

Dean's Council (DC)

March 10, 2008

Minutes

Present: Dr. Albertsen, Dr. Deckers, Dr. Egan, Dr. Fortinsky, Dr. Gould, Dr. Jacob, Dr. Koeppen, Dr. Lalande, Dr. Nissen, Dr. Pappano

Excused: Dr. Arnold, Mr. Gillon, Dr. Loew, Dr. Simon

Guests: Dr. Babor, Dr. Cloutier, Dr. Hepworth, Dr. Lasser (by phone), Dr. Perez-Escamilla (by phone)

The meeting was called to order at 3:10 p.m.

1. The minutes of the December 17, 2007 meeting were unanimously approved.
2. Proposed Bylaws Revision

The Dean's Council unanimously approved the following proposed Bylaws revision:

“Change of professional category can and should occur with a change in job description. Two years must be served in a professional category before being nominated for promotion. Any change in professional category must be signed by the faculty member and approved by the department chair and the Dean.

Assistant Professors may transfer into the Medical Educator professional category (if appropriate) only through the end of the eighth year. Assistant Professors may transfer into professional categories with a promotion clock only through the end of the sixth year.

This revision allows for the required two years in a professional category before nomination for promotion.”

Dr. Jacob explained that the way the Bylaws are currently written, a faculty member could be nominated for promotion in their last probationary year, be denied, and then transfer into the Medical Educator professional category. That was never the intent of the Bylaws, and the proposed revision provides clarification.

3. Review of the Department of Community Medicine and Health Care

Dr. Babor, Chairman of the Department of Community Medicine and Health Care, joined the meeting at 3:15 p.m. Dr. Koeppen explained that the DC's role is to review department and center review reports and the response provided by the department/center and make recommendations to the Dean. He explained that DC would first meet with Dr. Babor and then with the review team members.

Dr. Babor began by reviewing his thoughts on the review and the review process. He said the review was a very constructive process. It focused attention on key issues that had been obvious to the department for some time and raised a number of other issues they were not aware of. The primary questions raised by the review are (1) is the department functioning at the level you would expect an academic Department of Community Medicine in an academic medical center to function at, and (2) does it have the proper leadership. Dr. Babor is proud of his accomplishments within the department considering the difficult fiscal constraints he has worked under. Community Medicine is a multidisciplinary and interdisciplinary department which represents the core disciplines of public health, epidemiology, health law and policy, biostatistics, health services administration, and the behavioral and social sciences. Under his leadership, the department's extramural funding has increased from approximately \$400,000 to more than \$3.6 million. Faculty who previously had no grant support blossomed into well-funded investigators. The MPH program has been reorganized and, in his opinion, improved. While Dr. David Gregorio deserves credit for the success of the program, Dr. Babor noted that the Community Medicine Department provides most of the faculty and administrative support. In addition, the department's presence in the bioethics area has improved, the prominence of the department's senior faculty has increased, and a number of new faculty in epidemiology have been added. The department faculty collaborate well with each other and morale is high. Dr. Babor acknowledged that there have been problems with the department's identity and role, but felt a number of mitigating circumstances need to be taken into account. When asked how he would assess the department's success in attracting biostatistics expertise, Dr. Babor explained that when he assumed the role of chair, the department had five tenure track positions, and a decision was made to invest in biostatistics. Five faculty were hired and functioning well until they began to be pressured for more service, which resulted in the loss of several of them. These positions could not be refilled due to a hiring freeze. While a biostatistics service department is needed, he also noted the need for academic biostatisticians focused mainly on research.

Dr. Babor explained that the MPH program had been part of the department before the program's accreditation in 1984. The program was substantially reorganized over the past seven years. Community Medicine faculty are heavily involved in the program and represent about 90 percent of the primary faculty teaching in the program. Although the program was removed administratively from his department and is now under the Center for Public Health and Health Policy (CPHHP, his faculty and staff continue to be greatly involved. He believes that one of the reasons for transferring the program out of the department was because of planning efforts to create a School of Public Health. However, that never occurred, and he believes the program would be better served as part of an academic department with the primary faculty involved in the decision-making process. The department has had a great deal of experience in managing public health educational programs and could manage the MPH program more efficiently if it was back in the department. He also believes the Ph.D. program will experience difficulties in the future because it is not connected to an academic department.

After Dr. Babor gave his summary, the DC members asked questions. He was asked how the department's engagement with the synergy project could affect them. He noted the need for better coordination among programs, centers, and departments that have overlapping responsibilities and functions. He believes both the synergy project and the CTSA provide a forum for discussion and communication among people in different disciplines with the goal of creating a clear mission and, in the case of the CTSA, strengthening the research enterprise.

Dr. Babor feels some of the decisions that have been made which affected his department reflect a lack of understanding of the work being conducted in the department. When asked what he and the department need to help move forward, Dr. Babor responded "a seat at the table" in terms of making recommendations and developing ideas for coordination. He noted that many of the research activities within the department have not been factored into the ongoing planning process for the research enterprise. He was recently asked to serve as one of the program directors for the CTSI initiative and brings not only his own experience, but the ability to negotiate with his faculty. When asked what he would need as a department chair to help fill the leadership vacuum identified by the review team, Dr. Babor responded that he would like better representation on the research councils of the Health Center and to have someone representing translational and population science research involved in decision-making processes. He also noted the need for a grants administrator to manage the department's grants portfolio. When asked how he would design the administrative structure between Community Medicine, the CPHHP, and the MPH program, he stated that the institution should reassess the need for the CPHHP. One way to accomplish this is to conduct a review process to

determine what it has accomplished to date. He has had reservations about the mission of the CPHHP as defined because he believes it is defined too broadly. If it is determined that there is continued need for the Center, then the type of leadership needed to succeed Dr. Storey, who will be leaving the institution, would have to be decided, as well as the relationships that should exist between it and the TRIPP Center, Community Medicine, the signature programs, and any other centers involved in population health. He believes the synergy project could be helpful in formulating recommendations.

Dr. Babor also spoke directly to the review's section on his leadership's strengths and weaknesses, and how he would address concerns raised if he is reappointed as department chair.

Dr. Babor then left, and Drs. Cloutier, Lasser, and Perez-Escamilla, members of the review team, joined the meeting. After explaining the DC's role in the review process, Dr. Koepfen asked for opening comments which would then be followed by questions. Dr. Cloutier, Chair of the review team, explained that after receiving the department's response to the review report, the team met again by conference call to discuss their perceptions to the response. One overarching, recurring theme is that although the department has a number of very significant strengths, which include Dr. Babor's outstanding and well-funded research, his extraordinary collaborations both statewide as well as nationally, the excellence of the MPH program, and the department's strong relationships at the state level, as the institution moves forward in the direction of public health, the department is not seen as a player in the process and is bypassed. The review team thought this could be a result of the chair's leadership style, although they also noted that sometimes decisions regarding the public health initiative were made with no consultation with key stakeholders. When asked about the necessity of the department, the team members agreed that Community Medicine must play a central role in the CTSA. In addition, the department is essential to a signature program in public health. The institution must make a decision regarding public health and population health, and the reviewers felt a strong Department of Community Medicine and Health Care is an integral part of that activity. They feel the department is well run with a fair amount of talent and is important to the academic mission of the Health Center. However, they did question the mission of some other aspects of public health, such as the Division of Public Health and Population Sciences within the Department of Medicine, which they felt was duplicative. One potential opportunity is to partner the department with the division -- one serving as the clinical arm and the other as the research arm.

The report noted a lack of clarity outside the department regarding its role in population health. In addition, role confusion exists within the department and predates Dr. Babor's tenure as chair. When faculty and staff were asked to articulate the department's mission, some saw it as teaching and others as research.

The team noted the excellence of the MPH program. In addition, they noted that Dr. Babor's leadership was crucial in improving the quality of the program. The recent transfer of leadership for the program out of the department has diminished faculty morale, and the review team recommended that the program be transferred back into the department.

The reviewers also spoke about the strengths and weaknesses of the department's leadership, and options for the future.

Following discussion with the team members, Dr. Babor rejoined the meeting for some brief final comments. He believes the MPH program should be returned to the department, and he noted the advantage of having a critical mass of people in one department to provide an academic home for faculty and students in areas of public health and preventive medicine. He noted the need for public health and translational research representation in developing a strategic plan. He also emphasized the need to provide support mechanisms for junior investigators in an academic department devoted to translational science. He spoke again about how he would address concerns raised about his leadership.

The Dean's Council will formulate their recommendation to the Dean at a future meeting.

The meeting was adjourned at 4:45 p.m. The next meeting will be held on Monday, March 17, from 3:30-5 p.m. in the Medical Dean's Conference Room, AG-078

Respectfully submitted,

Lynn Donatelli