MEMORANDUM

To: Biomedical Planning Group

From: Chancellor Frances Umler
University of Alaska Anchorage

Chancellor Brian Rogers
University of Alaska Fairbanks

Date: June 29, 2010

Subject: Biomedical and Health Planning for the UA System

Introduction:

Like most other regions of the U.S., Alaska's leading causes of death and disability are chronic diseases such as heart disease, stroke and diabetes. However, Alaska has special health challenges as well. Alaska has high rates of accidental death, suicide, child maltreatment, alcohol abuse and violence, and the highest documented rate of fetal alcohol syndrome in the nation. Alaska Natives have substantial health disparities compared with other Alaskans on most major health indicators, and hepatitis, tuberculosis, pneumonias, and Helicobacter are major public health concerns. The environment, including extreme seasonality, cold, air quality, and persistent organic pollutants transported from other regions, creates additional health challenges for Alaskans.1 There is substantial need for biomedical research to address Alaskan health issues and the basic underpinnings of knowledge that are essential to that work.

Alaska ranks near the bottom among states in the number of health care providers per capita, and Alaskans need educational programs to qualify them for thousands of present and future jobs. Enrollment in UA health care academic programs and participants in health training programs together grew 102% between FY2000 and FY2009, currently producing approximately 1200 certificates and degrees each year. Despite the University's increased production of a skilled workforce, health care employment continues to be the fastest growing job sector of the Alaskan economy, with jobs at every level of education and

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1 “Improving the Health Status of Alaskans: University of Alaska’s Role”
http://www.alaska.edu/health/downloads/HealthStatusAlaskans.pdf
in urban and rural communities. Between 2000-2008 health care employment increased 46 percent, about three times as fast as all other sectors of the economy.

State needs for university research and education in biomedical and health areas are both challenges and opportunities for UA. Development of health education programs has been coordinated and UAA, for example, delivers the Nursing program at a number of locations throughout the state. However, to date there has been little joint planning or coordination of biomedical and health research. Further, development of research programs has sometimes not been accompanied by development of related educational opportunities, and vice versa. Given the successes of several infrastructure building programs, including the collaborative UAF-UAA efforts within INBRE (IDeA Network for Biomedical Research Excellence), UA is poised for substantial increases in biomedical and health research.

Charge:
The Biomedical Planning Group is charged with the following.

1. Prepare an inventory of existing strengths in biomedical and health research in the UA system.
2. Identify research areas in which UA can be a strong competitor for external funding, because of existing capabilities, the Alaskan environment and its inhabitants, national funding priorities, or limited Outside competition.
3. Identify not more than five strategic research priorities for the next five years.
4. Identify targeted state investments in biomedical and health research that will help to meet state needs in a cost-effective manner, considering:
   a. State and broader public needs for the research
   b. Potential for Federal or other external support of research or associated education programs
   c. Existing faculty, staff, postdoctoral researchers with the expertise to carry out the research
   d. Graduate and undergraduate students who can learn from and contribute to the research
   e. Existing facilities and administrative support
   f. Benefits of collaboration between two or more institutions, vs. housing the program at a single institution
   g. Benefits to associated existing or new educational programs, in terms of faculty teaching, facilities, and undergraduate and graduate student research opportunities

   The report should include a concise description of the research area, a rationale based on a.-f. above, the projected benefits of the research to the state or nation, and an estimated operating and capital budget including NGF.
5. Identify targeted state investments in education programs that align with the strategic research priorities. The report should include a concise description of the education program, an estimate of enrollment, the projected employer need for graduates, and an estimated operating and capital budget including NGF.
6. Set priorities for the research and education investments indentified.
Timeline:

- Biomedical Planning Group (BPG) appointed: September 1, 2010
- BPG meets with SAC to review, modify and formally approve charge and timeline: September 2010
- BPG meets biweekly, develops and drafts plan: October 2010-February 2011
- BPG submits first draft to SAC: February 28, 2011
- SAC returns comments: March 15, 2011
- BPG submits completed plan to SAC for approval: April 15, 2011
- SAC transmits the plan to the Board of Regents: June 2011