Minutes of the Academic Council Meeting  
Thursday, October 19, 2023

Trina Jones (Chair, Academic Council / Law School): Welcome everyone and thank you for being here today. Before we begin, I want to acknowledge that this is a painful time for many individuals in this room with what is happening in the Middle East. I hope that you are as well as circumstances will allow.

**APPROVAL OF THE SEPTEMBER 21 MEETING MINUTES**

The first action item on the agenda is the approval of the minutes from our September 21 meeting which were posted with today's agenda. Are there any corrections to the minutes? May I have a motion to approve? A second? All in favor, please say yes? Any Opposed? Any Abstentions?

*(Minutes approved by voice vote with no dissent)*

While we are on the topic of minutes, the recording system in this room can be a bit temperamental. Most of you who asked questions last month received an email from Sandra asking for help in clarifying your comments. So, please stand when you ask a question, say your name and unit affiliation, and project as loudly as you can. If you are at the back of the room, we may need to bring a mic to you. Finally, a reminder, as the attendance sheets are circulating, if you are a Council member please be sure to affix your initials.

**FEEDBACK ON SUGGESTIONS FOR POTENTIAL TOPICS FOR COUNCIL MEETING AGENDAS**

Before I move to our next agenda item, ECAC and I would like to thank you for the feedback you provided at the Sept. 21 Council meeting. You put a lot on our plates, and we are not going to be able to get to all of this during this year. But, we are going to do as much as we can and we will endeavor to put two of these items on the agenda for our remaining fall meetings and cover as many as we possibly can in the spring.
Next, we have a proposal from the Margolis Center with their request to transition to an Institute. Various supporting materials were posted with the meeting agenda. The director, **Mark McClellan**, and deputy director, **Gillian Schmidler**, are here to present this request. The proposal has made its way through the University governance procedures, starting last spring, and now is before Council to consider. We will vote on this item at our November 16 meeting.

**Mark McClellan (Director, Margolis Center for Health Policy):** Thank you for the opportunity to talk with you all today about our proposal to transition the Duke-Margolis Center for Health Policy to a university-wide Institute. The process for converting to an institute is fairly new. Our written proposal describes how we have worked to meet all the criteria listed on this slide, including: demonstrated faculty engagement; an educational footprint; deep linkages to external partners and strong partnership with Duke schools and units; furthering Duke’s diversity and inclusiveness goals; showing strategic significance to Duke; and aligning with opportunities for external fundraising.

We’re going to go through a few highlights now and will leave time for questions about our activities related to any of these criteria.

As our proposal describes, Duke-Margolis has been thriving as a Center – so, what changes as an Institute and why is that important? First, renaming Duke-Margolis as an Institute would elevate our standing to be equal to peer institutions across the country. It would also signal Duke’s commitment to supporting health policy as a key interdisciplinary domain, creating new and deeper fundraising and collaboration opportunities for all those who want to support the leading interdisciplinary research and education activities in health policy. It would also help us recruit and retain joint faculty with our partnering schools and units, as well as future leaders at Duke-Margolis, who all consider Institute-level programs elsewhere. And, as the slide shows, it also creates a unique opportunity to re-introduce Duke-Margolis as a partner for Duke faculty and the broader Duke community, and we intend to use this shift to Institute status to do more together.

For those of you who don’t know us, our mission is to improve health, health equity, and the value of health care through practical, innovative, and evidence-based policy solutions. We’ve developed an approach to do this that leverages Duke’s unique and diverse academic resources in combination and collaboration with our expert research staff and networks to develop and advance evidence-based, actionable health policy reforms. Our researchers at the Center have technical expertise, extensive experience, and institutional knowledge on many major health policy questions and issues. And these Center capabilities enable policy-relevant, well-supported collaborations with the deep academic expertise of faculty across Duke. We advance these collaborative policy projects through our strong networks with policy makers and external partners,
and that enables us together to inform and advance evidence-based policy and decision making and in turn that impacts and strengthens our networks, builds further trust with stakeholders, and enables more support for further impactful collaboration. One example of this is the research and technical assistance that we have provided to support health care reform in North Carolina. Through our research staff and affiliated faculty in the School of Medicine, Nursing, Sanford, and other schools we’ve combined applied policy research with deep partnerships with the NC Department of Health & Human Services (DHHS) and NC stakeholders to advance health care reforms in Medicaid and other state programs. For example, one of our early students leveraged a Duke-Margolis Bass Connections project to help launch her career working with the state of NC on integrating social service and health programs. Dr. Charlene Wong, one of our early faculty recruits, received a joint appointment with NC DHHS as an Assistant Secretary guiding Medicaid programs, which enabled deeper engagement of Duke faculty in state reforms that led to a number of policy innovations during the pandemic. Dr. Rushina Cholera started with us as a postdoc and now is a Department of Pediatrics faculty member who also leads NC Integrated Care for Kids (NC InCK). NC InCK is the nation’s largest Medicaid pilot program to bring together medical, social, educational, and juvenile justice resources around at-risk kids. It’s based in the Triangle area and supported by a multimillion-dollar Federal Medicaid grant to the School of Medicine. And we just completed a jointly funded senior Chair recruitment of Dr. Mike Pignone in Medicine and at Duke-Margolis to advance similar reforms for adults and families across the state and nation, as well as right here at Duke Health. All of this is supported by our research staff, who includes Dr. Rebecca Whitaker, with deep expertise in Medicaid and other Federal and state financing and regulatory policies, and they’ve put together long-term funding from North Carolina DHHS, the Federal Medicare and Medicaid agency, and a growing number of philanthropies. This faculty-staff team has been able to influence policy and has also authored a number of policy-relevant publications, and has been involved in the legislative process that led to the unprecedented bipartisan vote to expand Medicaid in NC. These Duke-Margolis collaborations have now expanded further to support the effective implementation of Medicaid expansion, to improve health and equity here and provide evidence to guide further reforms across the nation.

This is one example of our ongoing collaborative research programs, which fall into three broad areas (refers to slide). Transforming health care so it is more accessible, affordable, equitable, and high value; driving biomedical innovation to improve how drugs, devices, and other innovative technologies are developed and used; and developing evidence to help advance our public health capabilities – building off of our pandemic response work to address the gaps and inequities that were exposed during COVID, and providing evidence on how health care and community programs can work together to support public health.

So, now I’m going to turn to Gillian to talk further about how we are working with
faculty on our research and educational programs.

**Gillian Schmidler (Deputy Director, Margolis Center for Health Policy):** To do this work, our research staff based both here in Durham and in Duke’s Washington, D.C. office collaborate with members of our core and affiliated faculty. This slide shows our 85 current faculty members and the range of schools and units that they represent across Duke. Altogether, in addition to the support faculty receive through our programs, Duke-Margolis has already enabled almost $50M in grants through our faculty’s home departments and units. In blue here, I note the senior faculty members from our partnering schools who serve on our faculty executive committee. This committee provides ongoing support and guidance for Duke-Margolis strategy. I also want to highlight that those faculty members shown here in green are ones that Duke-Margolis helped bring to Duke through joint recruitment with their primary schools and units.

This slide lists some of the ways that faculty have benefitted from their participation in Duke-Margolis. Across campus, Duke-Margolis provides an active intellectual community of diverse faculty with health policy interests. We support faculty research through direct funding, training of student researchers, availability of a research team with strong subject matter expertise, leveraging our partnerships, and increasing dissemination and impact. I mentioned our faculty recruitment successes through joint recruitments with schools and departments. This is one of our key fundraising priorities, and we’ve had now 11 successful joint recruitments supported through this model. We expect to continue these academic collaborations across Duke and we recently received a $10M endowment gift from the Margolis Family Foundation that can support future joint recruitments, research programs, and education programs.

We are working with Duke Development to assure that these efforts are well-coordinated to strengthen existing initiatives by schools and units. In conjunction with our interdisciplinary research programs, Duke-Margolis is dedicated to developing the next generation of health policy leaders. We have educational initiatives that support students across Duke with interests in health policy and reform at the undergraduate, graduate, and post doc levels. All of these programs augment existing degree programs and we work to strengthen health policy and health reform competencies, experiences, and trajectory for committed students from diverse disciplines.

A few highlights -- Our Margolis Scholars program for students with strong interests in health reform currently has 33 undergraduates and graduate scholars from the schools of Policy, Law, Business, Medicine, Nursing, Global Health, Pratt, and Trinity. We lead a new Bass Connections theme on Health Policy and Innovation. Last year we jointly developed and launched, with Sanford, an undergraduate health policy certificate program which already has 20 students enrolled. Our early graduates from our educational programs include 3 Rhodes Scholars and emerging reform leaders across the public and private sectors.
As you can see, we’re excited about what’s next for health policy across Duke. Our transition to a university-wide Institute will be a great opportunity to further our collaborative work across Duke; to put us on par with other health policy institutes around the US; to bring in new donors and additional collaborators who believe in the university’s interdisciplinary mission; to further strengthen the unique opportunities for Duke’s research and educational capabilities; to have an impact on health policy; and to re-introduce us to the broader Duke community to help accomplish all of this. Thank you again for your time.

McClellan: And on that important last point, we’ve listed our emails here on this slide. We would like to hear from you – if you have questions about how you can work with us or to collaborate with Duke-Margolis. Thanks again, and we’re glad to answer any questions you may have.

(Applause)

Kerry Haynie (Political Sciences & African and African-American Studies): Can you speak a bit about the relationship between the Margolis proposed Institute and the Global Health Institute?

McClellan: Yes, I’d be glad to do that and I think we have some Global Health faculty members here who might have some things to add as well. A few examples of our collaboration with Global Health - we have a number of joint programs that really grew up in the pandemic response, where with all of the issues we were having here in the US echoed and in even more extreme in other parts of the world. And the solutions were kind of parallel new ways to develop and make it accessible medical technologies, ways to build trust in local communities, community partnerships, community health and public health programs. These included some grants to our colleagues in Global Health, our faculty there, that totaled, I think, over $20M between the time we started the program, a lot during the pandemic and ongoing collaborative support. Now we’ve had a lot of shared students doing summer internships and programs in addition to the research. Gavin, if you don’t mind to give a little bit of perspective on this from someone based in Global Health?

Gavin Yamey (Associate Director, Center for Policy Impact in Global Health, based in the Duke Global Health Institute): So, Chris Beyer, the director (for DGHI) is in London and so I’m on faculty at DGHI and on core faculty at Margolis and I would say that their work at DGHI and of Margolis is not duplicitous and is highly complementary and we have collaborated in all sorts of ways, just to give you one example, I am working on a Carnegie funded grant right now, a two-year grant, on using game theory to game out the next pandemic. That happened as a result of a Margolis connection, David McAdams, who is faculty. We take almost a dozen, or 6 – 12 summer interns all through the fantastic Margolis summer internship program. So, I’m feeling very strongly, it’s a “win-win” for both of us.

Lee Baker (Cultural Anthropology): I guess this is not a question for you, but maybe for the administration in terms of the strategic use in sun-setting or developing for how institutes function in our interdisciplinary ecosystem and is it a life cycle, I mean I thought they went from
a center to an initiative and then to an institute? Or I’m not sure what the developmental cycle of institutes are and I know that the new Provost inherited new institutes, so how does it fit into an overall strategy?

**Ed Balleisen (Vice Provost for Interdisciplinary Studies):** The criteria that Mark referenced in the beginning came out of a process from 2016 that we brought to Academic Council about the process for becoming an institute. There isn’t a prescribed transition from center to initiative to institute. In fact, the initiatives that we have were the result of provostial decisions independent – I mean, there was consultation, a couple of provosts back, decisions to create several initiatives. And I think partly out of that process was a desire for greater clarity about what a process to institute status would look like. I will remind this body, I think I reported on this, roughly a year ago, we had a very substantial review of all of the UICs which was an innovation because previously we had them done in piecemeal. And out of that review, a very substantive report that we have been working on implementing since then - - really helpful insights from that faculty committee. We do not have a formal process for sun-setting. We have sunset one institute previously – IGSP but that also was two provosts back. There is an ongoing recognition that the point of these units is to be flexible and adaptable. We have seen recently a merger of an initiative and an institute to create the new Nicholas Institute. So, we are really quite mindful of the insights that came out of that faculty review and thinking very carefully about where strategic priorities suggest deeper adjustment and where we should be cutting back. And yes, this transition to Institute from Margolis is a reflection of a joint determination by the administration first in moving the proposal forward but also Academic Programs Committee and now Academic Council on the basis of the faculty to ratify that.

**Baker:** So, to clarify, do you call them signature institutes? It used to be the Duke Seven Signature Institutes.

**Balleisen:** I would say, university-wise institutes, part of the challenge of course is that an institute at Duke is everything from a summer boot camp to ……

**Balleisen:** Which is also enormous but that is within one School. We have institutes that are just within Pratt. So, it’s a university-wide institute is what Margolis will be on the basis of this decision.

**Don Taylor (Sanford School of Public Policy & Director, Social Science Research Institute):** I’m at the end of my time though as director of SSRI. When I became the director, Sally [Kornbluth, former Provost], was actually discussing sunsetting SSRI, or at least talking about it. So, we talked, at some point, about midway through, she decided that’s not what she wanted to do at least not then. What we have tried to do is work very closely actually with the Office of Research & Innovation – like yesterday, we were having a meeting and we were trying to figure out how to pull together on things like project management. These are very active questions – I think for SSRI, there’s not as much of an external fundraising approach, it’s more of the
skunt work, behind the scenes, where I think this is much more a development pitch. Kerry [Haynie] and I have talked a lot also about trying to agree and work together – intellectually, almost anything that SSRI does could be done by a Dean. So, it’s just – it’s influx I think it’s an important question. The way I think about the 5, and now 6, institutes the real difference is they have a responsibility to try and connect with all 10 schools.

**Harvey Cohen (School of Medicine-Clinical Sciences):** Could somebody address what the financial implications are transitioning from a Center to an Institute, if any, for the university?

**Schmidler:** It’s doesn’t change the university commitment to the Center or to Duke-Margolis – there’s no change with becoming an Institute. We do think that it will be a helpful opportunity for us in terms of outside philanthropy but there’s no change in the actual infrastructure or core support from the university.

**Adriane Lentz-Smith (History):** Can you say a little bit more, looking at the slide of criteria about numbers 1 and 5. Which is to say, will you give us some complete ideas about what you are thinking about in engaging Trinity faculty because it is striking how much smaller that piece of the pie is. And then also, I’m curious to hear, in your words, what you understand diversity and inclusiveness to be. I know you have that slide, but to say a little bit about faculty engagement, interactions with students and then interaction with the broader public.

**Schmidler:** So, in terms of our Trinity engagement -- and that is something if you read the materials from the APC -- that came out of there in terms of an area of needing to have further growth. A lot of our efforts in the initial years was related to our educational, so working with the students in Trinity, I think we have done a very good job there and if you look across the students we are working with there's a large number of undergraduates. And that was something we had not expected when the center started, which was all of the demand from the undergraduate side. On the faculty though, we haven’t had as much engagement with Trinity and that’s something that we’ve been working with Dean [Gary] Bennett regarding how to do better going forward. And we’ve discussed several different things – one thing that all of you know is there are very different incentive systems for the faculty across the university. And, so trying to really figure out what are the benefits for the different faculty groups and how can that be – is it faculty research support – Is it salary support? Is it research funds? Is it support of students? Is it summer salary? Is it funding for a sabbatical? And so, really trying to look at those different incentive systems. I’ve been working with people within Dean Bennett’s office to think about that and he has encouraged us to work with the different divisional deans and department chairs to really look at what the strategies might be, both for targeting specific faculty and then also a more broad-based strategy. I’m happy to go through more of the specific questions related to faculty engagement – we did recently do a new faculty lunch which was nice. We had about 30 faculty that were unknown to us come to that from five different schools – a range of schools and a range of departments that we haven’t been working with. So now we are thinking about how to do that in a
broader reach beyond just those new faculty. In terms of our diversity and inclusiveness, I think we have a slide here (and we have 40 seconds left to present!) – so, it’s obviously very hard and ongoing work, so on these slides are some of things we have been doing internally to work on our inclusiveness and equity. We had an anti-racism and equity committee that started back in 2020 and looked across the center for things that we were doing, across a range of different policies and practices. We now support a fulltime HR specialist within the center and a lot of our work has been targeting our staff in terms of the formal job descriptions. We paid for a market assessment to help with some of our compensation which was something that had come up with the culture and climate survey. We are obviously always monitoring the equity among our different roles and positions, and looking for different training opportunities. And also learning from the other UICs, although we are not an Institute, we have been a university-wide Center and so we work very closely with all of the different Institutes and are looking at the different ideas that they have been using to foster diversity and inclusiveness across their Institutes. Looking also, as Don was pointing to, where can we actually be sharing some of those resources and structure. But, there’s obviously a lot more that we could be doing.

McClellan: One more second, if you don’t mind. As we expanded our work around health care reform in NC, that has been supported by the state to be very intentional and engaging communities and people affected by programs like Medicaid expansion. So, through several grants including from KBR Foundation, Duke Endowment, it’s helped us and our affiliated faculty to spend time on building out on how to connect community resources in these innovative approaches in trying to deliver health care that actually makes people lives better. We still have much more to do, though, and we’re looking for more partnerships. Tyson Brown [sociology] is now working with us on some of these issues.

Schmidler: Yes, that was one of the recommendations, as well, from APC was to expand our faculty executive committee. So, now we’ve added Tyson Brown from Trinity, Eric Richardson from Pratt and Bardi Granger from Nursing, which were three schools that had not yet been represented on our executive committee.

McClellan: If I could say thanks again for the time. It is really a privilege to be at a university that’s unique in its ability and efforts to bring together people to work on these really hard questions. Thank you all very much.

(Applause)

Jones: Thank you again, Mark and Gillian. Just a reminder, we’re not going to vote on this until November. If you have additional questions that come to mind, please feel free to email them to us at acouncil@duke.edu. I will make sure that Mark and Gillian get them and that they’re responded to before the meeting.

The next item on our agenda will be a discussion of Duke Kunshan University, which will take place in executive session.
[Remainder of the meeting conducted in executive session in order to have a conversation about DKU between the Council and the Provost]