



THE RECTOR AND VISITORS OF THE
UNIVERSITY OF VIRGINIA

March 1, 2018

MEMORANDUM

TO: The Ad Hoc Committee on Commonwealth Engagement:

Maurice A. Jones, Chair
Robert M. Blue
Mark T. Bowles
Elizabeth M. Cranwell
Babur B. Lateef, M.D.
James B. Murray Jr.
James V. Reyes
Frank M. Conner III, Ex Officio

and

The Remaining Members of the Board:

L. D. Britt, M.D.	John G. Macfarlane III
Whittington W. Clement	Tammy S. Murphy
Thomas A. DePasquale	Jeffrey C. Walker
Barbara J. Fried	Margaret F. Riley
John A. Griffin	Bryanna F. Miller
Robert D. Hardie	

FROM: Susan G. Harris

SUBJECT: Minutes of the Meeting of the Ad Hoc Committee on Commonwealth Engagement on March 1, 2018

The Ad Hoc Committee on Commonwealth Engagement of the Board of Visitors of the University of Virginia met, in open session, at 8:30 a.m. on Thursday, March 1, 2018, in the Board Room of the Rotunda. Maurice A. Jones, Chair, presided.

Present: Frank M. Conner III, Robert M. Blue, Babur B. Lateef, M.D., James B. Murray Jr., and James V. Reyes

Absent: Mark T. Bowles and Elizabeth M. Cranwell

Whittington W. Clement, Thomas A. DePasquale, Barbara J. Fried, John G. Macfarlane III, Jeffrey C. Walker, Margaret F. Riley, and Bryanna F. Miller also were present.

Present as well were Teresa A. Sullivan, Patrick D. Hogan, Thomas C. Katsouleas, Richard P. Shannon, M.D., Melody S. Bianchetto, Jonathan D. Bowen, Susan G. Harris, Donna P. Henry, Patricia M. Lampkin, W. Thomas Leback, Mark M. Luellen, David W. Martel, Melur K. Ramasubramanian, Debra D. Rinker, Roscoe C. Roberts, Colette Sheehy, and Farnaz F. Thompson.

The presenter was S. Pace Lochte.

Mr. Jones opened the meeting. After reviewing the agenda, he gave the floor to Dr. Shannon.

The Role of the University in Healthcare

Dr. Shannon focused on economic development opportunities and suggested that an emphasis on social and behavioral determinants of health could be a new focus. He began with a review of the School of Medicine's (School) extramural research funding. During the last three years, the School was responsible for 75% of the growth in the University's research funding. In FY 2017, the University had \$372 million in extramural funding expenditures; the School's share was \$222 million, a \$60 million increase over FY 2014. Dr. Shannon referenced a recent op-ed piece, which stated that research funding was down in the state and that the state had trouble attracting talent. Dr. Shannon said this was not the case at the University. The increase in the School's research funding was due in part to its ability to attract funded research teams from institutions in other states.

Dr. Shannon said the University must continue to expand in Northern Virginia if its research is to be an economic driver. He referenced the academic partnership with Inova Health, which included the School of Medicine's Inova Campus and the Global Genomics and Bioinformatics Research Institute. Over a five-year period, the School anticipates recruiting 32 scientists and \$62.5 million in new research funding. To drive research, the School must also pursue public/private partnerships, such as the University's GMP (good manufacturing practice) facility for the production of cell-based therapeutics. Dr. Shannon said the concept of a manufacturing facility inside a research university was a new economic model. The University's seed and venture funds were actively being used to support startups and new companies.

Committee discussion focused on the need to identify two or three disciplines where the University or the Commonwealth had a unique position that should be pursued. Dr. Shannon said the idea of emphasizing two or three disciplines raised the issue of changing the focus of the SIF program from an across the board approach to a primary focus on two or three disciplines. Mr. Walker suggested a group of alumni, faculty, and deans explore these issues.

Dr. Shannon said a healthy workforce was a critical component of a vibrant economy. It has been shown that premature mortality in America was determined 60% by social and behavioral factors, 30% by genetics, and 10% by medical care. Improvements in the social and behavioral factors, which constitute 60% of the risk, should result in improvements to health. A focus on the social and behavioral determinants would be an opportunity where the University could be a leader in the state and perhaps the region.

Dr. Shannon provided three examples of Health System efforts to address social and behavioral factors. When dealing with a pregnant patient, it became evident that the stigma of coming to the hospital created a barrier and led to missed appointments. To improve access to prenatal care for individuals with this stigma and other issues, such as transportation, the University partnered with Trinity Episcopal Church to set up a prenatal care clinic. After a first visit to the University hospital, patients have the option of receiving routine follow-up care at the

church. The Medical Center was approached by community representatives concerned about unemployment in their community. In response, the Medical Center developed a pilot job training program for the unemployed. Sixty individuals have graduated and are employed at the hospital. The Health System conducted a social-economic survey focused primarily on its employees which revealed surprising results, such as 20% of respondents indicated they were under such stress in their home environments they often considered suicide, and 7% indicated they were financially stressed at the end of the month.

Dr. Shannon reviewed the results of a geo-mapping exercise of Charlottesville as a way to identify social and behavioral health determinants. The exercise, which uses zip codes and health records of Health System patients, showed patterns and concentrations of individuals with hypertension and diabetes. He cautioned that geo-mapping needed to be supplemented by interactions with the target communities and said Health System staff go into the communities to find out what community members say they need. Expansion of these efforts could improve access to health care in the state. Dr. Shannon reiterated that the University could be a leader in this area.

During the committee discussion, Ms. Riley suggested the project be developed as a University project and not just as a Health System project.

Economic Development Update

Ms. Lochte reported on economic development initiatives. After the last committee meeting, the University established an Economic Development Council comprised of the executive vice presidents and representatives from State Governmental Relations, research, and the Licensing & Ventures Group. Its charge is to provide direction to the University's economic development efforts, set goals and priorities, identify and evaluate strategic opportunities, recommend the scope and scale of the University's involvement and resources, and evaluate progress. She said the University viewed its economic development role as supporting regional and state wide partners in their effort to attract and retain companies, powering growth through research and innovation, and focusing on workforce issues. One of the examples she cited was the Amazon HQ2 project, which named Virginia as one of the 20 finalists. The University was working with the Virginia Economic Development Partnership to prepare the information requested by Amazon.

The chair adjourned the meeting at 9:30 a.m.

SGH:wtl

These minutes have been posted to the University of Virginia's Board of Visitors website:

<http://www.virginia.edu/bov/advancementandcommunicationsminutes.html>