Jeffrey Zervas and Jessica Beavers will be members of the College of Pharmacy’s first class based on the Duluth campus.
Medical students visited the Capitol April 10 to tell their legislators that the Medical School needs a sustainable, long-term source of revenue to support the education of the state's next generation of doctors. In addition, cuts to state and federal health-care programs will hurt funding for Medical School education. From left, these students are David Van Dyke, Shaquita Bell, Todd Seigel, and Julie DeJong.
RALPH DELONG IS ONE OF A CADRE OF DEDICATED RESEARCHERS AT THE SCHOOL OF DENTISTRY WHO HAVE BROUGHT IT TO THE NUMBER-ONE SPOT.

OFFICER SUSAN GOTTWALD TALKS WITH PLYMOUTH MIDDLE SCHOOL STUDENTS AS PART OF A DRUG-EDUCATION PROGRAM IMPROVED BY AHC RESEARCH.

SHUJUN GAO LEARNS TO DISCERN DISEASE PATTERNS IN EPIDEMIOLOGY, A FIELD IN WHICH THERE ARE TWO JOBS FOR EVERY GRADUATE.

RALPH DELONG IS ONE OF A CADRE OF DEDICATED RESEARCHERS AT THE SCHOOL OF DENTISTRY WHO HAVE BROUGHT IT TO THE NUMBER-ONE SPOT.

A quick look at news from the Academic Health Center.

FILLING A PRESCRIPTION
The College of Pharmacy expansion will add much-needed pharmacists in rural areas.

PROTECTING THE PUBLIC
Epidemiologists are in high demand as public health threats emerge in infectious disease and potential bioterrorism.

EFFICIENCY THROUGH WORKFORCE INNOVATION
Not only will the College of Pharmacy’s expansion help to fill the void left by the loss of pharmacists to the military, but it will also help to address the problem of rural pharmacy manpower.

In the face of fiscal challenges, leaders of the Academic Health Center are seeking new ways to fund health education.

EVERYDAY ETHICS
The Minnesota Network of Healthcare Ethics Committees provides guidance to health care workers.

URBAN RENEWAL
Run with the help of volunteer students, Phillips Neighborhood Clinic tackles a health-care gap.

SPECIAL FOCUS: CHILDREN’S AND ADOLESCENT HEALTH
Researchers at the Academic Health Center work to better understand and improve adolescent health—often with the aid of teens.

The School of Dentistry hits number one in research funding.
Anne Taylor has a mission. At center, left, the cardiologist is determined to educate women on good heart health. Through a grant to the Association of Black Cardiologists Center for Women’s Health from the U.S. Department of Health and Human Services Office of Women’s Health, Taylor and colleagues have developed a cardiac risk reduction program that focuses on African-American women and their families across generations. “Women don’t perceive heart disease as a major health risk,” says Taylor, “but for all women it is the number one cause of death. African-American women are at higher risk for heart disease and stroke and are more likely to die from these diseases than other women.”

Taylor believes it’s important to treat heart health as a lifetime concern, starting with preventive screening, diet, and exercise when younger and moving on to risk modification and symptom awareness by mid-life. Although this program focuses on women, they are not the only ones to benefit, says Taylor. “We found that by educating the women, you educate the whole family.”

Neuroscientist David Redish was awarded one of 117 Alfred P. Sloan Fellowships. The $40,000 he receives will be used to conduct a research project to examine how animals learn and remember sequences using interconnected neural systems in the striatum, a brain structure affected by diseases such as Parkinson’s or Huntington’s, shown in the image. “My research contributes to a better understanding of how the brain works,” Redish says. “It is important to understand how the brain is supposed to work in order to better understand what goes wrong in diseases like Parkinson’s and Huntington’s. This will be an important first step in engendering better therapies.”

Ten people from three generations of families will be tested to discern the connection between genetic inheritance and cardiovascular disease, as part of a School of Public Health Division of Epidemiology four-year, $10 million grant. “Our goal is to discover the genes that play a role in cardiovascular disease so we can target genetic variations with new drug treatments,” says Donna Arnett, lead investigator on the study. Arnett and colleagues will examine in particular how genetics affect the body’s levels of triglyceride, a form of fat that’s transported in the blood system. “We’ve seen a correlation between triglycerides and cardiovascular disease in recent studies.”

Goldy Gopher wears a left ventricular assist device, or LVAD, during the University Community Heart Fair held at the Science Museum of Minnesota. He was joined by LVAD users Thomas Peterson and John Gilbertson at this March event, put on by the Lillehei Heart Institute to inform the public about the latest developments in heart health. Some 500 families learned about the anatomy of hearts and lungs, the University’s bequest program, and the bubble oxygenator invented by C. Walton Lillehei, U physician and a founder of open-heart surgery.

University of Minnesota researchers, with collaborators at the U. S. Department of Agriculture’s National Animal Disease Center in Ames, Iowa, have completed sequencing the genome of the bacteria that causes Johne’s disease, a chronic wasting disease found in dairy cattle. “This is a horrible, hard-to-diagnose disease, largely because we lacked an understanding of the basic genetic make-up of the organism,” says principal investigator Vivek Kapur, who is on the faculty of the Medical School and the College of Veterinary Medicine, director of the University’s Advanced Genetic Analysis Center, and co-director of the Biomedical Genomics Center. The gene sequencing will allow researchers to develop new ways of early diagnosis, prevention, and treatment of a disease that costs the dairy industry more than $200 million a year.

Cancer Center Director John Kersey received a lifetime achievement award from the American Society of Blood and Marrow Transplantation. The award recognizes Kersey’s pioneering work in blood and marrow transplantation and his major contributions to the current understanding of the cellular and molecular basis of childhood leukemia. “Dr. Kersey has been one of the leaders in our field, especially in the translational science of human acute leukemia,” said John Wingard, ASBMT president. In 1975, Kersey and colleagues performed the world’s first successful bone marrow transplant for lymphoma. That patient is now a husband and father in his 40s.

In 2003, the renowned University of Minnesota transplant program celebrates 40 years of patient care. In 1963, University surgeons performed their first successful kidney transplant; in March, they performed the 6,000th. Other achievements include the first successful pancreas transplant in 1966 and the first successful bone marrow transplant in 1986. “And now, islet cell transplants—which have been a research passion of our department for decades—are becoming a clinical reality,” says David L. Dunn, head of the Department of Surgery. “We have also been longtime pioneers in minimally invasive surgery; laparoscopic techniques are now making organ removal much easier and safer for living donors, with many benefits for transplant recipients as well.”

An internationally renowned cancer specialist, B.J. Kennedy passed away in early April at the age of 81. “Dr. Kennedy was one of the true giants of Minnesota medicine,” says colleague Bruce Peterson. “He was an exceptionally skilled and compassionate physician, an outstanding educator and mentor, a distinguished researcher and, in the founding of Medical Oncology, an important innovator. Anyone touched by cancer and who has received contemporary cancer care has directly benefited from Dr. Kennedy’s legacy of accomplishment.” A University of Minnesota Medical School graduate, Kennedy joined the faculty in 1952. In recent years, he turned his considerable energy to promoting geriatric oncology. Among many other honors, Kennedy was appointed Regents’ Professor of Medicine at the University of Minnesota and served as the president of the American Society of Clinical Oncology.
Rural Minnesota lacks pharmacists and the College of Pharmacy is stepping in to help.

For years, the citizens of Henderson had the convenience of purchasing prescription drugs, buying everyday products such as Band-Aids, or sitting down at the soda fountain at Henderson Drug. While the soda fountain remains, the pharmacy in this southern Minnesota town closed in October after it merged with another pharmacy five miles away in Le Sueur. “The elderly are greatly annoyed as they can no longer walk a block to the pharmacy,” says Henderson’s Mayor Keith Swenson.

Henderson is one of several communities in rural Minnesota where pharmacies have closed recently, forcing residents to travel to adjacent towns for prescriptions. A 2002 study by the Minnesota Department of Economic Security showed that rural Minnesota had 300 pharmacy job openings in 2001. This trend is occurring at the same time as the aging population needs an unprecedented amount of prescription drugs, causing a national pharmacy shortage.

In response, the University of Minnesota plans to expand the College of Pharmacy to the University of Minnesota Duluth campus, where its first class of 50 begins this fall. “The goal of the expansion is to bring pharmacists to rural Minnesota,” says Marilyn Speedie, dean of the College of Pharmacy.

One key is an experiential-learning program slated to begin fall 2006, when students in their final year of the pharmacy program will live and practice in Duluth, Rochester, and small to mid-size communities in greater Minnesota, and also drive to gain experiences in smaller communities nearby. “The idea is that students would get integrated into the community and get hired in the same area,” Speedie says.

Interest is high. The College of Pharmacy received a record number of applicants for the Duluth and Twin Cities programs. Last year, 362 applied for 155 seats, and this year nearly 600 applied for 155. Students were placed in one pool for admittance to the Duluth and Twin Cities campuses, because the College of Pharmacy program in Duluth will be an expansion of the Twin Cities’ college.

“It’s one school,” says Speedie. “There will be a strong synergy between the two programs, as the Twin Cities is a strong base and can provide opportunities for the expansion.” The University’s program is unique in the country, with two sites under one dean, students at each site for four years, and faculty at both sites who will collaborate on teaching.

Stephen Hoag recently was named Senior Associate Dean of the Duluth program. Raised in Duluth, he completed his pre-pharmacy program at UMD and started his career at North Dakota State University. “I took this position because it’s home for my family and me, and the challenge of starting something from scratch is exciting,” Hoag says.

The University is fortunate to have Hoag, Speedie says. She expects his experience to help build relationships. Major funding for the expansion is expected to come from the governor’s budget proposal that 6.5 cents of the tax on a pack of cigarettes be dedicated to a fund for the Academic Health Center. The Minnesota State Legislature will decide this session if the proposed cigarette tax fund, which would generate about $21.5 million, will go to the AHC to replace monies formerly generated by the AHC Education Endowments, funded by the tobacco settlement.

While the proposal is expected to pass, officials do not anticipate that the Duluth expansion will solve the shortage of pharmacists in Minnesota. But the Duluth expansion should put Minnesota at the national average for pharmacy graduates per 100,000 population, Speedie says.

And the students are ready to serve. “This is an opportunity to help people in rural Minnesota and make a difference,” says Jeff Zervas, a member of Duluth’s first pharmacy class.
Protecting the Public

Emerging threats to public health call for training more epidemiologists.

The attacks of September 11, 2001, and subsequent emerging public health threats have illuminated the acute shortage of epidemiologists in this country. Epidemiologists are trained to discern disease patterns in populations. In the past, most epidemiologists worked on behalf of government to eradicate such diseases as polio and smallpox. Today, epidemiologists work in a variety of settings—hospitals, pharmaceutical and device companies, insurance companies, and health departments. They respond to threats to the public’s health including infectious disease, bioterrorism, foodborne illness, and environmental incidents.

Currently more than 1,300 people are working as epidemiologists for government agencies in the United States and six territories yet about 60 percent of them have no formal training in epidemiology. With the growth in public health programs and an increase in emerging public health threats, it is estimated that the United States will need an additional 1,400 epidemiologists with advanced degrees in coming years.

The University’s Center for Infectious Disease Research and Policy (CIDRAP) is helping address the current and projected shortage of state epidemiologists. As part of a contract with the Council of State and Territorial Epidemiologists, CIDRAP will develop an implementation plan for a new fellowship program, including recommendations for recruitment, placement, training, and retention of the next generation of epidemiologists.

“The future of public health is a critical issue for the health of our nation,” says Michael T. Osterholm, CIDRAP director and professor at the School of Public Health. “We’re extremely pleased to be given this opportunity to lend our expertise in advancing the number and quality of future epidemiologists.”

The shortage of epidemiologists is not news to Russell Luepker, director of the division of epidemiology and professor at the School of Public Health. He cites a recent National Institutes of Health survey that found there are two jobs for every graduate in epidemiology. Indeed, class sizes in epidemiology have increased every year in recent years. Luepker is tapping the expertise within the Medical School and the College of Veterinary Medicine in infectious disease and food safety issues for the benefit of epidemiology students.

The School’s public health practice major will play a key role in addressing public health workforce issues. In February, the University of Minnesota Board of Regents approved three programs leading to academic credit certificates in public health. The certificates—the first of their kind focusing on matters of public health preparedness—can be earned in:

- Preparedness, Response, and Recovery
- Food Safety and Biosecurity, and
- Occupational Health and Safety.

These certificate programs were developed in response to a call by such national organizations as the Institute of Medicine and the Centers for Disease Control and Prevention for public health workforce development and preparedness in the face of urgent threats. The CDC, through the School of Public Health’s Center for Public Health Preparedness, also provides scholarships and support for the certificate programs to address these needs.

The certificates are designed for health and human service professionals who have completed baccalaureate degrees and wish to develop additional academic credentials and keep current on the latest developments. The certificate coursework can be taken online or by attending the three-week Public Health Institute offered by the School of Public Health every spring.

“The School of Public Health is in a unique position to address the shortage of public health workers and the needs of the current public health workforce,” says Debra Olson, associate dean for public health practice education in the School of Public Health and director of the public health preparedness program. “Working throughout our school, with CIDRAP and by involving the public health community, we will meet these challenges and have a public health workforce that serves our communities like never before.”

Taiwo Lawal is one of the master’s and doctoral students taking epidemiology, in which class sizes have increased every year in recent years.
Linking with Greater Minnesota

Addressing Workforce Issues Efficiently Emerges as a New Model of Rural Health Education.

Achieving a vision of health professionals being accessible to all Minnesotans, from Winondo to Winona, appears particularly challenging as the University faces budget cuts and communities around the state grapple with economic troubles. Fiscal constraints demand innovation and efficiency, says Barbara Brandt, AHC assistant vice president for education, and make this an opportune time to examine how to make the best uses of resources. “As Minnesota’s land-grant university, we need to work a lot smarter with our rural education programs.”

The AHC will collaborate with towns around the state to focus rural education on health-care workforce issues. Goals of the evolving Greater Minnesota strategy include addressing workforce shortages, improving health outcomes, and increasing financial efficiencies, says Brandt, while sharing the risks and resources in partnership with communities. Innovative and sustainable community-based relationships, she says, will benefit both partners and students. Rural health programs include the School of Medicine-Duluth, under Dean Richard Ziegler; the Minnesota Rural Health School; the Center for American Indian and Minority Health; the School of Dentistry’s partnership with Hibbing Community College; the Center for Public Health Education and Outreach; and the College of Pharmacy’s expansion on the Duluth campus.

Outstanding among the rural offerings is the 30-year-old Rural Physician Associate Program. “We already know that the combination of going to medical school through the Duluth campus and going through RPAP more than quadruples the probability of going to rural Minnesota as a primary care physician,” says Macaran Baird, head of Department of Family Practice and Community Health in the Medical School and an RPAP alum.

With the recent award of the Minnesota Area Health Education Center (MnAHEC), the University has gained funding and flexibility to integrate and manage the logistics of its rural health education offerings. The MnAHEC’s three-year, $1.1 million federal grant, with state matching funds, supports efforts to strategically improve communities’ access to health professionals through collaboration with educational institutions.

Another link to increase health professionals in underserved areas is Woodlands Wisdom, a program joining six tribal colleges in Minnesota, Wisconsin, and North Dakota with University colleges. Says Director Barbara Graham: “I’d like to provide students here on this campus incredible cultural immersion internship opportunities to go teach or maybe provide services in the tribal communities.”

Students in rural rotations also gain an early experience with interdisciplinary teamwork that will be part of their professional lives, says Baird. Once students return to the University, he says, they will “helpfully contaminate” their peers.

As an example of a shared risk, shared resources concept, the entire community becomes involved with an RPAP student, says Director Walter Swentko. “Each clinic provides each student with an office space, a desk, computer access—often communities will contribute toward room and board.” It’s also important to ease the way financially for third-year medical students who spend nine months in a small town, adds Ray Christensen, assistant dean for rural health at the School of Medicine-Duluth. “The physicians in Moose Lake are willing to come up with $4,000 a year for the privilege of teaching our students,” he says, “and they’re giving the education for nothing.”

The investment is worth it, says Baird, because with time these medical students gain enough skills to become valuable members of the health care team.

Like RPAP, the model Brandt envisions relies on community resources—on innovative thinking, on recognizing the need for investments, and on a willingness to collaborate. Community leaders appear eager to work with the University. “The linkages are waiting to happen,” says Richard Dinter, chief operating officer at Hibbing’s Fairview Range Regional Health Center. “Throw in one more crystal and it will crystallize.”

Adds Christensen: “We’re right into the heart of the community. We’re interested in workforce, we’re interested in health care delivery.

“We’re trying to build a better system with Greater Minnesota.”
Innovation, leveraging, partnerships, and collaboration are more than buzzwords. These are approaches that Academic Health Center leaders are taking to deal with declining state and federal support for health professional education.

Two years ago, it appeared that funding for health professional education in Minnesota was on solid ground. Two AHC Education Endowments, created by the Legislature using tobacco settlement dollars, filled an $8 million hole in the Medical School’s core budget, allowed the school to rebuild its faculty, and provided dollars to begin addressing workforce shortages in pharmacy, nursing, and dentistry. Minnesota had found a unique way to address funding health professional education.

But then, as in most states, the bottom fell out of the Minnesota economy. A $4.2 billion state budget shortfall translates to fewer dollars for higher education and health professional education. Gov. Tim Pawlenty has proposed eliminating the endowments but replacing the revenue with money from cigarette taxes. Even if that revenue stream is protected, proposed cuts to the University of Minnesota will be felt in the Academic Health Center.

The situation causes great concern but it’s also seen as an opportunity to redefine health professional education.

As traditional sources of revenue decline, Academic Health Center leaders are pursuing collaborative means of delivering health professional education. Partnerships with communities, interdisciplinary collaboration, and continued investment in research priorities are proposed by Barbara Brandt, AHC assistant vice president for education, center, Mark Becker, dean of the School of Public Health, and Deborah Powell, dean of the Medical School.

Forecasting innovation

Innovation, leveraging, partnerships, and collaboration are more than buzzwords. These are approaches that Academic Health Center leaders are taking to deal with declining state and federal support for health professional education. Gov. Tim Pawlenty has proposed eliminating the endowments but replacing the revenue with money from cigarette taxes. Even if that revenue stream is protected, proposed cuts to the University of Minnesota will be felt in the Academic Health Center.

The situation causes great concern but it’s also seen as an opportunity to redefine health professional education.

Cause for Concern

First the concern.

“I think state money supporting health professional education is going to continue to decline and federal money is going to continue to decline through Medicare,” says Frank Cerra, senior vice president for health sciences. “Dollars coming through physician practice plans are going to be increasingly difficult to spend on educating health professional students because the reimbursements to clinics and hospitals continue to go down overall.”

Cerra says that in response, tuition for health professional students will continue to climb.

“The other trend I worry about is that our current health care delivery system is very much based on increasing productivity. As productivity increases, the opportunity to educate decreases. There is less and less time for education on a pro bono basis,” says Cerra. “That’s probably a third of the education costs.”

He predicts that in five to eight years, medical residents—who are now modestly paid—will pay tuition for their training. “So, if you want to be a family practitioner or a surgeon, you’re going to be paying out of pocket,” Cerra says.

And the opportunity?

“I think this is an opportunity for us to think more creatively about how we deliver health professional education,”
Disciplines

Barbara Brandt, AHC assistant vice president for education, says that through partnerships where the Academic Health Center can leverage financial resources and educational opportunities for students from health providers in exchange for more information about health, about health careers and, potentially, future health professionals.

Three communities in northeastern Minnesota, for instance, expressed interest in becoming regional centers for rural health education. “They know the value that the University of Minnesota brings to them in addressing health professional shortages,” Brandt says. “That carries weight with these communities and they’re willing to share resources.”

Partnerships are fully supported by Cerra. “We’re going to have to find other sources of revenue to subsidize education and research. And we are going to have to enter into relationships where there are shared resources and shared outcomes for education,” he says.

It’s a model being implemented in AHC schools.

Mutual Benefit

“We also are looking at practice arrangements both as potential income sources and as in-kind partnerships with clinical agencies,” says Sandra Edwardson, dean of the School of Nursing. Under one arrangement, advanced nursing students learn clinical skills from unpaid preceptors at hospitals and clinics, which saves the school money in faculty time. “There’s a mutual benefit,” Edwardson says. “It helps them in sizing up students and recruiting them.”

At the Hibbing Community College Dental Clinic, a partnership between the University’s School of Dentistry and MnSCU, thousands of underserved patients receive dental care and students learn clinical skills. “Over time, we anticipate this patient care facility will be self sufficient,” says Peter Polverini, outgoing dean for the School of Dentistry.

Perhaps highest profile is the proposal, endorsed by Gov. Pawlenty, for the Academic Health Center and Mayo Clinic partnership on biotechnology and genomics. Deborah Powell, dean of the Medical School, sees it as an opportunity to leverage resources for research, which will lead to new treatments for disease. It also has promise, she says, to strengthen Minnesota’s economy through the creation of new biosciences companies.

Another way to bring additional revenue, Powell says, is through the Medical School’s Continuing Medical Education program, which recently was restructured to better serve Minnesota’s physicians and the public. And the school also is examining agreements with its hospital partners to save money.

“I am optimistic about the future, but we do need to generate revenue from other sources,” Powell says. “The reduction in state dollars is very detrimental, but clearly we will manage through that. We will cut some programs, but we will still make investments in our eight priority areas.”

Another approach is investing in technology to gain efficiency. The AHCC’s new clinical skills lab allows students to practice with simulated patients before seeing actual ones. “We’re using the lab now and we’d like to use it more,” says Marilyn Speedie, dean of the College of Pharmacy. “I think by using it more effectively, we can save costs.” The lab not only saves educational dollars, but also could earn revenue through leases to other educational institutions and health systems.

In addition, Brandt leads the effort to more fully develop interdisciplinary education, which involves changes in curriculum—and can save money, says Mark Becker, dean of the School of Public Health. “It is imperative that we explore interdisciplinary education models with potential for simultaneously enhancing efficiency and quality,” he says.

Continuing Needs

While it seems that in public health, simply increasing class size could increase revenue, there are limits. “We have, in large part, a classroom instructional model,” says Becker, “but students require advisors, internship and externship placements, and experiential opportunities. Cuts to existing resources will threaten our capacity for providing those services.”

Raising tuition is an option—with consequences. Tuition at most AHC schools is already at the nation’s top end for public universities, causing concern that Minnesota students will go elsewhere for their education and won’t return to practice, or will be more reluctant to practice in rural areas.

Tuition dollars are also less flexible than state dollars in terms of funding important Minnesota-focused initiatives, says Jeffrey Klauser, dean of the College of Veterinary Medicine.

A few years ago, Klauser was able to direct a half dozen faculty members to focus on the avian pneumovirus, a deadly respiratory disease unique to Minnesota that was costing Minnesota’s turkey industry $5 million annually. The college’s researchers ultimately developed a vaccine, which is now used by producers. “That’s what the state money is supposed to do for Minnesota,” he says. “It’s obvious that tuition dollars won’t give us that degree of flexibility.”

Leaders at the AHC seek continuing public funding of health professional education at some level, as they stress accountability.

“You have to show people the value of using public dollars as partial support for health professional education,” says Cerra. “That value is in the type and number of people you turn out, while ensuring that the amount of debt a student has doesn’t influence where or what they practice. That value is also in the capacity and support of research that drives the economy of this state, and the ability to meet the health needs going forward.”

Mark Engerbretson


Everyday Ethics

Health care institutions and providers gain insights from the Minnesota Network of Healthcare Ethics Committees.

Quandaries over patient care call for expertise—not simply the expertise of health care providers but also that of ethics committees.

Imagine this scenario: A patient with Parkinson’s disease has written a health-care directive for no life-sustaining equipment to be used to prolong his life. His family and his priest know of this directive. After a car accident, the patient is taken to the hospital in critical condition with respiratory distress. The trauma surgeon, informed of the advance directive, does not wish to comply with it. The hospital’s ethics committee acts quickly, bringing together the family, the priest, the surgeon, and even an attorney. Although it is not easy for others in the group to confront the surgeon, they do—and in the end he agrees to follow the patient’s wishes.

“We were lucky it didn’t turn into something adversarial,” says an ethics committee member. He’s explaining this real case to participants at an October conference sponsored by the Minnesota Network of Healthcare Ethics Committees. It illustrates some of the principles of ethics committees: to put patients first, to include as many stakeholders as possible, and, to take the time and effort to really communicate.

“The most important thing ethics committees have accomplished is to get the right people together to talk to each other,” says Gay Moldow, network coordinator.

In the 1980s, Moldow, who is a registered nurse and social worker, helped organize hospital ethics committees into a network, which ultimately disbanded as the need for it diminished. In the last couple of years, however, the Center for Bioethics began receiving requests for information, especially from smaller facilities in Greater Minnesota that wanted to start committees. In November 2001, the network was revitalized, funded by membership fees, with two years of administrative support from the Center for Bioethics. The network is now seeking financial support for administrative services.

Some 70 ethics committees have joined the network seeking education on how to carry out ethics consultations, evaluate their actions, develop institutional policies, and provide continuing education to their committee members. Some want help identifying ethical issues in new developments such as genetic testing, designer drugs, and using high cost medical equipment.

In addition, through conferences, seminars, an e-mail group, and a list serve, the network helps ethics committees’ members learn how to deal with challenging issues, such as access to health care, patient rights, patient and resident decision-making, and family-member involvement, as well as network policies, such as health-care directives, confidentiality, do not resuscitate, and non-beneficial treatment. They also might consider talking with the family to raise awareness about ethical issues, Moldow says, “such as valuing acute health care over preventive health care. And in health-care institutions, end-of-life care continues to be an issue.”

The Minnesota Network of Healthcare Ethics Committees brings together medical centers, long-term care facilities, home care providers, and individuals in an effort to support and strengthen the increasingly important role that ethics committees play in health care. The network has focused on aiding new committees to develop throughout Minnesota, while also providing education to more experienced committees.

“I feel more reassured to have some back up,” says Sister Ruth Peterson, who has served four years as chair of the ethics committee at a Minneapolis senior care facility. “Even if she [Gay Moldow] can’t answer the questions, she can find the resources.”

Ron Cranford, a Hennepin County Medical Center physician who has worked closely with Moldow over the years, relays to the conference participants some tips: designate a leader for the ethics consultation; ask the leader to document it; and follow up, partly for the committees’ own education. Still, there is much that an ethics committee cannot control. “When a patient isn’t competent enough to make a decision but still can express a view,” says Cranford, “it’s an impossible situation.”

Learning to cope with the impossible—with care, with discretion, and with wisdom—is the goal of the network.

Allison Campbell

PICTURED AT THE VETERANS ADMINISTRATION MEDICAL CENTER, Ron Cranford and Gay Moldow have worked together for years to develop ethics committees that put patients first.

The most important thing ethics committees have accomplished is to get the right people together to talk to each other.”

—Gay Moldow
Phillips Neighborhood Clinic tackles a health-care gap.

America offers some of the most advanced health care in the world but it does not reach those impersonally known as “underserved populations.” Yet in the Phillips Neighborhood—the poorest in Minneapolis and one of the poorest in the state, with its large population of Native Americans now augmented with an influx of immigrants from the Horn of Africa—the University is tackling the problem head-on. The Phillips Neighborhood Clinic opened its doors March 10, which was also the first day of a new national campaign to raise awareness about health disparities, the first annual Cover the Uninsured Week.

A collaboration between the Academic Health Center, the Community-University Health Care Center, the Center for Health Interdisciplinary Programs, and Oliver Presbyterian Church, PNC is staffed by a volunteer team of health care professionals and some three dozen University students drawn from several disciplines, including medicine, physical therapy, and nursing, some of whom also serve as translators. One evening a week, the team provides health screening and care to underinsured patients, some of whom are also homeless. The team also provides the neighborhood with vital health care information.

“Outreach is a big part of what we’re doing,” observes second-year medical student Marc Osborne. “We students go to community meetings, meet with all the major social services agencies in the neighborhood, as well as churches, schools, and other organizations that might refer patients to us, like homeless shelters. We even have students handing out material door to door.”

This intensive outreach, Osborne says, yields other benefits. “It’s a good way to create trust between us and the neighborhood, and also to build a catalogue of local resources we can draw on to provide patients services we might not be able to give them here.”

Like many of the students, Osborne was involved in planning the clinic. As a result he’s already gained invaluable hands-on experience in fundraising, purchasing, and administration. As lab manager at PNC, he’s also learning how to document patient samples, medical supplies, prescriptions, and in-kind donations of equipment. “It’s amazing how much of this is student driven.”

The clinic is the brainchild of John Song, who holds a dual appointment in the Center of Bioethics and the Medical School. Before he arrived in Minnesota three years ago, Song had been involved in Healthcare for the Homeless, a Baltimore-based clinic. He wanted to start something similar here. With the help of students, he conducted a needs assessment of the Phillips Neighborhood.

“We will likely be expanding our hours soon,” Song explains. “The state budget crisis is going to increase the number of people in need, and as neighborhood residents come to realize that they can receive high quality health care in a safe environment, word-of-mouth is going to increase our patient load beyond what we can handle in one night.” To date, however, the new clinic is only funded for one night a week—its first year’s budget is a barebones $30,000—so expanding hours is going to mean finding donations of time, money, and medicine.

Fortunately, Song and the clinic face no shortage of volunteers. Two years ago, a summertime informational session about his plans drew more than 100 students. “It shows the willingness of our professional school students to volunteer their time to help needy people,” he says.

Among them is physical therapy student Sarah Dykhoff. Although she foresees practical benefits for herself in working at the clinic, her motives go far beyond that.

“I wanted to be part of a team helping to create something meaningful for years to come,” she says.

“If I can be part of making someone’s quality of life better then I know I am doing the right thing. That is the very reason I went into physical therapy.”

Richard Broderick
It’s all in a decade’s work. The School of Dentistry ranked number one among 49 schools in funding from the National Institute of Dental and Craniofacial Research for 2002. This achievement, says Peter Polverini, outgoing dean, arises because in the last decade the school has added to its already strong group of nationally and internationally recognized researchers a number of outstanding new faculty members as part of its long-term focus and investment in research—basic, translational, and clinical.

“This school is one of the real beacons of research in the nation,” says Polverini. “This just makes it brighter.” The environment was right, Polverini says, because funders want to move research from laboratory to dental chair more quickly. The School of Dentistry, the state’s only dental school, has proven researchers poised to take advantage of new initiatives.

Among them is Patrick Mantyh, who won a Jacob Javits Neuroscience Investigator Award in 2001 for his breakthrough research in fighting bone-cancer pain at the cellular level. Along with colleague Donald Simone, Mantyh seeks not to mask the excruciating pain associated with bone cancer but to eliminate it. If the researchers find a method to stop the bone destruction that is believed to cause pain, bone-cancer patients can avoid heavy sedation and spend their last days alert and pain-free, with family and friends.

Mark Herzberg received an NIH grant to launch a regional program for advanced interdisciplinary training in craniofacial and oral health research. Besides encouraging new researchers, he uncovered biological mechanisms that might explain the purported link between periodontal and cardiovascular diseases. Herzberg currently has NIH grants to study how streptococci, which are abundant in dental plaque, change to survive and cause disease in the body and how calprotectin, a protein complex made by epithelial cells, fights microbial infections.

A molecular motor that packages the genetic material of viruses was discovered by Dwight Anderson, Shelley Grimes, and colleagues at the University of California-Berkeley, UC-San Diego, and the Institute for Atomic and Molecular Physics in Amsterdam. The discovery suggests a new approach. Rather than killing the virus with drugs, which also tend to kill host cells, researchers can seek a way to turn off the motor and interrupt the infection process.

Bryan Michalowicz received a NIDCR grant for a clinical trial to determine if nonsurgical therapy for pregnant women with gum disease reduces the incidence of preterm birth. University partners include the School of Public Health’s Division of Biostatistics and the Medical School’s Department of Pediatrics. Collaborators are based at the University of Minnesota, Hennepin County Medical Center, University of Mississippi, University of Kentucky, and Columbia University/Harlem Hospital.

Temporomandibular disorders (TMD) involving the jaw, often referred to as TMJ, are being studied by James Fricton and Eric Schiffman. Fricton has funding to establish the NIDCR’s TMJ-Implant Registry and Repository at the University. Schiffman’s $8.3 million multicenter study is assessing the reliability and validity of criteria for TMD diagnosis.

New faculty member Rajaram Gopalakrishnan spearheads the dental school’s research initiative into the molecular biology of genes regulating osteoblast (bone cell) activity and biomineralization.

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— Peter Polverini

Dedicated researchers push the School of Dentistry to number one.

“The Virtual Dental patient, says developer Ralph DeLong, has the potential to be an everyday diagnostic tool for dentists. He recently submitted a grant to subject “patients,” 3-D images of dental casts, to clinical trials.

Allison Campbell