

B-1. Strategies and Planning: Compact Materials

Timothy Beebe, Interim Dean, School of Public Health



1. Overview

The University of Minnesota School of Public Health (SPH) is home to roughly 1,400 students, 130 tenured/tenure-track and contract faculty, 450 staff, 215 affiliate and adjunct faculty, and 200 graduate assistants across six campus buildings as they advance public health research, learning, action, innovation, and equity. The school is ranked #10 nationally by *U.S. News & World Report*, and offers more than 20 leading master's, doctoral, and certificate programs, with its Master of Healthcare Administration (MHA) program ranked #2 and its Biostatistics program ranked #7.

SPH students represent 45 different countries and 27% are American Indian or students of color. Approximately 99% of our students are employed within 12 months of graduating and more than 60% stay in Minnesota to join our state's public health and healthcare workforce.

SPH includes 32 internationally recognized centers that provide high-caliber research, outreach, and training. With \$82.6M in research grants (FY21), the school holds the 2nd largest research portfolio at the University and ranks #6 in NIH funding for U.S. schools of public health.

Throughout the COVID-19 pandemic, SPH has had an immeasurable impact on improving lives on a grand scale within and outside of Minnesota. We have: conducted or supported some of the largest and most important clinical trials in the country; led interdisciplinary rapid responses to address critical personal protective equipment (PPE) shortages; modeled and forecasted the course of the pandemic; responded to observed disparities by developing community-informed COVID-19 testing approaches; developed frameworks, structures, and processes for the allocation of scarce resources like ventilators, antivirals, and vaccines in Minnesota; conducted large-scale seroprevalence studies of MN residents, healthcare workers, and grocery store workers; and guided Minnesotans through the COVID storm (in 2020, SPH had a 524% increase in media mentions largely due to pandemic-related coverage).

Through our commitment to community engagement and translating our research into policy and practice, SPH lives our land-grant mission, every day.

2. Strategic priorities

SPH's top three strategic priorities for the next 1-3 years are described in the following sections.

In addition to these priorities, SPH is committed to addressing the exhaustion and disengagement felt by faculty, staff, and students as a result of the dual public health crises of COVID-19 and structural racism. The school will explore ways to deepen engagement with each other, rediscover collective purpose, and insert joy in our work. Supporting and demonstrating how we value our people is foundational to acting upon the priorities listed below.

2.1. Build the public health workforce of the 21st century.

The U.S. has historically relied on a default strategy for public health funding that has been described as ***neglect, panic, repeat***. We react to a crisis, throw money at it, and then neglect it again after the immediate emergency passes. The impact of neglecting public health funding has been devastating. Nearly 56,000 public health employees have lost their jobs in the past decade, primarily due to funding issues, and many front-line workers were never replaced. Critical core programs providing vaccinations and other services were trimmed or eliminated. The remaining staff face significant burnout and turnover. This staffing situation reduces the capability and capacity of the public health system in Minnesota to deliver population-based services or respond to public health crises like SARS-Cov-2, racism, and climate change.

- **Introduce a new public health undergraduate major:** In 2020, the number of public health bachelor's degrees conferred surpassed master's-level degrees nationally. With more students seeking undergraduate degrees to pursue public health careers, a degree from Minnesota's only school of public health will strengthen the state's public health workforce infrastructure. To meet this shifting demand and our land-grant obligation, we are developing an undergraduate major in public health with plans to welcome our first undergraduate class in fall 2023.
- **Grow our innovation in public health data science:** The size and complexity of public health data has exploded in recent years, but the number of professionals who are able to harness that data has not. In 2021, SPH launched a new MPH degree in Public Health Data Science to address this gap and equip students with the comprehensive computing, statistical analysis, and communication skills needed to analyze data and disseminate results. It is one of the only programs of its kind in the U.S. and is designed to accommodate students interested in public health from a wide variety of backgrounds, including those without prior exposure to college-level mathematics or computer programming. This new degree has garnered much interest from prospective students and the first cohort will begin in fall 2022.
- **Pursue multidisciplinary partnerships.** The SPH Division of Environmental Health Sciences is leading an innovative arrangement that allows undergraduate students from the College of Biological Sciences (UMN Twin Cities) and the Bachelor of Science in Health Sciences program (UMN Rochester) to graduate with both a BS and an MPH in Environmental Health in five years. The Division of Health Policy and Management developed a Certificate in Healthcare Management for Behavioral Health in collaboration with the Hazelden Betty Ford Graduate School of Addiction.
- **Increase partnerships with underserved communities.** SPH and the School of Nursing are leading a consortium to train more than 600 students and public health professionals in informatics at universities that have historically served Black, Latinx, and Native American people. This work is funded by a four-year, \$7.9 million grant from the U.S. Office of the National Coordinator for Health Information Technology as part of its Public Health Informatics & Technology Workforce Development Program. We will continue to pursue these partnerships in the coming 1-3 years, supported by the anticipated resources described below.
- **Capitalize on increased investment in public health infrastructure:** The American Rescue Plan (ARP) included \$7.6B for establishing, expanding, and sustaining a public health workforce. The \$2.2T Build Back Better Act included \$7B for core public health infrastructure and educational/workforce development activities. SPH is building partnerships with stakeholders both in and outside the University (including the Medical School and the Minnesota Department of Health, through which many of these dollars will be funneled) and a well-structured landing place for the

above funds, both scientifically and administratively. Specifically, we are establishing an SPH Workforce Council to orchestrate activities in this space and have launched the SPH Center for Public Health Systems to support health departments in assessing public health impact and strengthening organizational performance.

This priority links to MPACT 2025 Commitment 1: Student Success; Commitment 2: Discovery, Innovation, and Impact; Commitment 4: Community and Belonging; and Commitment 5: Fiscal Stewardship

2.2. Ensure that the public health workforce — within and outside SPH — reflects the diversity of the population it serves.

In July 2021, we launched our SPH Strategic Plan for Antiracism (SPAR) to actively make diversity, equity, inclusion, justice, and antiracism central to our operations and mission. Since we launched the plan, it has generated much interest beyond our school walls and we are quickly becoming regarded as a leader in this work. Other UMN schools/colleges and public health schools, departments, and organizations across the U.S. have identified our work as exemplary and are looking to SPH for insight and inspiration. We have been invited to present at local and national meetings, including at ASPPH, NCore, Minnesota DHS, and across the University.

Simultaneously increasing the recruitment of students, faculty, and staff from marginalized communities, particularly those who are Black, Indigenous, and people of color (BIPOC), and improving the environment where we work and learn are primary goals of the SPAR. A more diverse and representative workforce is better able to serve diverse populations, because of cultural, environmental, and other considerations

- **Increase recruitment of BIPOC/underrepresented (ethnicity) faculty and staff.** We have made significant progress hiring faculty from underrepresented groups, better reflecting the diversity of our student population and community (8 of 15 hires identifying as BIPOC since March 2019). Progress in diversifying our staff has been steady (27%: 29 of 107 hires). The school has been more intentional in incorporating DEI commitment and SPH values into job postings, training search committees on managing implicit biases, utilizing holistic application review, and tracking ethnicity/race demographics throughout the hiring process (i.e, applicant pool, qualified, and interviewed). Focused efforts in FY23 will be on equitable pay, onboarding and mentoring, and working to and building an even more inclusive and equitable environment for all to thrive.
- **Increase support, equity, and recruitment of BIPOC/underrepresented (ethnicity) students.** SPH hosts and participates in events and activities to drive awareness about public health to underrepresented students and maintains a strong partnership with the University's Graduate Diversity Office to reach a broader, more diverse audience. We are also embedding antiracism and equity into our admissions and enrollment practices, specifically focused on improving our scholarship process and ensuring consistent and transparent communications. Our ultimate goal is to align our racial and ethnic demographics with those of the state.
- **Improve retention of BIPOC/underrepresented and other faculty.** We completed a climate survey in 2020 and the results showed that there was room for significant improvement with regard to climate and culture. We intend to field this survey again in the coming calendar year, paying particular attention to measures of belonging. In addition to creating an inclusive SPH environment that is welcoming to all, retention of faculty who are at risk of "poaching" by our contemporaries and

competitors is critical. Many of our world-class faculty have made significant contributions to their fields and are considered thought leaders. Because of this, they are consistently targeted by other top schools. We intend to activate a process of “preemptive retention” – offering the resources to top faculty at risk of leaving the UMN *before* they are recruited and receive an offer in need of a counter. Our plan is to withhold a percentage of the merit pool to support preemptive retention and equitable salary adjustments for faculty and staff.

This priority links to MPACT 2025 Commitment 4: Community and Belonging

2.3. Pursue strategic and multidisciplinary opportunities to support research and learning, leveraging partnerships within and outside of the UMN.

Better position SPH to engage in collaborative work with other UMN schools, industry, and the federal and state government by building on our strengths in research and discovery to address complex challenges that require multidisciplinary and cross-sectoral approaches.

- **Broaden collaborations within the UMN.** Work with other health sciences schools to increase enrollments in our dual degree programs (MD/MPH, DDS/MPH, DNP/MPH, PharmD/MPH, and DVM/MPH), create joint faculty positions and appointments, and/or invest in centers of mutual interest and benefit. The new Center for Learning Health System Sciences (CLHSS), the Rural Health Program, the Institute for Global Cancer Prevention Research — all strong collaborations with the Medical School — are good examples of the latter. We plan to pursue similar cooperative agreements and strategic alliances with other scientifically and educationally aligned schools such as Carlson, where their educational offerings increasingly overlap with ours, and Humphrey, where their new Dean, Dr. Nisha Botchwey, has a public health background and set of interests.
- **Build on unprecedented philanthropic giving:** Principal giving (\$1M+) — historically low for the school — has increased over the past two years with four principal gifts to SPH, largely in support of infectious disease and antiracism/health equity. We will be working to secure more gifts at this level with individual donors and corporations. Corporate giving accounts for less than 4% of SPH’s philanthropic revenue, yet we are seeing a shift in corporate giving that is more receptive to visionary philanthropic investments that support research, workforce development, and community partnerships. Our Development Office is activating plans to pursue corporate support in collaboration with the newly established Corporate Engagement Center, a convening function sponsored by OVPR and UMF. We intend to target infectious disease, antiracism/health equity, and public health practice in the coming months.
- **Strengthen Minnesota support and impact:** We have been in discussions with leadership at the Minnesota Department of Health (including Commissioner Jan Malcolm) to create an Academic Health Department Partnership (AHD). This partnership will strengthen the links between public health practice and academia and ensure our training is in-step with workforce needs. We are also considering a specific type of partnership, a Public Health Institute (PHI). A PHI could be a new, free-standing organization or could make use of an existing organization or center (SPH has 32 of them) that has a similar or related mission as an administrative home. Areas of work identified for a PHI include neutral convener, community health assessment and planning, quality improvement, data analysis, leadership development and training. Minnesota is one of the few states that has neither type of partnership. Our contemporaries and competitors – such as University of North Carolina and University of Michigan (ranked #2 and #4 in the U.S., respectively) – have successfully leveraged these partnerships for targeted legislative support. For example, the AHD in North Carolina — the

North Carolina Institute for Public Health — receives approximately \$30M per year from the state legislature to serve as a resource for public health professionals across their state and region.

This priority links to MPACT 2025 Commitment 2: Discovery, Innovation, and Impact; Commitment 5: Fiscal Stewardship

3. Administrative and fiscal efficiencies to fund high-priority goals

The school plans to fund these priorities through the following administrative and fiscal strategies and efficiencies: 1) extensive review and assessment all SPH centers and institutes; 2) continuous monitoring of SPH operational and administrative costs to ensure lean operational and administrative expenditures (see below) by creating ROI metrics for our current investments and informed by PEAK guidance; 3) development and implementation of spending plans — aligned with existing and/or updated donor intent — for all dormant endowment funds and other funds (e.g., fixed price accounts) with eight or more quarters of untapped balances; and 4) exploring market-informed tuition and/or student fee increases.

The SPH has operated as a lean enterprise. Reviewing the table below, you’ll see that our administrative expenditures are around 10%, less than the institutional number of 11%. Importantly, we have directed more support toward mission. Whenever possible, we look to consolidate efforts to gain operational efficiencies, minimize redundancies, and limit waste. For example, we have reorganized our Dean’s office student support staff; we are adopting University enterprise-wide software and solutions for nurturing prospective students; and we have re-examined recruitment strategies and tactics with particular student populations. We have activated a workforce planning strategy for faculty recruitment whereby division requests for tenure track lines are consolidated into a single model, with a preference for cluster hires that span our divisions and disciplines. For staff, when there is a departure, rather than automatically attempt to refill that position, we map staff to function to see if existing staff might be able to or want to take on roles beyond their current obligation while being mindful of over-subscription and burnout.

Expenditure Category	UMN-wide (FY21)		SPH (FY21)	
	Total Expenditures	% of Total	Total Expenditures	% of Total
Mission	\$2,284,924,679	58.0%	\$20,932,800	59.8%
Operations	\$1,222,595,962	31.0%	\$10,535,123	30.1%
Administration	\$433,422,403	11.0%	\$3,550,314	10.1%
Total	\$3,940,943,044	100%	\$35,018,237	100%

4. Financial outlook and significant financial concerns

For the current fiscal year, SPH originally projected a \$1M surplus. While tuition revenue was less than budgeted, the loss was covered by greater than expected ICR revenue. However, operational expenses,

mostly compensation and student aid, are higher than budgeted, resulting in a year end surplus of only \$278,234. For FY23 we anticipate an operating deficit of \$421,497 due to cost pool increases and increased fringe benefit rates. If the framework compensation increase of 3.85% is approved, our projected deficit will jump to \$1.7M. Unfortunately, a 3.49% tuition increase will only cover about half of this deficit.

As the COVID-19 pandemic has laid bare, our nation's public health infrastructure has been chronically underfunded and unable to meet the critical demands of the pandemic response. The roughly 200 schools and programs of public health across the U.S. are the foundation of the public health system. As Minnesota's only school of public health, SPH is responsible for developing upwards of 60% of Minnesota's public health professionals. At this moment, we have an opportunity and an obligation to strengthen that workforce, to expand its diversity and reach, and to prepare a public health workforce skilled in epidemiology, risk communication, behavioral economics, emergency preparedness, and advanced data science and modeling. Right now, our faculty, staff, and student researchers are discovering new ways to address timely, relevant issues and make big advances in public health locally, nationally, and internationally. Much has changed in the past two years when it comes to realizing the vital need for public health.

Public health is at the forefront of the great challenges we have at home and in the wider world. For us to meet this moment, we must first acknowledge that other critical priorities at the University have resulted in a perpetual decline in funding allocated to the SPH. In FY07, the SPH received recurring state funds of about \$14M through the central allocation process. Today, that has declined to just over \$7M, which represents a 40% decrease in our allocation since 2009. SPH has maintained its effectiveness by relying on reserve funds (tuition reserves, ICR reserves and O&M funds) and seeking philanthropic support. Our FY15 reserve balance of \$6.5M is now just under \$2M, which leaves us with very little to invest in strategic priorities over the coming 1-3 years.

For the reasons cited above, SPH would like to request through the FY23 Compact that the UMN allocate \$3M in recurring funds to the school's financial base and that it not be done on a "revenue neutral" basis. Our ability to consider our overall financial strategy, including strategic financial management, capital budgeting, and long-term financing has been hamstrung by thinning non-restricted revenue streams. In order to best position ourselves for the next dean, we need a much larger non-restricted pool of funds so that the incumbent can confidently operationalize their vision and keep SPH on the cutting edge in service of our land grant mission.