To: Jennifer Francis, Interim Provost
   Erika Weinthal, Chair of Academic Council
   cc Mark McClellan; Gillian Schmidler; Ed Balleisen
From: Gabriel Rosenberg, Chair of Academic Programs Committee, on behalf of APC
Date: 5/4/2003
Subject: A Memorandum Accompanying a Resolution in Support of Proposal to Convert Duke-Margolis Health Policy Center to a University Institute

Purpose of this Memorandum

This document accompanies APC's resolution of support of a proposal from the Duke-Margolis Health Policy Center (hereafter, “Margolis”) to convert to a university-wide institute. This document is intended to supplement the resolution and to inform discussion of the proposal should it advance to Academic Council. However, none of the remarks in this memorandum should be interpreted as qualifications and the resolution itself is not contingent in any way. Rather, APC believes that a full and transparent account of our process and deliberations will assist the faculty in their further discussions of this important proposal.

Summary of APC’s Process

APC’s resolution is the product of multiple discussions and an extensive process of fact-finding and collaborative revisions to the original proposal conducted over the span of three months. The purpose of this process was to candidly assess the merits of the proposal and to furnish Margolis’s leadership with concrete feedback on how to improve it. APC dedicated two full meetings (2/22/23 and 4/19/23) to discussion of the proposal. APC was joined by Margolis’s Director and Deputy Director, Mark McClellan and Gillian Schmidler, at both meetings, and then the full committee privately discussed the proposal amongst itself and with the University’s senior leadership. The first meeting, led by Jay Pearson (Sanford) as primary discussant and Christine Payne (Pratt) as second discussant, generated a robust conversation and some questions that could not be resolved without further information from Margolis and other university stakeholders. In response, after the meeting, Gabriel Rosenberg (APC Chair) and Vice Provost Ed Balleisen initiated a process to gather more information and to offer Margolis constructive suggestions for the proposal’s revision.

Between the first and second meetings, Rosenberg, Balleisen, and Pearson met with Chris Beyrer, Director of DGHI, and Rosenberg and Balleisen met with Mary Klotman, Dean of the School of Medicine, Leslie Curtis, Chair of Population Health Sciences, and other representatives of the School of Medicine. Separately, Pearson consulted with faculty at Sanford and around the university who work on health inequalities. In addition, Pearson and Payne compiled a list of follow-up questions for Margolis’s leadership, which McClellan and Schmidler answered in writing (Appendix A). Rosenberg and Balleisen then met with McClellan and Payne and shared feedback generated by the discussion at APC and these consultations, and Pearson spoke separately with the feedback he had collected. Finally, Rosenberg, Balleisen, and Pearson read and commented on a revised draft of the proposal in advance of the
4/19/23 meeting. At the 4/19/23 meeting, McClellan and Schmidler submitted the revised proposal and their written responses. After deliberation, APC decided to move forward with drafting a resolution of support and this supplemental document, both of which will be voted on and, if passed, presented to Academic Council and the Provost.

**Additional Considerations**

APC supports the proposal without qualification. As the resolution notes, Margolis has made a persuasive case that they should be converted to a university-wide institute on the basis of (1) how conversion would allow them to better pursue their mission and advance the interests of the university and (2) the standards for conversion adopted by APC in 2015. In thinking about the future, APC would like to offer these additional suggestions that could further strengthen Margolis’s operations should the proposal be adopted.

1) **Relationship to Trinity:** Throughout the process, APC noted that Margolis’s footprint in Trinity is relatively small. It has few faculty affiliates with primary appointments in Trinity and most of its collaborations involving Trinity are limited to curricular initiatives and do not engage the research programs of Trinity faculty. Margolis’s leadership has been highly responsive to this concern and has already scheduled meetings with Trinity leadership to improve outreach to Trinity faculty. In addition, conversion to institute status will allow Margolis to “reintroduce” itself to the broader university community, including Trinity, and may spark exciting new collaborations. APC suggested that other concrete steps might be taken to better engage Trinity faculty, such as i) appointment of Trinity faculty to Margolis’s faculty executive committee; ii) coordinated outreach with key divisional deans and department chairs; and iii) modest seed grants to faculty in Trinity working on health policy issues. APC also noted that, while coordination with Trinity leadership would be important, a successful effort to broadly engage Trinity faculty would also require bottom-up and grassroots efforts.

2) **Relationship to Researchers working on Health Inequality:** Related to concerns about Margolis’s limited engagement with Trinity, APC encouraged Margolis to be intentional about building stronger relationships with faculty who work broadly on health inequality but may not yet conceptualize their work as specifically about health policy. While many scholars working on health inequality are appointed in the School of Medicine, there are many others in Trinity and Sanford who have substantial and longstanding research portfolios on topics relevant to health policy as well as extensive personal and professional networks. Similarly, APC emphasized the continued need for affected communities to be involved in conversations about health policy and for both researchers and policy makers to be accountable to those communities. APC maintains that Margolis can offer valuable contributions to Duke’s broader anti-racism commitments, but, to do so, it must engage scholars and communities who have often been underserved by policy-focused conversations. “Reintroduction” will afford Margolis an opportunity to present itself as a resource in support of those scholars and to deepen its relationship with community partners and other actors beyond Duke. To take full advantage of
this opportunity, Margolis should communicate widely to the university community what its distinctive approach to health policy entails and how scholars and community partners can access and leverage the opportunities uniquely furnished by Margolis. In addition, APC suggests Margolis take an inclusive approach to what kinds of scholarship are relevant to health policy and work hard to expand the diversity of voices entering the conversation.

3) **Avoiding Redundancy and Leveraging Comparative Advantages**: APC initially expressed concern that some of Margolis’s operations had the potential to introduce redundancies, specifically with respect to DGHI and the School of Medicine, and that Margolis’s strategic vision did not adequately direct its growth trajectory to avoid redundancy and concentrate its operations on areas where it enjoyed a comparative advantage. Margolis’s leadership was highly responsive to this concern and these topics were major subjects of inquiry during information-gathering meetings with DGHI and the School of Medicine. The deliberative process supported three broad conclusions: i) Margolis’s current financial position is sound. ii) Conversion to an institute does not have implications for its budgetary scope. iii) The leadership of DGHI and the School of Medicine consider Margolis’s operations to be distinctive, non-duplicative, and of significant value. In light of these conclusions, APC offered these suggestions for future consideration: i) Senior administration should provide Margolis with clear guidance on benchmarks for any expansion as well as standards and expectations for review (including conditions for sunsetting); ii) Margolis should continue to institutionalize and strengthen coordination with DGHI and the School of Medicine in its governance structure; iii) Margolis should use coordination with DGHI and the School of Medicine to identify potential opportunities for cost-sharing and to concentrate its investments and any future growth on comparatively advantageous operations.

4) **Leadership Development**: APC applauds Margolis’s current dynamic and effective leadership team and notes that there are no immediate reasons for concern about leadership continuity. However, Margolis’s current governance structure and approach to health policy rely heavily on the extensive professional networks of that team, perhaps more so than many of the university’s other institutes, making Margolis’s continued success particularly sensitive to effective leadership personnel. APC encourages both Margolis and senior administration to proactively manage the possibility of any leadership changes. Conversion to institute status would strengthen Margolis’s ability to recruit outstanding leaders from outside of Duke, but national searches also depend on the financial landscape of the institute and the university. As a result, APC also recommends that Margolis explore how to cultivate leaders from within Duke and to develop a pipeline of future outstanding leaders should a national search for a new director prove imprudent or infeasible and to ensure viable internal candidates in the case of a national search.