

University of Minnesota

Evidence in Support of Appropriation Report

November 18, 2024

The University of Minnesota Board of Regents approved a legislative funding request of \$45,000,000 beginning in FY 2026 for the benefit of the University of Minnesota health sciences schools and colleges. The request, “Healthiest State for All Minnesotans” was subsequently submitted to Minnesota Management and Budget as a Change Item for the FY 2026-27 biennial budget process.

Pursuant to the reporting requirements in 2024 Session, Chapter 127, Article 66, Section 3, which requires the University to submit a report prior to the introduction of a bill proposing to appropriate money to the Board of Regents of the University of Minnesota to benefit the University of Minnesota’s health science schools and colleges, the University of Minnesota respectfully submits the following documentation to the chairs and ranking minority members of the legislative committees with jurisdiction over higher education and health and human services policy and finance:

- **Change Item Narrative:** The “Healthiest State for All Minnesotans” Change Item Narrative provides details on the requested amount, information on how the dollar amount was calculated, the necessity of using public funds for this purpose and associated budgeting considerations, the rationale for the request, goals and anticipated outcomes, performance measures to chart progress towards achieving those goals and outcomes, and the impact funding would have on greater Minnesota and other underserved communities.
- **Health Science Strategic Plan and Presentation:** The University of Minnesota Board of Regents Special Committee on Academic Health discussed the University’s draft health science strategic plan at its September 2024 meeting. The attached plan and associated presentation, as discussed by the Committee, highlights the vision, mission, goals, strategic objectives, and performance metrics. The University of Minnesota, “Healthiest State for All Minnesotans,” biennial budget request is fully aligned with this strategic plan.

This report also includes the required certification from the University of Minnesota Vice President and Budget Director documenting:

- (1) the appropriation will not be used to cover academic health clinical revenue deficits;
- (2) the goals, outcomes, and purposes of the appropriation are aligned with state goals for population health improvement; and
- (3) the appropriation is aligned with the University of Minnesota's strategic plan for its health sciences schools and colleges, including but not limited to shared goals and strategies for the health professional schools.

Per the requirements set forth in Minnesota Statue 3.197, the cost to prepare this report was \$300.

Change Item Title: Healthiest State for All Minnesotans

Fiscal Impact (\$000s)	FY 2026	FY 2027	FY 2028	FY 2029
General Fund				
Expenditures	\$45,000	\$45,000	\$45,000	\$45,000
Revenues	0	0	0	0
Other Funds				
Expenditures	0	0	0	0
Revenues	0	0	0	0
Net Fiscal Impact = (Expenditures – Revenues)	\$45,000	\$45,000	\$45,000	\$45,000

Request:

The University of Minnesota requests a \$45 million increase to its base Operations and Maintenance general fund appropriation in FY 2026 to begin implementation of the University of Minnesota Health Sciences Strategic Plan. The plan addresses several of the recommendations made by the [Governor’s Task Force on Academic Health at the University of Minnesota](#) and identifies four priority areas for additional state investment. This change item represents 0.9% of the University’s FY 2025 estimated total revenues (all funds).

Rationale/Background:

The health needs of Minnesotans are evolving with an aging population, health systems facing financial and operational challenges, and growing gaps in access to essential services like dental care, veterinary care, mental health, and addiction treatments – gaps that are particularly acute in rural and other underserved communities. According to the Minnesota Department of Health, Minnesota has 525 designated Health Professional Shortage Areas (Source: [Rural Health Care in Minnesota: Data Highlights, Updated 2023 \(PDF\)](#), slide 26). For primary care, these shortage areas are concentrated in greater Minnesota and the urban core. In addition, changes over the last 10 years have resulted in fewer services being offered in Minnesota’s rural hospitals, and some hospitals have closed. Declines in the availability of high-quality care are expected to continue without additional investment. One in three rural physicians plans to leave the workforce within five years (Source: MDH Office of Rural Health and Primary Care, Physician Workforce Survey, February 2023-November 2023), and similar trends exist in other health professions with growing service gaps in dental, nursing, pharmacy, public health, and veterinary care.

The University of Minnesota is dedicated to collaborating with the State of Minnesota, health systems, and communities across the state to help address these issues and ensure all Minnesotans have access to top-quality healthcare. Given its unique range of health science schools and programs, spanning the Duluth, Minneapolis, Rochester, and St. Paul campuses, the University is in a unique position to improve health outcomes for all Minnesotans. The University’s health science schools include the School of Dentistry, Medical School, School of Nursing, College of Pharmacy, School of Public Health, and College of Veterinary Medicine as well as the health science programs on the Rochester campus. These programs are nationally recognized, attracting top faculty and staff from across the nation and globe, with programs ranking as follows:

- College of Veterinary Medicine: Ranked 4th
- Medical School: Ranked 1st in Family Medicine; 4th in Surgery; 7th in Pediatrics; and 15th for most graduates practicing in rural areas.
- School of Nursing: Ranked 3rd in Midwifery; 8th in Doctor of Nursing Practice; and 16th in Bachelor of Science in Nursing.
- School of Dentistry: Ranked 16th

- College of Pharmacy: Ranked 6th.
- School of Public Health: Ranked 12th overall; Healthcare Administration program is ranked 2nd.

Individually, each of these schools and programs exemplifies excellence, but the unique benefit of the University of Minnesota’s health science schools and programs lies in the interconnected nature of their work and especially their collaborations with each other as well with additional disciplines such as science, engineering, public affairs, business, and agriculture. Because of these collaborations, University of Minnesota 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 this interdisciplinary and interprofessional approach, the University aims to provide the best possible experience for our students and the highest quality care for Minnesotans.

It is with this in mind that the University’s schools and programs are working towards a shared vision and mission, as identified in the University of Minnesota’s 2024 Health Sciences Strategic Plan:

- Vision: Minnesota leads the nation as the healthiest state.
- Mission: To foster a healthier Minnesota through education, accessible care, innovation, and partnerships.

The 2024 Health Sciences Strategic Plan also outlines four priorities to meet this vision and mission: 1) reduce workforce shortages; 2) reduce health inequities; 3) improve healthcare quality close to home; and 4) innovation in prevention, treatment, and care. The proposal that follows highlights each of these priorities and the funding needed to achieve the identified outcomes.

Proposal

The University of Minnesota’s proposal, *Healthiest State for All Minnesotans*, is an opportunity for the State of Minnesota to improve healthcare statewide. The University has identified four key priorities to meet the vision, mission, and goals identified in the 2024 Health Sciences Strategic Plan, and Table 1 below highlights the funding requested for each of these priorities.

Table 1: Request Summary <i>\$ in thousands</i>	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Reduce Healthcare Workforce Shortages	\$24,800	\$24,800	\$49,600	\$24,800	\$24,800	\$49,600
Reduce Health Inequities	\$4,500	\$4,500	\$9,000	\$4,500	\$4,500	\$9,000
Improve Healthcare Close to Home	\$6,200	\$6,200	\$12,400	\$6,200	\$6,200	\$12,400
Innovation in Prevention, Treatment, Care	\$9,500	\$9,500	\$19,000	\$9,500	\$9,500	\$19,000
Total Request – Health	\$45,000	\$45,000	\$90,000	\$45,000	\$45,000	\$90,000

Each of the initiatives expands on programs and services already underway at the University but require additional state support to improve access to quality care statewide:

1. Expand access to care by reducing workforce shortages: The University currently graduates approximately 70% of the health professional workforce in Minnesota. Funding for this request will be used to facilitate collaboration with the Minnesota Department of Health to identify Minnesota’s unmet needs and then increase class sizes in the workforce areas experiencing shortages. Over the next decade, an investment in this request will result in an increase in 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. Funding will specifically be used to hire additional faculty and staff to serve new learners, improve recruitment and marketing, provide scholarships for underrepresented students, and improve and maintain facilities.

2. Reduce health inequalities by expanding partnerships to reach underserved communities: The University’s health sciences schools currently partner with organizations and health providers across the state. Funding for this request will expand on those efforts by integrating curriculum and experiential learning focused on underserved communities into current programs and addressing barriers such as preceptors, clinical sites, and housing to facilitate more health science student placements in underserved areas. An investment in this request will be used to hire additional faculty and staff to design and deliver the new curriculum and create direct support for learners who are serving in underserved communities.
3. Improve healthcare quality close to home: 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. Funding will expand mobile health and telehealth services in partnership and consultation with local communities and pilot a one health clinic that offers interprofessional prevention and care for people and their pets, including nutrition, environmental health, and other dimensions.
4. Transform health outcomes through innovation in prevention, treatment, and care models: Additional funding will 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. In addition, funds will be used to translate research innovations into practice by expanding connections with local healthcare providers and other partners.

Across the four focus areas described above, state resources will be used to hire additional faculty and staff, purchase necessary supplies, equipment, and services, provide student assistance, and scale-up and improve required infrastructure. Table 2 below provides additional details on the specific costs to implement the *Healthiest State for All Minnesotans* proposal.

Table 2: Use of Funds <i>\$ in thousands</i>	FY 26	FY 27	FY 26-27	FY 28	FY 29	FY 28-29
Faculty & staff compensation	\$13,700	\$14,300	\$28,000	\$16,200	\$16,500	\$32,700
Scholarships & other student support	\$6,900	\$8,100	\$15,000	\$8,100	\$8,100	\$16,200
Marketing & recruiting students to new programs	\$400	\$400	\$800	\$400	\$500	\$900
Partnerships, preceptors, & residency support	\$4,000	\$5,200	\$9,200	\$6,500	\$6,800	\$13,300
Statewide research initiatives / pilots to test new care models	\$7,000	\$7,000	\$14,000	\$7,000	\$7,000	\$14,000
Infrastructure, facilities & equipment	\$9,000	\$8,200	\$17,200	\$7,000	\$8,500	\$15,500
Programming & analytics	\$900	\$800	\$1,700	\$800	\$800	\$1,600
Supplies, operating, & other support	\$4,600	\$4,900	\$9,500	\$5,700	\$6,200	\$11,900
Revenue offsets: tuition & other	(\$1,500)	(\$3,900)	(\$5,400)	(\$6,700)	(\$9,400)	(\$16,100)
Total Request - Health	\$45,000	\$45,000	\$90,000	\$45,000	\$45,000	\$90,000

Impact on Children and Families:

Funding for this proposal will have a direct impact on children and families across Minnesota by improving access to quality health services close to home, including a wide range of services such as primary and specialty care, dental care, pharmacy services, public health, and veterinary care. This will reduce inequities across the state – inequities that exist in communities that are continually underserved.

Equity and Inclusion:

Each of the priorities identified in the 2024 Health Sciences Strategic Plan will contribute to reducing inequities for currently underserved populations, including Minnesotans who live in rural communities, people of color, Native Americans, and other protected classes - a reduction in inequities is a common theme throughout the plan and Priority 2, noted above, directly addresses this by working to expand partnerships in underserved communities. The development of the 2024 Health Sciences Strategic Plan included a consultation process that engaged preceptors and health systems/hospitals in Greater MN, patient advocates, and other partners to ensure the plan aligned with the needs of underserved communities. Additional details on the consultation process are included below in the Public and Stakeholder Engagement section of this request.

Tribal Consultation:

Does this proposal have a substantial direct effect on one or more of the Minnesota Tribal governments?

Yes
X No

Results:

For each of the priorities noted above, the 2024 Health Science Strategic Plan outlines specific metrics that will be used to assess the outcomes associated with an investment by the State of Minnesota. These measures are highlighted in the table below.

Measure	Measure type	Measure data source	Most recent data	Projected change
Increase in the number of healthcare-related graduates from the University of Minnesota	Quantity	UDIR (University Data & Institutional Reporting), Retention & Graduation Official Data Set	# of 2024 graduates: 240 doctors, 114 veterinarians; 347 nurses; 300 public health practitioners; 160 patient care specialists or medical research coordinators; 143 pharmacists and pharmaceutical scientists; 183 oral health professionals	Increase in graduates per year: 10% increase in doctors (240 per decade); 18% increase in veterinarians (200 per decade); 19% increase in nurses (650 per decade); 13% increase in public health practitioners (400 per decade); 50% increase in patients care specialists or medical research coordinators (800 per decade); 17% increase in pharmacists (240 per decade); and

Measure	Measure type	Measure data source	Most recent data	Projected change
				11% increase in oral health professionals (200 per decade)
Launch new curriculum and experiential learning	Qualitative	Academic Health Sciences	N/A	Launch completed in the FY 2026-27 biennium
Health science student placements in underserved areas	Quantity	Academic Health Sciences	1,957 unique learners FY 2023-2024	Increase of 5-10% per year
Patients served through mobile health and telehealth	Quantity	MN Department of Health, Minnesota Health Access Survey	Community-University Health Care Center: 9,378 telehealth visits and 298 mobile health patients served in 2023 Mobile Health Initiative: 3,754 patients served (July 2023-June 2024) Mobile dental clinic: 9,477 (July 2023-June 2024)	Year-over-year increase
One Health Clinic piloted	Result	Office of Academic Clinical Affairs	N/A	Pilot begins in the FY 2026-27 biennium
New industry partnerships or start-ups	Quantity	Office of Academic Clinical Affairs	N/A	Two additional over the 2026-27 biennium
Launch new prevention, treatment, and care models	Quantity	Office of Academic Clinical Affairs	N/A	Two innovations are translated to communities throughout the state

Public and Stakeholder Engagement:

The University of Minnesota engaged a variety of stakeholders in developing its 2024 Health Sciences Strategic Plan. Internally, feedback on the plan was collected through an online survey available to everyone across the UMN system (we received just over 100 responses from faculty, staff, students and others), through in-person discussions at faculty meetings in the schools of dentistry, medicine, pharmacy, public health, and veterinary

medicine. Additional insight was gathered by the Rochester Chancellor, other Twin Cities deans, and Academic Health Sciences leadership and OACA center directors.

Externally, Tunheim Partners engaged with a broad set of stakeholders to gather feedback on the Health Sciences Strategic Plan and the University's role in the healthcare ecosystem. Stakeholders included leaders representing health systems and providers, patient advocates, payers, state and federal government leaders, other higher education schools training health care professionals, academic health partners, health care workers and labor leaders, University funders and research partners.

In addition, the University also engaged in a series of visits to preceptors and health systems/hospitals in Greater MN to understand better the needs and potential opportunities to partner around the state, in alignment with our land grant mission.

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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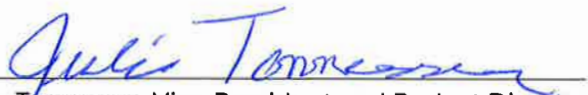
Crookston Duluth Morris Rochester Twin Cities

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

CERTIFICATION FOR ACADEMIC HEALTH REQUEST

As required under 2024 Session, Chapter 127, Article 66, Section 3, Subdivision 3, on behalf of the University of Minnesota, I certify that an appropriation from the State of Minnesota for the “Healthiest State for All Minnesotans” budget request, as discussed in this report, will meet the following requirements:

- (1) the appropriation will not be used to cover academic health clinical revenue deficits;
- (2) the goals, outcomes, and purposes of the appropriation are aligned with state goals for population health improvement; and
- (3) the appropriation is aligned with the University of Minnesota's strategic plan for its health sciences schools and colleges, including but not limited to shared goals and strategies for the health professional schools.



Julie Tonneson, Vice President and Budget Director
University of Minnesota