



Special Committee on Academic Health

September 2024

September 12, 2024

8:00 a.m.

West Committee Room, McNamara Alumni Center

SCAH - SEP 2024

1. 2024-25 Special Committee Work Plan

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2. Health Sciences Strategic Planning: Key Objectives

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BOARD OF REGENTS DOCKET ITEM SUMMARY

Special Committee on Academic Health

September 12, 2024

AGENDA ITEM: 2024–25 Special Committee Work Plan

Review

Review + Action

Action

Discussion

This is a report required by Board policy.

PRESENTERS:

Regent Penny Wheeler
Jakub Tolar, Dean, Medical School, Twin Cities campus and Vice President
for Clinical Affairs

PURPOSE & KEY POINTS

The purpose of this item is to review and discuss the 2024–25 special committee work plan.

BACKGROUND INFORMATION

The Special Committee on Academic Health was established in July 2023 by Board Chair Mayeron. The special committee’s charge is as follows:

The Special Committee on Academic Health will oversee the University’s academic medical enterprise and clinical partnerships. The special committee will build the Board’s understanding and capacity in this area and make recommendations to the Board related to the [MPact Health Care Innovation proposal](#) and clinical partnership arrangements. The committee will advise the administration on academic medical strategy and help propel health sciences toward a clinical partnership plan that will champion medical education, improve clinical care, and more fully serve the people of Minnesota.

**Special Committee on Academic Health
2024-25 Work Plan**

Date	Topics
2024	
September 12-13	<ul style="list-style-type: none"> • 2024-25 Special Committee Work Plan • Health Sciences Strategic Planning: Key Objectives The special committee will receive an update on shared health sciences strategic planning, including progress made, and the vision and objectives guiding development.
October 10-11	<ul style="list-style-type: none"> • University Academic and Clinical Enterprise Economic Model The special committee will review the current financial health of the University's academic and clinical enterprise and consider next steps towards developing a financial plan for the transition of ownership and continued operation of the academic health center. Once developed, the financial plan will be presented to the Finance & Operations Committee. • National Trends and Models for Academic Medical Centers This item will focus on current national trends and governance models at peer academic medical centers, along with examples from the University's own history. The special committee will discuss elements from these different models that might be helpful to consider as the transition towards the University's ownership and control of the academic medical center continues. • [Health Sciences Strategic Plan – Review] The special committee will review the proposed joint health sciences strategic plan. The item will provide an opportunity for in-depth discussion of the economic model needed to the plan. Based on feedback from the special committee members, amendments will be made, and the plan will return for action in in December.
December 12-13	<ul style="list-style-type: none"> • [Health Sciences Strategic Plan – Action] • The University and M Physicians The special committee will engage in a discussion focused on the relationship between the University and the University of Minnesota Physicians (M Physicians). • University Health Sciences Across the State: Duluth This item will be the first of a four-part series in which the special committee will learn about the various ways that the University has fostered academic and clinical partnerships to serve the people of Minnesota. This first discussion will provide a holistic overview of the external clinical training partnerships and internal program opportunities available in Duluth.
2025	
February 13-14	<ul style="list-style-type: none"> • University Health Sciences Across the State: Rochester Continuing the special committee's discussions of health sciences across the state, this item will highlight the external clinical training partnerships and internal program opportunities available in Rochester.
May 8-9	<ul style="list-style-type: none"> • University Health Sciences Across the State: Undergraduate Programs For this discussion of health sciences across the state, the special committee will focus on the health sciences undergraduate programs across this system,

	<p>including programs on the Crookston, Morris, and Twin Cities campuses. The item will highlight the external clinical training partnerships and internal program opportunities available to undergraduates.</p> <ul style="list-style-type: none"> • Minnesota Clinical Care Market Overview The special committee will receive an overview of the clinical care market within Minnesota. The item will give context on where the University fits within that market, and the opportunities and challenges that presents.
June 12-13	<ul style="list-style-type: none"> • University Health Sciences Across the State: St. Cloud Concluding the special committee’s discussions of health sciences across the state, this item will highlight the collaboration between the University and CentraCare, including programs focused on rural health. The special committee will also consider how the University can reach more Minnesotans through outreach and opportunities like the ones presented in this discussion series.



BOARD OF REGENTS DOCKET ITEM SUMMARY

Special Committee on Academic Health

September 12, 2024

AGENDA ITEM: Health Sciences Strategic Planning: Key Objectives

Review

Review + Action

Action

Discussion

This is a report required by Board policy.

PRESENTERS: Lori Carrell, Chancellor, Rochester campus
Rachel Croson, Executive Vice President and Provost
Connie Delaney, Dean, School of Nursing, Twin Cities campus
Keith Mays, Dean, School of Dentistry, Twin Cities campus
Laura Molgaard, Dean, College of Veterinary Medicine, Twin Cities campus
Melinda Pettigrew, Dean, School of Public Health, Twin Cities campus
Amy Pittenger, Interim Dean, College of Pharmacy, Twin Cities campus
Jakub Tolar, Dean, Medical School, Twin Cities campus and Vice President for Clinical Affairs

PURPOSE & KEY POINTS

The purpose of this item is to provide the special committee with an overview of the key objectives included in the University’s draft health sciences strategic plan. Since the June 2024 special committee meeting, commitments within the draft strategic plan have been refined and streamlined. In addition, feedback to reflect how the draft strategic plan interacts with the Rochester campus has been added.

The discussion will outline a framework for the draft joint strategic plan. The deans will highlight commitments that align with the University’s core mission and purpose, focusing on workforce, rural health, practice, and underserved areas. These commitments will guide the goals and strategies related to the University’s mission in education, clinical practice, and research.

BACKGROUND INFORMATION

The special committee previously discussed this topic at the following meetings:

- June 2024: *Health Sciences Strategic Planning Update*, Special Committee on Academic Health
- May 2024: *Health Sciences Strategic Planning*, Special Committee on Academic Health
- November 2023: *The University’s Health Sciences*, Special Committee on Academic Health
- September 2023: *Overview of the University’s Health Sciences*, Special Committee on Academic Health

HEALTH SCIENCES



STRATEGIC PLAN 2024



UNIVERSITY OF MINNESOTA
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Vision

Minnesota leads the nation as the healthiest state.

Mission

To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

The University of Minnesota is well-recognized for its excellence in many areas of the health sciences.

- School of Dentistry is ranked **16th**[#]
- Medical School is ranked:
 - **1st** in Family Medicine[#]
 - **4th** in Surgery[#]
 - **7th** in Pediatrics[#]
 - **15th** for most graduates practicing in rural areas[#]
- School of Nursing is ranked:
 - **3rd** in Midwifery[#]
 - **8th** in Doctor of Nursing Practice[#]
 - **16th** in Bachelor of Science in Nursing[#]
- College of Pharmacy is ranked **6th**[#]
- School of Public Health is ranked **12th**[#]
- College of Veterinary Medicine is ranked **4th**[#]

[#]Blue Ridge Institute for Medical Research | [#]U.S. News & World Report | [#]Shanghai Global

Introduction

We are the **University of Minnesota**—a public non-profit university that places Minnesota’s health at the center of what we do. We’re dedicated to collaborating with the State of Minnesota, health systems, and communities across the state to ensure everyone has access to top-quality healthcare. We’re unique because our health sciences schools and programs, particularly those on the Twin Cities, Duluth, and Rochester campuses, cover all aspects of training and healthcare. We work not only with each other but with other disciplines like

science, engineering, public affairs, business, and agriculture to fulfill our shared mission. As one of America’s leading and most comprehensive research universities with highly ranked health sciences schools and programs, our graduates understand the connections between physical and mental health, between human and animal health, and between the health of people and our planet. By leveraging our interdisciplinary and interprofessional approach, we aim to provide the best possible experience for our students and the highest quality care for Minnesotans.





Context and Challenges

We understand the health needs of Minnesotans are evolving. Our population is aging, health systems are facing financial and operational challenges, and there are growing gaps in access to essential services like dental care, veterinary care, mental health, and addiction treatments, particularly in underserved communities. At the same time, there's a shift toward home-based and outpatient care, and interprofessional and technological skills are more important than ever.

We uniquely integrate education, research, prevention, and clinical care across the entire continuum—from the lab to the bedside, and from primary care to specialized services that take on highly complex care that community hospitals entrust to the University. We actively engage with communities statewide on the issues that matter to them, co-creating new solutions such as treatments and cures, prevention and care models, and advising on policies to enhance the overall health of Minnesotans. Building on the needs identified by the [Governor's Task Force on Academic Health at the University of Minnesota](#), the University will target strategies in four priority areas, first as part of its 2025 biennial budget request and partnership with the State and then through the implementation of these priorities with a variety of statewide partners.



Our Shared Goal

Ensure that all Minnesotans have access to exceptional healthcare.

How We'll Achieve This Goal

1. Expand access by reducing healthcare workforce shortages statewide.
2. Reduce health inequities by expanding partnerships to reach rural and other underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Minnesota is facing a critical shortage of healthcare providers. The University plays a unique role in training the next generation of healthcare professionals. We will increase the number of professionals we train and ensure they are prepared to work effectively across disciplines and to utilize advanced technologies.

Current Work

- The University graduates approximately 70% of the health professional workforce in Minnesota.
- Our main programs are located on the Twin Cities, Duluth and Rochester campuses, as well as a new Medical School regional campus opening in St. Cloud in 2025.



Key Action with Requested Investment from the State of Minnesota

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

Key Actions with Increased Investment from the State or Other Sources

- Expand interprofessional training opportunities to prepare graduates to deliver coordinated care.
- Develop one-stop pathway programs in partnership with high schools—including in Tribal communities—and Minnesota State to recruit and train future health professionals.

Metrics

- A 10% annual increase in graduates with interprofessional experiential training.
- Launch of three one-stop pathway programs in the next five years.
- The design and launch by Fall 2026 of a new academic program on the Rochester campus in a critical need area to be determined.



Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

We are committed to serving the entire state of Minnesota, especially underserved populations in rural, urban, and Tribal communities. Providers from these communities, and health professionals who are trained in these communities, are more likely to continue working in them. We will enhance our partnerships with organizations and providers to ensure all Minnesotans receive high-quality care by highly trained health professionals.

Current Work

Our health sciences schools partner with organizations and health providers across the state. Here are just a sample:

- [Dentistry training](#) in Hibbing, Cook, Moorhead, and Willmar and four Tribal locations; Cass Lake, Cloquet, Ogema, and Red Lake
- Partnership with [People's Center and Clinics](#) to provide dental care to patients in South Minneapolis
- [Rural medical residency track](#) in Willmar
- [Rural Physician Associate Program \(RPAP\)](#)
- Partnership with [St. Cloud State University](#) for the Doctor of Nursing
- School of Nursing partnership with [Great Plains and Minnesota Indian Health Service](#) for clinical learning experiences
- Public health partnership with Minneapolis-based [Hue-MAN Partnership](#)
- [Minnesota Poultry Testing Laboratory](#) in Willmar
- [Veterinary Treatment Outreach for Urban Community Health](#)
- [Rural Health Research Center](#) to improve life in rural communities
- [Pharmacy experiential education sites](#) in Alexandria, Bemidji, Brainerd, Mora, Owatonna, and Wabasha, and the Minneapolis neighborhoods of Broadway/North Memorial, Northpoint/Hennepin, Phalen, and Riverside



Key Action with Requested Investment from the State of Minnesota

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in rural and other underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in rural and other underserved areas.

Key Actions with Increased Investment from the State or Other Sources

- Leverage pathway programs and enhanced recruiting strategies to increase the number of learners with experience in providing health services to rural and other underserved communities.
- Build on the successes of the [Minnesota Cancer Clinical Trials Network](#), the [University's Rural Health Collective](#), and Extension programs to expand clinical and community research in Greater Minnesota.

Metrics

- Year-over-year increase in incoming health science students with backgrounds in providing health services to rural and other underserved communities.
- Expand clinical and community research in Greater Minnesota.

Strategy with Capital Infrastructure Funding

- Duluth Academic Health Project: facility in the health district of Duluth to accommodate expanded clinical learning, research, and practice.
- Rochester Academic Health Project: remodel existing leased space and expand into adjacent space to accommodate planned growth.

Metrics

- Duluth: pre-design by 2026, completion by 2030.
- Rochester: pre-design by 2027, completion by 2029.



Objective 3

Improve Healthcare Quality Close to Home

Everyone in Minnesota deserves access to the right high-quality care at the right time. The University is uniquely positioned to improve the availability and quality of healthcare across the state, both through our own health professionals and by supporting other systems through our education, research, and partnerships.

Current Work

The University operates several interprofessional and mobile clinics where providers from multiple specialties offer services in a one-stop setting, including:

- The [Community-University Health Care Center \(CUHCC\)](#)
- [Multiple family medicine clinics](#), which provide care to rural and other underserved communities
- An interprofessional [Mobile Health Initiative](#)
- A [mobile dental unit](#)
- A [community veterinary clinic](#)
- The [Student Initiative for Reservation Veterinary Services \(SIRVS\)](#), which provides animal wellness and spay/neuter clinics six times a year in Tribal communities



Key Actions with Requested Investment from the State of Minnesota

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

Key Actions with Increased Investment from the State or Other Sources

- Replicate the [Community-University Health Care Center \(CUHCC\)](#) model in Greater Minnesota.
- Expand the number of clinical faculty and health professionals to provide care and train the next generation of clinicians.
- Partner with health systems and local public health organizations to provide professional development for current healthcare workers, specifically to expand competence with interprofessional collaboration and telehealth.

Metrics

- Opening of a Greater Minnesota CUHCC by 2029.
- Year over year increase in clinical services offered in more Minnesota locations.
- Partnerships with at least six communities and health systems to establish or join a [Project ECHO](#) program by 2027.



Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

As Minnesota's research engine, the University continues to lead in healthcare innovation. From pioneering the first heart/lung machine to developing the breakthrough HIV treatment Abacavir, we drive the health of future generations.

Current Work

- Continue the University's focus on and leadership in discovery and innovation through basic, clinical, community-based, and population health research.
- Many projects involve collaboration with researchers in multiple disciplines, peer institutions, industry partners, state government, local communities, and health systems. For example, the School of Dentistry collaborated with food companies on a [chewing robot](#) that tests food products and dental materials.



Key Actions with Requested Investment from the State of Minnesota

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.

Key Actions with Increased Investment from the State or Other Sources

- Launch new targeted research into prevention, treatments, care models, and cures for three high-need conditions, determined in collaboration with the State.
- Expand translations of research innovations to communities throughout the State.

Metrics

- Establishment of five new industry partnerships or start-ups.
- Translation of five innovations to communities throughout the state using the Clinical and Translational Science Institute and Learning Health System initiatives.



Why now?

- We know there is a shortage of healthcare professionals, in our state and nationally. The pandemic uncovered the significant consequences of those shortages.
- In addition to low numbers, we have a maldistribution of where those health care professionals practice, and inequities in care.
- Beyond what we need now, we can see into the future: the aging population, effects of climate change, and a rise in the need for interprofessional practice and training in new technologies that are being developed and utilized.

We need to act now to ensure that Minnesota remains the best state for health care in the nation.

Conclusion

The University's Health Sciences Strategic Plan aims to address the critical healthcare challenges facing Minnesota by enhancing access, training the next generation of Minnesota's health professionals, reducing inequities, improving care quality, and driving innovation. Through collaboration, dedication, and a shared commitment to health, we will continue to lead the nation in health.





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2. Reduce health inequities by expanding partnerships to reach rural and underserved communities.
3. Improve healthcare quality close to home.
4. Transform health outcomes through innovation in prevention, treatment, and care models.



Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Key Action(s)

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metrics

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

Objective 2

Reduce health inequities by expanding partnerships to reach rural and underserved communities

Key Action(s)

- Integrate curriculum and experiential learning focused on underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in underserved areas.

Metrics

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in underserved areas.

Objective 3

Improve Healthcare Quality Close to Home

Key Action(s)

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.

Metrics

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

Key Action(s)

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metrics

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.



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Recognized Excellence



- School of Dentistry is ranked **16th***
- Medical School is ranked:
 - **1st** in Family Medicine*
 - **4th** in Surgery*
 - **7th** in Pediatrics*
 - **15th** for most graduates practicing in rural areas#
- School of Nursing is ranked:
 - **3rd** in Midwifery#
 - **8th** in Doctor of Nursing Practice#
 - **16th** in Bachelor of Science in Nursing#
- College of Pharmacy is ranked **6th**#
- School of Public Health is ranked:
 - **12th** overall#
 - **2nd** in Healthcare Administration#
- College of Veterinary Medicine is ranked **4th**^

*Blue Ridge Institute for Medical Research | #U.S. News & World Report | ^Shanghai Global





Objective 1

Expand Access by Reducing Healthcare Workforce Shortages Statewide

Minnesota is facing a critical shortage of healthcare providers. The University plays a unique role in addressing that shortage.

We will increase the number of professionals we train.



With Requested Investment

- Collaborate with the Minnesota Department of Health to identify unmet needs and increase class sizes in workforce areas experiencing shortages.

Metric

- Over the next decade, we will increase the healthcare workforce by 240 doctors, 200 veterinarians, 650 nurses, 400 public health practitioners, 800 patient care specialists or medical research coordinators, 240 pharmacists and 200 oral health professionals.

With Increased Investment

- Expand interprofessional training opportunities to prepare graduates to deliver coordinated care.
- Develop one-stop pathway programs in partnership with high schools—including in Tribal communities—and Minnesota State to recruit and train future health professionals.

Metric

- A 10% annual increase in graduates with interprofessional experiential training.
- Launch of three one-stop pathway programs in the next five years.
- The design and launch by Fall 2026 of a new academic program on the Rochester campus in a critical need area to be determined.





Objective 2

Reduce Health Inequities by Expanding Partnerships to Reach Rural and Other Underserved Communities

Committed to serving the entire state of Minnesota, especially rural and other underserved communities.

We will enhance our partnerships with organizations and providers.



Objective 2

With Requested Investment

- Integrate curriculum and experiential learning focused on rural and other underserved communities into current programs.
- Address barriers such as preceptors, clinical sites, and housing to facilitate more student placements in rural and other underserved areas.

Metric

- New curriculum and experiential learning launched by Fall 2025.
- Year-over-year increase in health science student placements in underserved areas.

With Increased Investment

- Leverage pathway programs and enhanced recruiting strategies to increase the number of learners with experience in providing health services to rural and other underserved communities.
- Build on existing successes to expand clinical and community research in Greater Minnesota.

Metric

- Year-over-year increase in incoming health science students with backgrounds in providing health services to underserved communities.
- Expand clinical and community research in Greater Minnesota.





Objective 3

Improve Healthcare Quality Close to Home

Everyone in Minnesota deserves access to the right high-quality care at the right time.

The University is uniquely positioned to improve the availability and quality of healthcare across the state.



Objective 3

With Requested Investment

- Expand mobile health and telehealth services in partnership and consultation with local communities.
- Pilot one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and more.

Metric

- Increased patients served through mobile health and telehealth year over year.
- One health clinic piloted by 2026.

With Increased Investment

- Replicate the [Community-University Health Care Center \(CUHCC\)](#) model in Greater Minnesota.
- Expand the number of clinical faculty and health professionals to provide care and train the next generation of clinicians.
- Partner with health systems and local public health organizations to provide professional development for current healthcare workers, specifically to expand competence with interprofessional collaboration and telehealth.

Metric

- Opening of a Greater Minnesota CUHCC by 2029.
- Year over year increase in clinical services offered in more Minnesota locations.
- Partnerships with at least six communities and health systems to establish or join a [Project ECHO](#) program by 2027.





Objective 4

Transform Health Outcomes Through Innovation in Prevention, Treatment, and Care Models

As Minnesota's research engine, the University continues to lead in healthcare innovation.



With Requested Investment

- Launch new targeted, interprofessional, and multidisciplinary research into prevention, treatments, care models, and cures for one high-need condition, determined in collaboration with the State.
- Translate research innovations into practice by expanding community connections.

Metric

- Establishment of two new industry partnerships or start-ups.
- Translation of two innovations to communities throughout the state using the [Clinical and Translational Science Institute](#) and [Learning Health System](#) initiatives.

With Increased Investment

- Launch new targeted research into prevention, treatments, care models, and cures for three high-need conditions, determined in collaboration with the State.
- Expand translations of research innovations to communities throughout the State.

Metric

- Establishment of five new industry partnerships or start-ups.
- Translation of five innovations to communities throughout the state using the Clinical and Translational Science Institute and Learning Health System initiatives.



Why We Need to Invest Now

- There is a **shortage of healthcare professionals**. The impact is reduced access to high quality care and increased cost and other pressures on health systems.
- In Minnesota we also have **health care deserts**, resulting in poor outcomes and inequities in care.
- Ahead of us are additional **growing challenges**: the aging population, the effects of climate change, rise in the need for new care and workforce models, changing patient expectations, and new and expanded use of technology.



We need to act now to ensure that Minnesota remains the best state for health care in the nation.



Conclusion

We are **uniquely positioned** to address critical healthcare challenges facing Minnesota.

Through **collaboration and partnerships**, we will continue to lead the nation in health.





UNIVERSITY OF MINNESOTA

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Crookston Duluth Morris Rochester Twin Cities

The University of Minnesota is an equal opportunity educator and employer.