as needed
2. Adapting new equipment to an antiquated building

Objective: *Finance and plan for a new Dental Branch building*

Strategies

1. Continue the work of the school's Building Working Group in developing building designs and plans
2. Identify and secure resources; prepare legislative request for Tuition Revenue Bond authority
3. Identify potential philanthropic partners: major corporations and foundations
4. Involve Dental Branch alumni
5. Complete plans

Resources

1. Dental Branch Building ($80 million est. TPC)
   Tuition Revenue Bonds: $45 million
   Philanthropy: $35 million

Progress Measures

1. Achieving fund raising goals

Major Obstacles

1. Receipt of Tuition Revenue Bond authority in the upcoming Legislative session.
2. Raising $35 million

Priority: Increase the scope of the institution's research enterprise

Objective: *Develop an ongoing, university-wide Bridging Grants Fund program that will provide temporary support for investigators who experience a hiatus in funded research*

Strategies

1. Establish guidelines by September 1, 2004 that define the eligibility of investigators for support under the bridging grant program.
2. Appoint peer review panels by January 2005 that will review and prioritize bridging grant applications.
3. Establish a fund of approximately $600,000 by September 1, 2005 to support bridging grant proposals. This fund will be supported by revenues generated by increased indirect cost recovery for non-federal and federal research grant awards.

Resources

1. Bridging Grants program
   Reallocation of current indirect cost recoveries and a proposed increase in the indirect cost rate from clinical services agreements: $600,000

Progress Measures

1. Percent of successful NIH competitive renewal grant applications
2. Total number and dollar amount of renewal awards

Major Obstacles

1. Demand for bridging grants is likely to exceed available funds
2. Inability to fund needed grants will cause a disruption in research activity

3. If increased indirect cost recoveries do not materialize, UTHSC-H must find other ways to support this program

Objective: *Develop interdisciplinary and inter-institutional research programs*

Strategies

1. Establish a task force by August 31, 2006 to examine ways to reduce the administrative and academic impediments to the development of inter-institutional research programs particularly with institutions within the Texas Medical Center, the Houston – Galveston research zone and with the other components of the University of Texas System.
2. Increase awareness in the UTHSC-H research community for new opportunities for inter-institutional research included under the NIH RoadMap initiative by August 31, 2006 via an institutional newsletter and presentations to research councils and investigators.
3. Increase UTHSC-H's participation in inter-institutional research programs such as the Gulf Coast Consortium, the NIAID Regional Center of Excellence and the programs of the regional campuses of the School of Public Health.

Resources

1. NIH RoadMap grant submissions
   - Small Molecule Screening Center — NIH : $6.5 million; Philanthropy: $5 million
   - Training Grant in Pharmacoinformatics — NIH: $3 million
2. Reallocation of existing resources (amount TBD)

Progress Measures

1. Number of research grant awards to faculty for inter-institutional research grants
2. Number of inter-institutional research contracts initiated by UTHSC-H faculty
3. Number of peer-reviewed research publications authored by UTHSC-H faculty that include co-authors from one or more additional institutions

Major Obstacles

1. The logistical and administrative issues that confront faculty developing inter-institutional research programs.
2. Changing priorities for federally funded research support suggest increased availability of and greater competition for funds for both inter-institutional and interdisciplinary research initiatives.
3. Approval of NIH funds for RoadMap

Objective: *Develop the infrastructure necessary to support the management of research*

Strategies

1. Implement an electronic system to support the preparation, review and storage of human subjects research protocols (the iRIS IRB management software system)
2. Implement a series of procedures to improve the usability of the institutional Financial Management System (PeopleSoft) by the research community. Continue to refine the software to support research needs

Resources

1. iRIS IRB management software
   - NIH grant: $500,000
2. FMS improvements for research
   - PUF request (FMS upgrade): $750,000
   - Reallocation of existing information technology funds (amount TBD)

Progress Measures

1. Number of electronic research protocols submitted to the IRB
2. The transition to an all-electronic IRB environment by September 2004
3. Level of functionality with the FMS system by research faculty and staff

Major Obstacles

1. Training large numbers of faculty and support staff in both electronic research management systems
2. Making changes to the PeopleSoft system that will reduce impediments to the conduct of research and lessen the burden in terms of time and resources allocated by research personnel to the operation of the system
3. Reallocating $750,000 from existing funds in order to fund this required upgrade if PUF funds do not materialize

Priority: Enhance educational excellence

Enhancement of educational excellence at UTHSC-H is an important priority for the institution. UTHSC-H is a comprehensive health science center with a reputation for fine academic programs in medicine, dentistry, public health, nursing, health informatics, and graduate biomedical sciences. Our academic programs involve a faculty of over 1,200 and a student body of over 3,400.

Objective: *Implement a plan for the recruitment and retention of a diverse student body*

Strategies

1. Receive approval from U.T. System on a proposal submitted April 29, 2004 to use race and ethnicity as one of many factors in the recruitment and financial aid processes
2. Continue the efforts of the new Diversity Council in implementing the Institutional Diversity Plan
3. Continue to monitor and update the university's Uniform Recruitment and Retention Plan in light of the State's *Closing the Gaps* initiative
4. Support current recruitment efforts including summer enrichment and research programs for high school and college students and visitations to high school and college campuses
5. Support current retention efforts including pre-entry programs providing introduction to the professional school curriculum, alternate pathway in the Medical School which allows certain students to take two years to complete the first-year curriculum, tutorial programs, and mentoring and counseling programs directed by the various Associate Deans for Student Affairs
6. Embark on a new fund raising effort targeted at student scholarships

Resources

1. School-based recruitment and retention efforts
   State funds: approx. $575,000 (formal programs in 2003)
2. Enhanced scholarship funds
   Philanthropy: $1-2 million goal

Progress Measures

1. Metrics of entering students, including GPA and standardized test scores
2. Increases in underrepresented minorities in the student body
3. Student graduation rates
4. Performance on national board type examinations at or above the national average
5. Progress in fundraising for student scholarships

Major Obstacles

1. The limited pool of underrepresented minorities for entry into the student body of our professional schools
2. Difficulties in identifying and recruiting qualified women and minorities for faculty positions as role models for students
3. Freeing up resources for educational initiatives requires re-budgeting within available funds unless the next Legislature chooses to fully fund the formula, a proposal UTHSC-H fully supports

Objective: *Recruit and retain an exemplary and diverse faculty, staff, and student body*

Strategies

1. Develop a strategic marketing plan for UTHSC-H in order to enhance and promote the reputation of UTHSC-H with the expectation of improved recruitment of students, faculty and staff
2. Request special item funding for recruiting nationally and internationally recognized faculty and researchers
3. Support the new Diversity Council in its efforts to oversee attention to diversity in the recruitment and retention processes as well as cultural adjustments to foster diversity in the institution

Resources

1. Recruitment and retention

   Special Item funding request: $16 million over the FY 2006-2007 biennium for UTHSC-H's World's Best Scientists initiative

Progress Measures

1. Recruit 10 to 20 new faculty for the World's Best Scientists initiative
2. Increase in number of women and underrepresented minority faculty and staff

Major Obstacles

1. If additional general revenue and special item funding is not obtained from the next Legislature, UTHSC-H will need to re-budget within existing funds in order to free up resources for this objective

Objective: *Identify and emulate best practices in educational excellence*

Strategies

1. The UTHSC-H Academic Council will identify best practices among our schools for faculty development as educators. These include mentoring programs, teaching awards, an educational scholars fellowship program involving educational collaboration between UTHSC-H and Baylor, and a Master Teachers Program at the Medical School in which funds have been allocated to pay a portion of the salaries of 25 faculty engaged in innovative teaching and curriculum development activities
2. The Academic Council also is conducting an ongoing curriculum review to assess progress in meeting educational objectives, opportunities for interdisciplinary education, collaborative teaching programs, and integration of new programs and new content to build the desired skills and attributes in our students and to ensure that each program becomes linked to competency-based and outcomes-oriented objectives

Resources

1. Master Teacher Program

   State funds (Medical School): $480,000
2. Innovative Teaching faculty grants

   State funds (Academic Affairs): $40,000

Progress Measures

1. Number of program participants
2. Transferability of best practices to other UTHSC-H schools and departments

Major Obstacles

None at this time

Objective: *Enhance support for academic information technology*

Strategies

1. Enhance educational efforts through the use of instructional technology for interactive and distance education. These efforts include expanded use of the Internet2, Blackboard online course management system, videoconferencing capabilities, and The University of Texas TeleCampus
2. Train faculty and staff in the use of this technology

Resources

1. Instructional technology

State funds (in FY 2005 budget): $249,315

Progress Measures

1. Increased use of educational software and distance learning courses

Major Obstacles

None at this time

II.B. Major Ongoing Priorities and Initiatives: Longer Term Goals and Priorities

UTHSC-H has established the following four longer term priorities: (1) provide facilities to support academic excellence; (2) recruit and retain outstanding educators, researchers, clinical practitioners, students, administrators and staff; (3) increase the scope of the institutions' research enterprise; and (4) launch an integrated marketing initiative to increase visibility and support for the university.

Priority: Provide facilities to support academic excellence

Objective: *Demolish John Freeman Building & construct a new Research and Vivarium Facility*

Strategies

1. Build a mitigated facility designed to withstand the effects of flooding and other natural disasters
2. Deliver an expansion of research space
3. Restore the Vivarium using NIH grant support

Resources

1. Research and Vivarium Facility ($55.53 million est. TPC)
   - Tuition Revenue Bonds: $23.6 million
   - Insurance: $16.6 million
   - Philanthropy: $9.33 million
   - NIH Grants: $6 million

Progress Measures

1. Completing project both on-time and within budget
2. Percent increase in research activity upon building's completion
3. Draw down of Vivarium-related NIH grants (2 grants at $3 million each)
4. Meet established milestones

Major Obstacles

1. Meeting construction deadlines imposed by FEMA and NIH grants

Objective: *Finance and plan for a new Mental Sciences Institute building*

Strategies

1. Confirm that funds are available
2. Confirm site and all necessary approvals
3. Complete plans

Resources

1. Mental Sciences Institute ($16.5 million est. TPC)
   - UTMDACC: $15 million
   - TDMHMR: $1.5 million

Progress Measures

1. Patient satisfaction

Major Obstacles

1. Securing site
2. Securing funding

Objective: *Establish the Institute for Health Policy*

Strategies

1. Commence plans for the establishment of an interdisciplinary Institute for Health Policy as a resource to translate research and new knowledge into practices and policies that can improve health care and public health programs

Resources

1. Institute for Health Policy
   Special Item funding request: $1.5 million over the FY 2006-2007 biennium for core infrastructure

Progress Measures

Progress in the establishment of the Institute for Health Policy

Major Obstacles

1. Receipt of special item funding during the upcoming Legislative session

Objective: *Begin plans to expand the School of Public Health building to house the Institute for Health Policy*

Strategies

1. Identify and secure resources
2. Involve School of Public Health alumni
3. Complete plans

Resources

1. Institute for Health Policy ($40 million est. TPC)
   Tuition Revenue Bonds: $15 million
   Philanthropy: $25 million

Progress Measures

1. Increase in interdisciplinary activities

Major Obstacles

1. Receipt of Tuition Revenue Bond authority in the upcoming Legislative session
2. Raising $25 million

Objective: *Begin construction on the Public Health building at the School of Public Health regional campus in Brownsville*

Strategies

1. Identify and secure resources
2. Complete plans and begin construction

Resources

1. School of Public Health Regional Campus in Brownsville ($4 million est. TPC)
   Tuition Revenue Bonds: $2 million
   Philanthropy: $2 million

Progress Measures

1. Student satisfaction

Major Obstacles

1. Receipt of Tuition Revenue Bond authority in the upcoming Legislative session
2. Raising $2 million

Objective: *Assist in the development of the Advanced Imaging Center at the UT Research Park*

Strategies

1. Successfully partner with UTMDACC in the design and construction of the Center
2. Continue work on attracting potential tenants to the Research Park

Resources

1. Texas Enterprise Fund: $25 million

Progress Measures

1. Completion of plans both on-time and within budget
2. Number of viable potential tenants reached

Major Obstacles

1. Achieving the job requirements attached to the Texas Enterprise Fund

Objective: *Establish a long-term plan for new parking facilities*

Strategies

1. Identify need
2. Identify space deficit

Resources

None needed for planning stage

Progress Measures

1. Develop a deliverable plan

Major Obstacles

1. Texas Medical Center space constraints

Objective: *Establish a long-term plan for deferred maintenance*

Strategies

1. Study UTHSC-H's current indirect cost recovery formula allocation relative to deferred maintenance needs
2. Increase visibility for deferred maintenance needs
3. Increase focus on scheduled maintenance in order to contain the growth of deferred maintenance projects

Resources

None needed for planning stage

Progress Measures

1. Develop a deliverable plan

Major Obstacles

1. Reallocating funds to cover identified deferred maintenance needs

Priority: Recruit and retain outstanding educators, researchers, clinical practitioners, students, administrators and staff

Continued progress in advancement of UTHSC-H is inextricably linked to progress in the recruitment and retention of faculty. This is an overarching priority since success of the institution is largely based on the productivity and achievement of the faculty. Faculty success in turn is linked to recruitment and retention of excellent administrators, staff and students.

Objective: *Recruit leaders in biomedical research to key academic and research leadership positions*

Strategies

1. Hire a permanent Dean for the Dental Branch
2. Hire a permanent Dean for the School of Public Health
3. Hire a permanent Dean for the School of Health Information Sciences

Resources

1. Recruitment of leaders
   Reallocate existing funds: amount TBD

Special Item funding request: $16 million over the FY 2006-2007 biennium for UTHSC-H's World's Best Scientists initiative

Progress Measures

1. Appointment of outstanding individuals to key leadership positions at UTHSC-H
2. Improvement in faculty and staff retention and turnover rates
3. Progress in faculty promotion and tenure as measured by the number of faculty advancing in rank and gaining tenure
4. Increase in number of faculty, staff and administrators

Major Obstacles

1. Acquisition of additional funds is a major obstacle to faculty retention and recruitment. UTHSC-H supports having U.T. System make full formula funding and funding for faculty salary increases and salary increases for classified staff and A&P personnel a major priority in the next Legislative session. Also, UTHSC-H seeks U.T. System support in obtaining additional general revenue and/or special item funding for recruitment of additional outstanding scientists in order to expand the faculty at UTHSC-H. Locally, UTHSC-H will vigorously pursue philanthropic support for faculty growth and development.

Objective: *Recruit and retain new faculty with expertise in research (related to objective on page 14: increase start-up funds for research)*

Strategies

1. Continue to support and promote programs designed to enhance faculty retention: mentoring programs, annual reviews that foster mutual agreement between the chair and faculty member regarding progress and expectations, and an Academic Leadership Development Program that is aimed at equipping selected faculty with the knowledge and skills to foster advancement
2. Fill faculty vacancies within the existing budget in order to enhance the institution's academic programs

Resources

1. Recruit and retain new faculty

   Reallocate existing funds: amount TBD

   Special Item funding request: $16 million over the FY 2006-2007 biennium for UTHSC-H's World's Best Scientists initiative.

Progress Measures

1. Faculty participation in and satisfaction with current retention programs
2. Percent of faculty vacancies filled within budget
3. Percentage of candidates who accept faculty positions

Major Obstacles

1. Acquisition of additional funds is a major obstacle to faculty retention and recruitment. UTHSC-H supports having U.T. System make full formula funding and funding for faculty salary increases and salary increases for classified staff and A&P personnel a major priority in the next Legislature session. Also, UTHSC-H seeks U.T. System support in obtaining additional general revenue and/or special item funding for recruitment of additional outstanding scientists in order to expand the faculty at UTHSC-H. Locally, UTHSC-H will vigorously pursue philanthropic support for faculty growth and development.

Objective: *Establish a merit pool for faculty and staff*

Strategies

1. Develop mechanisms for annual increases in faculty salaries in order to promote recruitment and retention

2. Develop a similar program for classified staff and administrative and professional (A&P) managers as they are vital to the success of the faculty

Resources

1. Recruit and retain new faculty

   Reallocate existing funds: amount TBD

   Special Item funding request: $16 million over the FY 2006-2007 biennium for UTHSC-H's World's Best Scientists initiative.

Progress Measures

1. Improve faculty and staff retention and turnover rates

Major Obstacles

1. Acquisition of additional funds is a major obstacle to faculty and staff retention and recruitment. UTHSC-H supports having U.T. System make funding for faculty salary increases and salary increases for classified staff and A&P personnel a major priority in the next Legislative session. Also, UTHSC-H seeks U.T. System support in obtaining additional general revenue and/or special item funding for recruitment of additional outstanding scientists in order to expand the faculty at UTHSC-H. Locally, UTHSC-H will vigorously pursue philanthropic support for faculty growth and development.

Objective: *Increase start-up funds for research*

Strategies

1. Obtain additional funds to support measured growth in numbers of faculty. The average salary and benefits for a junior faculty member is approximately $150,000, requiring a recurrent funding source, while an average start-up package for a new researcher is in the range of $600,000.

Resources

1. Research start-up funds

   Special Item funding request: $16 million over the FY 2006-2007 biennium for UTHSC-H's World's Best Scientists initiative

Progress Measures

1. Increase in leveraged start-up funds for extramural grant awards

Major Obstacles

1. Receipt of special item funding during the upcoming Legislative session

Priority: Increase the scope of the institution's research enterprise

Objective: *Sustain the growth of the research enterprise at a level that matches or exceeds the growth in federal biomedical research support (related to objective above: increase start-up funds for research)*

Strategies

1. Recruit new research scientists to UTHSC-H
2. Implement training programs to support the research career development of "new" investigators
3. Improve the research infrastructure through the development of new resources to support biomedical, clinical and community-based research programs
4. Develop new interdisciplinary and inter-institutional research programs
5. Introduce new research initiatives in areas of biodefense, biotechnology and nanobiology

Resources

1. Sustain research growth

   Reallocation of existing funds: amount TBD

   University Research Fund: amount TBD

Progress Measures

1. Growth of research expenditures at a rate that either matches or exceeds the rate of growth in federal expenditures in support of biomedical research
2. Maintenance of a rate of publications in peer - reviewed journals by the institutional faculty that matches or exceeds the rate of publications in 1998-2003

Major Obstacles

1. Allocating institutional resources to the research enterprise in ways that have the greatest impact on the growth of research

Objective: *Enhance research productivity through improvements in resources for research management*

Strategies

1. Implement a system for electronic grants preparation and submission
2. Operate of an electronic IRB management system
3. Implement an electronic system for the management of chemical, biologic and radiation safety reporting

Resources

1. Enhance research productivity
   Reallocation of existing information technology resources: amount TBD

Progress Measures

1. Time of transition to electronic grants, IRB and safety management systems

Major Obstacles

1. Supporting while at the same minimizing the burden of compliance with federal state and institutional requirements that regulate the conduct of research
2. Using automated systems for the pre-award processing of sponsored research projects to assure compliance with regulations while simplifying the procedures

Priority: Launch an integrated marketing initiative to enhance the image and reputation of, and increase support for, the UT Health Science Center at Houston

Objective: *Launch the integrated marketing initiative in FY 2005 with full implementation by the end of FY 2006*

Strategies

1. Support the "Best Places to Work" initiative proposed by the Work-Life Program to empower employees and develop brand champions
2. Market the university practice plans to UT Health Science Center employees
3. Produce a four color magazine to complement **Distinctions**; mail to 30,000 addresses, including all alumni, donors and friends
4. Develop an institutional speaker's bureau. Focus on placing speakers that will enhance the image of the health science center and increase patient volumes at the medical, nursing and dental practice plans
5. Expand internal communications to include ***Insight***, an employee information service, that will complement **UT Leader** and **News on the Go**
6. Produce signature special events that will enhance image and reputation
7. Be visible in at least ten community events each year
8. Produce a broadcast news release series that focuses on research and clinical achievements
9. Expand **Health Leader** as the portal to the UT Health Science Center at Houston Health Information Network
10. Expand marketing services available to schools, institutes and centers
11. Support the Dental Branch in its Centennial celebration
12. Support the "Making Health Happen" campaign in the School of Public Health

Resources

1. $388,000 from the Public Affairs budget

2. Contributed funds from the academic units for specific events and activities

Progress Measures

1. Publication of the new university publication; responses from readers
2. Monthly reports on placement of institutional speakers; responses from audiences
3. Web page activity reports
4. Reader responses to **Health Leader** articles
5. Monthly reports on placement of news stories with the media
6. Employee satisfaction studies

Major Obstacles

1. 2% institutional budget reduction for FY 2005
2. Reallocation of funds to underwrite the publication of an institutional magazine

III. Future Initiatives of High Strategic Importance

UTHSC-H has identified the following two future initiatives of high strategic importance: completing the Institute of Molecular Medicine and developing the University of Texas Research Park.

Future Initiative: Complete the development of the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Diseases (IMM)

The University of Texas created the Institute of Molecular Medicine for the Prevention of Human Diseases in 1995 under the leadership of Dr. James T. Willerson and Dr. Hans Muller-Eberhard to address the diseases of our time. Following Dr. Muller-Eberhard's untimely death in 1998, Ferid Murad, M.D., Ph.D., who was later named a Nobel Laureate, became director of the institute. Today, the institute consists of six key research centers; Cardiovascular Diseases, Cell Signaling, Human Genetics, Immunology &Autoimmune Diseases, Protein Chemistry, and Vascular Biology.

In 2001 UTHSC-H launched a $200 million campaign to build and equip a state-of-the-art home for the IMM, to recruit and retain the world's best molecular and genetic scientists, and to provide them with the resources they need to excel. As evidence of its support for this important project, the Board of Regents committed $50 million in Permanent University Funds toward the cost of the building, releasing those funds when the campaign reached $70 million in gifts and grants. To date the campaign has raised $157 million toward its goal. In recognition of the Brown Foundation's significant contribution of $20 million, the Regents also approved the addition of the Brown Foundation's name to the IMM.

With the vision of Dr. Willerson, and the leadership of Dr. Murad, UTHSC-H will embark on its second phase. As a part of this phase, the IMM will expand its current exploration into the genetic and molecular aspects of disease and enhance its current efforts aimed at disease prevention and cure. The Institute will also add the efforts of biomedical engineering and biotechnology to provide translational support to all of the IMM research centers. Once fully established, the IMM will lead the way in Texas to new discoveries, higher levels of education, increased collaboration among our sister Texas Medical Center institutions, more effective patient care, and ultimately, prevention of common human diseases.

Measurable outcomes for this initiative include:

1. number of faculty members hired
2. number of faculty awards and honors
3. number and dollar amount of new and renewed contracts and grants

Future Initiative: Develop the University of Texas Research Park

UTHSC-H will partner with UT M.D. Anderson Cancer Center, and collaborate with other Texas Medical Center entities, in the development of a research center designed to foster the growth of the life sciences industry in Texas through new business formation, expansion of existing businesses, technology transfer, and education of a highly skilled technology workforce. When developed, the park will contain more than 1.2 million square feet of modern, well-equipped research, laboratory, office and support space for

public-private partnerships and not-for-profit research and will bring together a critical mass of technological interests in the basic, translational and clinical sciences available in Houston.

Supported by funding from a multitude of private and governmental sources, the park will boast state-of-the-art laboratories, offices, training centers and conference or business resource/support facilities to assist new companies in testing the viability of their ideas.

UT M. D. Anderson projects already open or under construction include:

1. The R. E. "Bob" Smith Research Building, focused on cancer biology, metastasis and pediatrics
2. A recently opened facility for immunology and hematological malignancies, and a facility under construction for molecular therapeutics, gastrointestinal oncology and molecular pathology.
3. A $125 million Proton Therapy Center, a public-private partnership under construction, will bring the most advanced radiation technology in the world to the park. When it opens in 2006, it will exemplify the type of academic and commercial collaborations envisioned for the park. Participants include M.D. Anderson, Hitachi and General Electric. Investors include the Houston Police and Fire Departments' retirement funds.

The City of Houston and Harris County have committed $40 million toward the UT Research Park infrastructure, and the Texas Legislature is providing an additional $20 million for infrastructure. The General Land Office has been working with a group of venture capital and merchant banking firms and their client companies. This working group, together with Bio-Houston, has developed a strategy that could position Houston and the State of Texas as a viable contender for the next significant biotechnology cluster in the United States.

Measurable outcomes for this initiative include:

1. Number and dollar amount (indirect and direct) of contracts and grants
2. Number and dollar amount of technology transfer that result from new discoveries
3. Number of partnerships or collaborations with participating private companies

IV.A. Other Critical Issues Related to Institutional Priorities: Impact of Initiatives

1. **Enrollment Management**
   Please refer to the section on page 7 regarding recruitment and retention.

2. **Diversity of Faculty and Staff**
   Please refer to pages 7-8.

3. **Community and Institutional Relations** Maintaining cordial relationships with the community and other institutions is a vital factor in managing UTHSC-H's image and reputation, as well as cultivating support from those sources. In support of both short term and long term goals, the institution provides the following offices that perform community and institutional relations activities:
   a. The Office of Development
      Donor Relations
      Capital Campaigns
      Endowment Campaigns
   b. The Office of Governmental Relations
      Federal Relations
      State Relations
   c. The Office of Public Affairs
      Media Relations
      Community Services

Health Information Services
Publications

d. The Office of Community and Educational Outreach
   K-12 partnerships and collaborations
   Career education
e. The Office of International Programs
   International affiliations
   International education

4. **Finances (tuition and market issues)**
   In addition to revenue sources identified elsewhere in this document to support meeting our institutional priorities, UTHSC-H has already earmarked new revenue generated from increasing tuition beginning with the 2004-2005 academic year (6.8 percent overall increase over FY 2003) to enhance the quality of our educational programs and the recruitment and retention of excellent faculty. All of the new tuition revenue (estimated at $1.3 million) will go directly to the schools and will be used to support faculty recruitment and retention efforts, improve the quality of teaching, provide basic student services and ensure that the infrastructure is in place to support our academic programs and the development of outreach efforts through distance education. This new revenue will facilitate our efforts to ensure that our academic programs remain competitive and further our ability to attract the best faculty and students.

5. **Facilities**
   Please refer to pages 3-5 and 10-12.

6. **Other Infrastructure Issues**
   Not applicable

IV.B. Other Critical Issues Related to Institutional Priorities: Unexpected Opportunities or Crises

In FY 2003, UTHSC-H faced the dual challenge of major administrative restructuring in order to improve efficiency and reduce expenditures coupled with a reduction in general revenue appropriations. While these measures have been implemented, they have left the institution in a state of significantly constrained finances.

V. System and State Priorities

1. **Increasing Student Access and Success** In accordance with the State's Uniform Recruitment and Retention Strategy and *Closing the Gaps* initiative, UTHSC-H has several programs in place to attract, enroll, retain, educate, and graduate students who reflect the socio-cultural and ethnic composition of Texas. Select programs include:
   a. InterCon (*Inter*-University and Public School *Con*nections for the Advancement of Education and Research in the Health Professions, Health Sciences and Biotechnology)
   b. Medical Assured and Dental Early Acceptance Programs
   c. Medical School and Dental Branch Summer Enrichment Programs.
   d. Medical School Alternate Pathway Program
   e. Medical School Pre-Entry Program

2. **Collaborations among U.T. System Institutions** Collaboration among UTHSC-H faculty, both within and without the university, is a critical factor in helping advance the health of the people of the State of Texas. UTHSC-H has several collaborative efforts in place with other U.T. System components; a brief listing of those (as included in the U. T. System Collaboration Survey) is as follows:

a. The University of Texas Graduate School of Biomedical Sciences at Houston joint program with the University of Texas M. D. Anderson Cancer Center
b. The Center for Academic and Reading Skills (CARS)
c. The Gulf Coast Consortia
d. Support of Human Subjects Protection Program at UTHSC-H and Regional Consortium of IRBs
e. Programs in Biotechnology
f. Hispanic Health Research Center (HHRC) (Lower Rio Grande Valley)
g. Collaborative Doctoral Degree in Nursing program with UT El Paso
h. Collaborative Master of Public Health Degree Program with UTEP

3. **Increasing External Research Funding**

UTHSC-H at Houston's FY 2003 research expenditures totaled $149.6 million, a one-year increase of 8.9 percent. In the past five years, research expenditures rose 39.8 percent and while the past decade has seen a 112.5 percent increase. Over the nest five years, we anticipate a 3 percent to 4 percent increase in federal research expenditures each year.

As the NIH decreases funds allocated to research, growth in research expenditures will likely follow the downward trend. However, recruitment efforts are underway for the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Diseases and school-based research programs. As new faculty come on line, growth in research expenditures will likely follow.

4. **Increasing Tangible Marks of Academic and Health Care Excellence**

a. UTHSC-H National Institutional Rankings Summary
   #83 in FY 2001 science and engineering expenditures (NSF, 2003)
   In top 26-50 of public research universities (Lombardi Center, 2003)
b. UTHSC-H National School Rankings Summary
   School of Nursing – top 10 percent of graduate programs (*U.S. News*, 2003)
   School of Public Health – in top 12 nationally (*U.S. News*, 2002)
c. UTHSC-H Faculty Strength
   1 Nobel Prize laureate
   1 Prince Mahidol Award for Medicine winner
   4 Institute of Medicine members
   1 National Academy of Science member
   3 Academy of Arts and Sciences Fellows
   13 American Academy of Nursing Fellows
   2 American College of Medical Informatics Fellows
   6 American Association for the Advancement of Science Fellows
   8 American Society for Clinical Investigation members
   19 faculty members named as *America's Top Doctors*

5. **Development and Alumni Relations**

With respect to Development activities, the past two years have been the most productive in the University's history. In the past two fiscal years alone, more than $110 million has been philanthropically committed, and more than $65 million in cash gifts (not counting new pledges) during that same period of time. Prior to FY 2002, the most ever raised in total commitments during a given year was $28 million and the biggest cash year produced $22 million.

Most, though not all, of the dramatic increase in fund raising can be attributed to the success to date of the New Frontiers Campaign, began in 2001, to raise $200 million for the Brown Foundation Institute of Molecular Medicine for the Prevention of Human Disease (IMM). Less than three years into the effort, the campaign total stands at close to $160 million. The campaign has

produced the five largest gifts in University history, including the $20 million pledge that led to the naming of the IMM, plus four others ranging from two $10 million pledges to $3 million.

Though the New Frontiers Campaign continues in high gear, the University development operation is also now helping to focus on the priority needs of the various schools. One example is the $10-million effort to help fund the new Surgical and Clinical Skills Center at the University of Texas Medical School at Houston and another is the $1 million campaign to purchase equipment for the Center for Nursing Research at the University of Texas School of Nursing. Within each of the six schools, endowments for student scholarships and faculty are among the most important fund raising priorities.

VI. Compact Development Process

Within the past year UTHSC-H has seen many changes in Executive-level positions. A new Senior Executive Vice President and Chief Operating Officer, as well as new Executive Presidents for Academic Affairs, Research, Clinical Affairs, and Finance are providing the university with fresh perspective and opportunity. Recognizing that strategic planning is essential during such a time of change, UTHSC-H leaders welcomed the chance to create a Compact with The U. T. System that could also serve as a springboard to the university's re-energized strategic planning process. UTHSC-H President Willerson initiated the university's compact development process by appointing a seven member executive-level steering team. Rather than create the Compact amongst them, the team strove to create an inclusive process and enlisted the help and support of each dean, executive vice president and vice president on their respective short- and long-term priorities. The team then formulated a matrix of these priorities and made presentations to university constituencies, including the Executive Council and the faculty, student and staff governance organizations. Input received from these constituencies allowed the team to develop the priority lists contained in this Compact.

When the draft compact was complete, the Steering Team assigned "owners" to each objective. Each owner is to take the lead in accomplishing his or her objective. Under the direction of the Senior Executive Vice President and Chief Executive Officer, owners must also prepare a quarterly report to the university's Executive Council on the status of their objective(s). The first of these quarterly meetings was held on May 26, 2004, with a follow-up scheduled for June 24, 2004. During the May meeting, owners reiterated the stated objective, strategy, funding, etc. If the objective appeared on track, they so stated. At this point, other Executive Council members were asked to bring forth any questions or concerns about the objective. If there was no discussion, the Council moved on to the next objective. If concerns or recommendations were made, the Council discussed them, modified the write-up if required, made decisions to address concerns, or set follow-up meetings as necessary. The next quarterly meeting is scheduled for September 2004.

In addition to the priorities listed in this Compact document, there are others that fall outside the Compact's FY 2005-2006 period. For this reason, UTHSC-H plans to create and maintain a longer-term planning document that will allow the development of a more strategic process to include:

1. the creation of a mechanism to tie planning to budgeting;
2. the use of metrics to include not only the measures, but also responsible parties; and
3. implementation of quarterly and/or annual reports as appropriate

UTHSC-H leadership views this as a dynamic process that will evolve over time and contribute to the university's long term strength and stability.

VII. System Contributions

1. Legislative funding (Governmental Relations)
2. Capital building (Facilities Planning and Construction)

3. Salaries for faculty (Governmental Relations; External Relations and Development)
4. Marketing health science by the entire U.T. System (Health Affairs; Public Affairs)

Appendices

Appendix 1: Budget Summary

The University of Texas Health Science Center at Houston
Operating Budget
Fiscal Year Ending August 31, 2004

		FY 2003 Adjusted Budget	FY 2004 Operating Budget	Budget Increases (Decreases) From 2003 to 2004 Amount	Percent
Operating Revenues:					
Tuition and Fees	$	12,623,083	14,585,501	1,962,418	15.5%
Federal Sponsored Programs		100,841,187	118,200,108	17,358,921	17.2%
State Sponsored Programs		31,742,977	25,475,673	(6,267,304)	-19.7%
Local and Private Sponsored Programs		100,111,487	111,035,109	10,923,622	10.9%
Net Sales and Services of Educational Activities		13,626,113	13,539,247	(86,866)	-0.6%
Net Sales and Services of Hospital and Clinics		8,000,000	8,790,350	790,350	9.9%
Net Professional Fees		98,510,257	99,895,626	1,385,369	1.4%
Net Auxiliary Enterprises		17,069,442	13,767,770	(3,301,672)	-19.3%
Other Operating Revenues		7,698,801	5,891,025	(1,807,776)	-23.5%
Total Operating Revenues		390,223,347	411,180,409	20,957,062	5.4%
Operating Expenses:					
Instruction		224,564,164	237,175,049	12,610,885	5.6%
Academic Support		20,453,174	22,492,473	2,039,299	10.0%
Research		112,764,601	120,529,511	7,764,910	6.9%
Public Service		12,846,502	13,284,167	437,665	3.4%
Hospitals and Clinics		77,274,079	69,400,966	(7,873,113)	-10.2%
Institutional Support		58,415,807	54,168,118	(4,247,689)	-7.3%
Student Services		3,203,124	4,602,680	1,399,556	43.7%
Operations and Maintenance of Plant		23,030,647	20,077,523	(2,953,124)	-12.8%
Scholarships and Fellowships		1,838,272	2,207,789	369,517	20.1%
Auxiliary Enterprises		24,288,925	14,401,061	(9,887,864)	-40.7%
Total Operating Expenses		558,679,295	558,339,337	(339,958)	-0.1%
Operating Surplus/Deficit		(168,455,948)	(147,158,928)	21,297,020	-12.6%
Nonoperating Revenues (Expenses):					
State Appropriations & HEAF		150,719,860	137,753,540	(12,966,320)	-8.6%
Gifts in Support of Operations		4,728,767	5,368,278	639,511	13.5%
Net Investment Income		9,366,922	5,262,936	(4,103,986)	-43.8%
Other Non-Operating Revenue		3,806,660	4,287,655	480,995	12.6%
Other Non-Operating (Expenses)		-	-	-	-
Net Non-Operating Revenue/(Expenses)		168,622,209	152,672,409	(15,949,800)	-9.5%
Transfers and Other:					
Transfers From Endowments		-	-	-	-
Transfers (To) Endowments		-	-	-	-
AUF Transfers Received		-	-	-	-
AUF Transfers (Made)		-	-	-	-
Transfers From (To) Unexpended Plant		-	-	-	-
Transfers for Debt Service		(6,409,180)	(8,391,593)	(1,982,413)	30.9%
Other Additions and Transfers		3,797,660	4,080,823	283,163	7.5%
Other Deductions and Transfers		(5,558,159)	(4,432,912)	1,125,247	-20.2%
Total Transfers and Other		(8,169,679)	(8,743,682)	(574,003)	7.0%
Surplus/(Deficit)	$	(8,003,418)	(3,230,201)	4,773,217	-59.6%
Total Revenues	$	558,845,556	563,852,818	5,007,262	0.9%
Total Expenses and Debt Service Transfers		(565,088,475)	(566,730,930)	(1,642,455)	0.3%
Surplus (Deficit)	$	(6,242,919)	(2,878,112)	3,364,807	

Appendix 2: UTHSC-H Statistical Profile

	1999	2000	2001	2002	2003
Fall UG headcount enrollment					
Dental	76	78	74	78	
Nursing	186	186	258	281	
Fall Grad/professional headcount enrollment					
Biomedical Sciences	424	416	443	465	
Dental branch	325	330	370	362	
Health Info. Sciences	36	45	64	62	
Medical School	831	817	830	825	
Nursing	392	395	390	402	
Public Health	922	910	890	885	
Total enrollment	3,192	3,177	3,319	3,360	3,405
	year of matriculation				
	1999	2000	2001	2002	
Undergrad degrees awarded					
Dental	31	35	39	34	
Baccalaureate awards					
Nursing	91	91	97	116	
Grad/Professional degrees awarded					
Nursing	113	122	135	92	
Health Information Sciences	0	3	15	12	
Dental	111	111	104	122	
Biomedical Science	98	74	67	75	
Public Health	151	142	147	154	
Medical	195	201	186	214	
Total	668	653	654	669	
Accredited GME resident programs	51				53
Residents in GME accredited programs	698				761
	1999	2000	2001	2002	2003
Federal research expenditures	$72,684,141	$82,991,431	$91,267,003	$101,738,767	$111,170,193
	1999	2000	2001	2002	2003
Faculty fall headcount	1,085	1,080	1,187	1,270	
Staff fall headcount					
Classified	2,893	3,016	2,972	2,941	3,622
Non-Classified	279	293	283	1,602	1,140
Hospital admissions, hospital days, clinic visits					
Hospital admissions	5,263	5,186	5,700	6,135	
Hospital days	276,273	248,045	221,127	243,315	
Clinic visits	1,100,253	838,448	553,976	671,891	
Unsponsored charity care	$56,869,784	$82,152,677	$90,024,051	$103,279,853	
Endowment total value	$77,088,000				$99,139,000

5-year enrollment trends

School	Fall '99	Fall '00	Fall '01	Fall '02	Fall '03
Dental Branch	379	374	414	413	410
Graduate School	424	415	443	465	490
Health Info Sci	36	45	64	62	74
Medical School	831	818	830	825	837
Nursing	578	581	646	683	698
Public Health	922	910	890	887	908
UTHSC-H Total	**3,170**	**3,416**	**3,287**	**3,335**	**3,417**
Student FTEs	**2,668.32**	**2,638.57**	**2,734.46**	**2,823.74**	**2,891.69**

Retention & Graduation Rates

School - Program	Matric 98	Matric 99	Matric 00	Matric 01
Dental Branch - DDS	85%	85%	95%	--
Dental Branch - Hygiene	88%	95%	95%	87%
Health Info Sci - MS	58%	50%	23%	--
Health Info Sci - PhD	--	--	--	--
Medical School - MD	78%	87%	86%	
Nursing - BSN	91%	89%	91%	91%
Nursing - MSN	96%	90%	96%	
Nursing - DSN	67%	--	--	--
Public Health - MPH	50%	48%	43%	36%
Public Health - MS	44%	65%	50%	25%
Public Health - DrPH	42%	9%	20%	13%
Public Health - PhD	87%	67%	67%	--

Faculty & Staff FTEs

Employees	Fall '99	Fall '00	Fall '01	Fall '02	Fall '03
Faculty	1,040.49	1,036.19	1,090.07	1,083.76	1,186.91
Staff (Class., A&P)	3,178.97	3,171.11	3,194.38	3,214.20	3,169.47
UTHSC-H Total	**4,219.46**	**4,207.30**	**4,284.45**	**4,297.96**	**4,356.38**

FTE Student/FTE Faculty Ratio

	Fall '99	Fall '00	Fall '01	Fall '02	Fall '03
Ratio	**1:0.39**	**1:0.39**	**1:0.40**	**1:0.38**	**1:0.41**

Degrees/Faculty FTE Ratio

	Fall '99	Fall '00	Fall '01	Fall '02	Fall '03
Degrees Conferred	789	779	790	819	805
Ratio	**1:1.32**	**1:1.33**	**1:1.38**	**1:1.32**	**1:1.47**

Instructional Expenditures/FTE Student Ratio

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Instruct'l Exp.	$188,384,819	$194,417,699	$197,066,378	$210,931,085	$224,179,029
Ratio	**$70,601:1**	**$73,683:1**	**$72,068:1**	**$74,699:1**	**$77,525:1**

Endowment Total Value

	FY 1999	FY 2000	FY 2001	FY 2002	FY 2003
Book Value	**$27,218,275**	**$33,147,882**	**$41,986,448**	**$46,068,781**	**$56,048,814**

Appendix 3: Institution-specific Information

Peer Analysis

UTHSC-H is looking at ways to benchmark progress against a set of comparative and aspirational peer institutions. Comparative peer institutions are likely to include UT Southwestern Medical Center, UTMB-Galveston, UTHSC-San Antonio, University of North Carolina-Chapel Hill and the University of Michigan. Aspirational peer institutions could include University of Washington-Seattle, University of California San Diego, University of California San Francisco, University of California Los Angeles, Johns Hopkins University, Stanford University, Harvard University, Yale University and Washington University St. Louis.

Appendix 4: Links to Web Resources

UTHSC-H *Fact Book 2004*
www.uth.tmc.edu/factbook/2004/index.html

U. T. System Accountability and Performance Report
www.utsystem.edu/cha/Accountability.htm

Our Compact with U. T. System

Using the Compact to advance our mission and vision

THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

Process was the Key

- Commitment of executive leadership
- Strong steering committee
- Inclusive focus groups
- Informed priorities
- Designated responsible parties
- Periodic review and revision

Short Term Priorities

- Develop facilities to support mission
  - School of Nursing
  - Medical School
  - Dental Branch
  - Institute of Molecular Medicine
- Increase scope of research enterprise
  - Interdisciplinary and interinstitutional programs
  - Bridging grants
  - Infrastructure
- Enhance educational excellence
  - Recruit and retain exemplary faculty, staff and students
  - Benchmark best practices

Long Term Priorities

- Complete campus improvement plan
- Recruit and retain faculty and staff
- Increase research
- Develop U. T. Research Park
- Implement a marketing initiative
- Conduct a comprehensive campaign

Short Term Highlights

- School of Nursing Center for Nursing Research
- Surgical and Clinical Skills Center
- U. T. Professional Building acquired
- Institute of Molecular Medicine on schedule to open in 2005
- Dental Branch labs and operatories upgraded
- Bridging grants funded
- COEUS software (electronic grants management)

Long Term Progress

- MS Research Facility on schedule
- Mental Sciences Institute on schedule
- New Dental Branch building
- U. T. Research Park under development
- Faculty & Staff merit pool
- Start up funds for research

Summary

- We included many in the process
- We focused on mission and vision
- We focused our priorities
- We reallocated our resources
- We will use the Compact strategically
  - Strategic Planning
  - Capital Campaign
  - SACS Self-study