

HEALTH SCIENCES STEERING COMMITTEE

MINUTES

Friday, October 21, 2022

2:00 -3:30 PM (HST)

Virtual meeting via Zoom

Website: [Health Sciences Initiative](#)

Members

Name	Role	Attendance
Michael Bruno	Provost	Present
Walter Bowen	Associate Dean for Research, CTAHR	Present
Elizabeth Char	Director, Hawai'i State Department of Health	Excused
Lee Buenconsejo-Lum	Associate Dean for Academic Affairs, JABSOM	Present
Jill Hoggard Green	President & CEO, The Queen's Health Center	Present
Loic Le Marchand	Interim Director, UH Cancer Center	Excused
Judy Lemus	Interim Associate Dean for Academic Affairs, SOEST	Present
Miriam Mobley-Smith	Interim Dean, UH Hilo College of Pharmacy	Present
Wendy Pearson	Senior Advisor to the Provost	Present
Tetine Sentell	Interim Dean, Thompson School of Social Work & Public Health	Present
Alison Sherwood	Interim Associate Dean, College of Natural Sciences	Present
Ray Vara	President and CEO, Hawai'i Pacific Health	Excused
Lorrie Wong	Interim Associate Dean for Academic Affairs, NAWSON	Present

Topic	Discussion/Information	Action
Call to Order		Provost Michael Bruno called meeting to order
Updates	<ul style="list-style-type: none"> We may reschedule monthly meetings so that Dr. Elizabeth Char is able to attend. 	
Recap of Health Sciences Discussion with Dr. Ana Núñez, Vice Dean for Diversity, Equity & Inclusion, University of Minnesota Medical School.	<p>Lee Buenconsejo-Lum and Wendy Pearson met with Dr. Ana Núñez of the University of Minnesota to learn more about their health sciences structure, one of the models the steering committee wanted to explore.</p> <p>Here is the website: University of Minnesota Health Sciences</p> <p>The associated colleges and schools include:</p> <ul style="list-style-type: none"> College of Pharmacy College of Veterinary Medicine Medical School School of Dentistry School of Nursing School of Public Health <p>The Colleges and Schools have dual reporting to the Provost and to the Health Sciences Vice President. Schools remain independent. The full organizational chart is the steering committee's shared drive.</p>	No action

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	<p>The University of Minnesota has tried to synergize education and training, health care, and research through a shared services model that includes:</p> <ul style="list-style-type: none"> ● Office of the Associate Vice President for Education (IPE, pathway programs and initiatives) ● Office of the Associate Vice President for Clinical & Translational Research ● Office of the Associate Vice President/CFO (Administrative services) ● Office of the Associate Vice President/COO (Simulation Centers, Compliance, General Counsel, Communications, Facilities, HR, IT) ● AHC Centers & Institutes (research focus areas) <p>We asked Dr. Núñez how this is operationalized and what questions we should be considering as we look to build a health sciences entity at UHM. She suggested we to consider the following:</p> <ol style="list-style-type: none"> 1. The benefits of each school and college: how through this infrastructure we can provide access to things that units may not have independently. Consider what each school and college brings to the table that they might be willing to share or to open access to, such as labs, programs and training, courses, simulations and clinical experiences, faculty expertise, partnership agreements, etc. 2. Joint appointments. Lee mentioned that at UC Irvine, a hire would not even be considered if there wasn't collaboration (a joint appointment) across the health sciences. 3. Recruitment and diversifying the health sciences workforce should be set as an expectation for <i>all</i> health sciences units. Look for opportunities to collaborate on hires, recruitment, and DEI efforts. 4. Identify and break down barriers and siloes. Find ways to incentivize collaboration to make it more organic (team teaching, MOA). <p>We asked if units contribute financial support (are they taxed to support this infrastructure). She believes that is the case but isn't sure.</p> <p>We know that there are things we need to do to support and credit team teaching and other barriers we need to address. An MOA of some kind makes sense so that we can incentivize what we want to see and address these issues without having to change policies and procedures campuswide.</p>	

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Discussion	<ul style="list-style-type: none"> • The Minnesota model has the dean of the medical school serving as the Vice President for Health Sciences. Is that what we are building or something different? <ul style="list-style-type: none"> ○ That will never happen here. The dual reporting has the deans reporting to the Provost. But we need to be careful that we are not setting up even the perception of the health sciences deans reporting to the dean of the medical school here. • The University of Minnesota is just one example. There are other examples in the shared drive. The University of Washington model, with the schools/colleges and health sciences unit reporting to the provost and a health sciences governance body, is more in alignment with what we propose in the white paper. We should reach out to the University of Washington as well. • Concerned the health sciences units are already so under-resourced around communications, administrative support, and HR. A shared services unit would be attractive to have access to, but will that mean we have to share more resources than we do currently? We need to make sure that we are not losing support; that this entity is truly amplifying and supportive of cross-unit collaborations. • The aim is for any shared services to be additive. • We need to identify new resources (internal to the university) to support and amplify this work, at least to start, to demonstrate our commitment before seeking external support (either with the legislature or UH Foundation, etc.). • It is important that we see this entity as facilitating and administratively supporting cross-unit collaboration and partnerships. That focus differentiates these resources from those deployed to the schools and colleges. It is designed to help us do more than units can do independently. • From an external perspective, this unit is needed. Recently there was a very large grant opportunity and UHM submitted 2 competing grants, both asking for external support from our organization. As an external stakeholder, we did not feel there was communication across the units. That grant was important in terms of bringing in more resources to the state and to the university; it would have been much more competitive if there had been communication and collaboration on one grant. Having a place to discuss key research agendas and who is doing what is needed here. While each unit has its leader, with a health sciences unit, there would be a team to support those large grants and a place to coordinate this activity. • Would be more palatable to have something like the Washington model. It should be noted that not every unit here has the same proportion of its unit focused on health sciences. For some it's the core, for others we contribute. The Washington model works, where there is a separate line for the deans. Love the idea of coordination for the large opportunities. • As for the "taxing" idea, we are not in favor of that approach. For UC Irvine, there is a little tax but it is 	No action

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	<p>proportional. For the big, collaborative, translational research grants, there is some contribution in terms of infrastructure, etc. It is proportional. But the UC System is blessed in that they have land and resources.</p> <ul style="list-style-type: none"> • In terms of contributing, it doesn't have to be funding. It could be labs, facilities, computing power, programs and courses where access can be opened to other health sciences units. But these discussions would have to be transparent, agreed upon upfront, and decided consciously what resources are contributed and how it will be equitable and efficient. • A memorandum of agreement (MOA) that spells out how this will work is needed because existing policies and procedures create barriers to operationalizing this. This type of MOA would be necessary for large grants as well. • Another example of contributing is in the form of data scientists, health economists, etc. Having access to faculty expertise through a health sciences entity could be powerful in terms of the design of studies and our ability to secure national resources. • I appreciate the Washington org chart because it supports opportunities to collaborate on research and access to expertise for courses that our students need, simulation activities, etc. • What about convergence research? Are there explicit efforts in the Minnesota model to align structure to take advantage of convergence research in engineering, physical, computational, and environmental sciences? • Minnesota developed institutes for this work. It cannot be just the traditional health sciences schools participating, because precision medicine uses a lot of computers and engineering, for example. The institutes are designed to be synergistic because for the big grants, it is truly interdisciplinary. • Where are they getting their funding? We should look into this to see their competitive advantage. • The second phase of our work could be bringing faculty together to define research areas. We can build out the centers/institutes from there. We identify what we want to do together and the opportunities we want for our students. • One area is around DEI and recruitment. How can the institute move the needle and what role does UH play in diversifying the health sciences workforce? Pathways into careers, pathways from STEM, a coordinated approach to working together with specific communities to build that trust is important. • We do a lot of this, the goal is to scale it up and to expand opportunities. • Worked in a system similar to Minnesota. The key was having an individual to bridge the divide between the academic and clinical services. Revenue from clinical services supported the academic side, and there was an alignment across programs instead of a series of one-offs. There was a more systematic approach to addressing 	

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	<p>research, IPE and collaborative activities – a framework. If one is looking to collaborate, there was one touch point that outlined the process for how things work, which ensured that you were not missing anything. You knew where to get information that you needed. It was less about a reporting line but more about helping people be successful. Where the controversy came from was the discipline from which the VP or executive director came from. There was always the concern that medicine ran the show and received the most resources. If you can figure that piece out, the rest will work out.</p> <ul style="list-style-type: none"> • We don't want to convey here that something is "broken." None of our units are failing. What we want is a functioning entity with resources that supports growth and more collaboration – to scale up. We need to be careful about the messaging. We want to do more, and we could do more with resources – human resources and seed support for projects. • Coming from a school where health sciences is not the majority of what we do, the Washington model is much more appealing. While we are using the term "amplifying structure," it sounds more like a "facilitating structure." Everyone is doing a lot of this collaboration already within and across units. Having the functionality to facilitate this work, to make new connections, and to be more successful in serving the university and the state is what we want. • Rather than discuss a structure first, start with what would best facilitate everyone's needs. Then we build a structure that aligns with that. One option is a broad MOU – a high level structure to facilitate areas like core and shared lab facilities (an economy of scale). Units contribute in a proportional way. An MOA could address these areas on a synergistic project-level basis (labs, faculty, but not necessarily stamped in stone at the highest level). There could be some room for flexibility as long as we have a facilitating structure where people can go for guidance and connection. A resource. • This idea is similar to how the Institute for Sustainability and Resilience (ISR) was established to facilitate collaboration and elevate our game. We created an independent organization reporting to the provost. Through that institute we now have an undergraduate degree with courses contributed from 30 departments on campus. We did not fully resource the unit (lessons learned), so we want to make sure we are resourcing health sciences up front (no taxes). 	
<p>Draft of White Paper: UHM Health Sciences Initiative Committee, Discussion</p>	<ul style="list-style-type: none"> • At this point, we do not have an audience for the paper, other than a possible request to the legislature. The primary audience is ourselves – those who agree to buy in - but also for the Provost to carry the message to the President and CFO to consider the use of internal funds to get us started. • On Table 1, the list of programs only includes UH Manoa programs. How do we address/reflect the UH Hilo College 	

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	<p>of Pharmacy's collaboration? The College of Pharmacy is a member of the Council of Health Sciences.</p> <ul style="list-style-type: none"> • Should we revise it to UH Programs? If we add Pharmacy, we should also add the new UH West O'ahu nursing pathway, and UHCC nursing, allied health programs. • This is part of the challenge. We work collaboratively but the schools/colleges are found on different campuses with separate accreditation. Having this work at the UH System level is too far removed from where the research and teaching is happening. While the Health Sciences Council (which includes representation from UH Hilo and the UHCCs) would have some governance over this unit, ultimately the unit reports to the provost, which makes it a Manoa entity. • There used to be just the 5 units that formed the Health Sciences Council (JABSOM, Nursing, Social Work/Public Health, Cancer Center, Pharmacy). The proposed reimagined Health Sciences Council has 20 groups identified. What does that mean in terms of core function vs. relational function? How do we engage and what does that look like? Which units are core? How are we amplifying and to what end? The governance structure is an important piece to work out. • We do not have to move immediately to discussing an organizational structure. We can focus on what we want to accomplish, and work together through MOAs as we develop an entity to support this work. • Perhaps we put some funds into this, on smaller scale activities, to build buy in, engagement, and enthusiasm for a health sciences entity. 	
Next Steps	<ul style="list-style-type: none"> • Provost Bruno will meet with the President and CFO to discuss resources (seed money) and how best to move forward internally without a full reorganization at this point. • The model in the draft paper looks more like the Washington model. The goal was to preserve the role of the dean while providing staffing and support for initiatives of the Health Sciences Council. If the draft is conveying something other than that approach, we need to fix it. • The first two pages resemble the early pages of an MOA in terms of what we are seeking to accomplish, and ways we propose to do that. • While a full structure might not be needed right away, an initial position dedicated to making things happen (someone existing in the system or within the reconfigured council) serving as an executive director focused on this work is important, especially as we think about how we build this entity. • A good example of the importance of having a dedicated person is our work in sustainability and resilience. There was not much traction until a director was appointed for an Institute for Sustainability & Resilience. Then there was one person who woke up every day thinking about sustainability, meeting with the deans, identifying barriers and resource 	<p>Provost Bruno to discuss resources, supporting structure with the President and Chief Financial Officer.</p> <p>Steering Committee to consider the following question for the next meeting: If provided with seed support for a couple of years, what are the high priority areas that will enable us to move forward?</p>

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	<p>needs, building programs, etc. The degree program happened organically out of those conversations. In the same sense, having an individual focused on health sciences collaboration, with some seed support for initial work together, is one way to go.</p> <ul style="list-style-type: none"> • The infrastructure can be tiered across a few years so that it is not so much all at once. We can begin with a key person and build out the infrastructure once we have established buy in and enthusiasm. • The draft paper is the start of a great strategic planning document. Some items might not be relevant right away, but it is good to start the discussion and to chew on as we build this. <p><u>Next steps</u></p> <ol style="list-style-type: none"> 1. Provost Bruno to discuss internal support (seed money) with the President and Chief Financial Officer. 2. The steering committee to consider the following question: If we provided seed money for a couple of years, what are the high priority areas that would enable us to move forward? 	
	<p>Next meeting: Wednesday, November 16, 2022, 12:30–2:00 p.m. (via Zoom) (Rescheduled from Friday, November 18, 2022)</p>	