Taskforce Report on Center for Health and Community (CHC)
Application for Non-ORU Center Status

The Taskforce met on October 26, 2001 to review the CHC application for non-ORU Center status. Members of the taskforce agreed that the CHC has been very successful since its formation and were supportive of the application for non-ORU status. It was felt however, that the application should address more adequately the areas articulated under the regulations governing 'Non-ORU Center' designation, included below.

Regulations governing ‘Non-ORU Center’ designation.

Regulations governing ‘Non-ORU Center’ are contained in UC Policy ‘Administrative Policies and Procedures Concerning Organized Research Units’
http://www.ucop.edu/research/orupolicy.html

Non-ORU Center. The term Center may be used for research units not formally constituted as ORUs upon approval by the Chancellor after consultation with the divisional Academic Senate. Before approval is granted for a Center that is not an ORU, the campus may stipulate terms and conditions such as a process for appropriate periodic review, including administration, programs, and budget; appointment of a director and advisory committee; an appropriate campus reporting relationship; and progress reports.

Summary of CHC Proposal

Non-ORU status is requested for Center for Health and Community. Formed in 1994 as the Center for Social, Behavioral, and Policy Sciences, the CHC comprises groups including the Center for AIDS Prevention Studies, Osher Center for Integrative Medicine, Institute for Health and Aging, and the Medical Effectiveness Research Center for Diverse Populations. CHC mission includes:

1. Facilitate multidisciplinary research that will provide comprehensive understanding of problems of health, illness and health care.
2. Develop and test new strategies for research and interventions to promote health, prevent disease and facilitate recovery.
3. Provide integrated teaching of basic and applied aspects of social and behavioral sciences, epidemiology and health policy to students in all four professional schools.
4. Establish collaborative partnerships with community groups that enable the Center to fulfill its educational, research, and service priorities.

Since the missions statement is broad, a recent interview with CHC Director, Nancy Adler, appearing in the UCSF Newsbreak, gives insight into the CHC mission:
“The new name was selected for practical and philosophical reasons, says Nancy Adler, CHC director and professor and vice chair of psychiatry. First, the broader name is indicative of the ultimate beneficiaries of the work. "We're really thinking about the impact of health on the community," she says. "We take a population-based approach: We're thinking about social environments and how that impacts how people live and how that impacts their lives." Second, the name reflects a vision to create a "community of scholars" to serve as expert consultants both inside and outside the University on subjects ranging from medical anthropology to bioethics".1

Nancy Adler has been appointed as the first director of the CHC. Dr. Adler, is Professor of Psychology, and Vice Chair of the Dept of Psychiatry. The director will serve for 5 years. An assistant director has been funded and appointed.

An advisory committee will be comprised of UCSF faculty (internal) and external members. Committee members will be appointed to staggered 3 year terms by the Dean of the School of Medicine. The advisory committee will advise the Dean on reappointment of the CHC Director and external members will be responsible for yearly review of program quality and productivity.

The Dean’s office will provide ‘oversight of funds, staff, and fiscal management’.

The proposal lists 251 individual faculty members. There is considerable support for the CHC including $120,000 of operational support from the Dean, several large gifts ($1,500,000 from the Schoeneman Endowment and $1,100,000 from the Dean) and several grants including an $11,000,000 NIH sponsored ‘Infertility Research Project’. The CHC is located at Laurel Heights. 10,000 square feet have been assigned to the CHC by the Dean’s Office and 80,000 square feet occupied by members of the Center. The space was remodeled and occupied in 1998.

**Critique**

1. Of note, Vice Chancellor Bainton’s accompanying letter is dated January 30, 2001 and there appears to have been a significant delay in obtaining the Academic Center review. Regardless of the source of delay, it appears that the CHC has been established in its current form for at least 2 years.

2. Centers applying for formal ORU designation ‘should describe what value and capabilities will be added by the new unit, and explain why they cannot be achieved within the existing campus structure.’ While not specifically applicable to ‘non-ORU’ applications, the mission statement for this proposal seems over broad. For instance, ‘multidisciplinary research that will provide comprehensive understanding of problems of health, illness and health care’ describes the goals of most of the research endeavors of the university. Likewise mission statement #2 ‘develop and test new strategies for research and interventions to promote health, prevent disease and facilitate recovery’ does little to identify what makes the center unique. Specifically, it is not clear how the CHC mission differs from

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1 UCSF Newsbreak, October 30, 1998
other UC research units such as the Center for Health Improvement and Prevention Studies and the Institute for Health Policy Studies.

3. The description of periodic review of administration, programs and budget is vague.

4. There is no description of a progress report.

5. What are the qualities (job description) of the ‘Director’?

6. The application should specifically address the teaching mission of the Center. The mission statement describes “integrated teaching of basic and applied aspects of social and behavioral sciences, epidemiology and health policy to students in all four professional schools” and 1 gift and 2 grants address curricular issues. What are the CHC's strategic plans for providing integrated teaching?

7. Will CHC administer grants and if so, how is administrative support provided? For instance, are indirect costs available to the CHC for grant administration?

8. Space allocation is ambiguous. Is the renovated space at Laurel Heights loaned to CHC and is the total amount of loaned space 10,000 or 80,000 square feet? What are the near term space needs and plans?

9. Is CHC growth anticipated? If so, what are the plans for CHC growth? Specifically, is there an anticipated interaction with the proposed UCSF “fifth school”?

In summary, while the Review Taskforce supports creation of this Center, we believe more attention needs to be focused on its organizational structure and operation.

Sincerely,

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