

Questions received post 10/19 Academic Council meeting presentation of the Margolis Center for Health Policy's proposal to transition to an Institute

1. Does this Institute anticipate providing primary appointments for faculty?

Our primary recruitment of faculty members and top recruitment priority will continue to be through joint recruitments of tenure track faculty with our partner schools and departments (with those units serving as the primary appointment). As our experience to date indicates, these joint recruitments allow for the best recruitment of the highest caliber faculty members. As we noted in our application presentation to the Academic Programs Committee this spring, the conversion to a university-wide institute does not alone enable us to have regular-rank faculty with a primary appointment within Margolis, though it does allow us to go back to the Academic Council downstream to request this authority. If eventually authorized to make regular rank, non-tenure track appointments, Duke-Margolis would use such faculty appointments to target specific gaps in our educational portfolio for high priority classes not easily covered by faculty members with appointments in a Duke School. The judicious use of regular-rank, non-tenure track appointments would enable Duke-Margolis to meet the accelerating student demand from schools across the university.

2. I am curious about the relationship anticipated between Margolis Institute and Sanford? Will Sanford continue to have "health policy" or will all of their health policy move to the Margolis Institute? How will decisions be made on which program/faculty might go to each entity? Would an alternative opportunity be as a Division within Sanford? If both will continue work in Health policy would this potentially adversely impact Sanford's efforts in health policy?

When Duke launched Duke-Margolis back in 2016, it purposefully chose to make the Center a university-wide, interdisciplinary unit that reported both to the Provost and the Chancellor of the Health System, rather than housing the Center within the School of Medicine, Sanford School of Policy, or the Fuqua School of Business. The structure and mission of Duke-Margolis sought to reflect that a wide range of disciplines can and should inform health policies. The structure of a university-wide program represented a commitment to leverage the breadth of Duke expertise and perspectives rather than focus within one specific school. That interdisciplinary focus is still a guiding goal of Duke-Margolis and a unique benefit of the Center to Duke faculty, students, and scholars.

Margolis has had a strong and synergistic relationship with Sanford since its inception. This engagement and our joint efforts have focused on the implementation of the Margolis Scholars Program, development of new courses through the Center to meet identified needs of health policy students at Sanford, recruitment of senior health policy faculty to Sanford, joint development of the Undergraduate Health Policy Certificate Program, and exploration of shared development opportunities and research activities. We have benefited from Don Taylor and Kate Bundorf (both Professors of Public Policy) serving on our Faculty Executive Committee and providing a strong connection to Sanford. Drs. Bundorf and Schmidler have recurrent meetings with Dean Kelley, which focus on the broader health policy strategy across Duke and how Sanford and Duke-Margolis can best work together. Health policy will continue to be an area of concentration within Sanford. Joint health policy faculty hires with their primary appointment at Sanford (as well as within other units across campus) will be a key fundraising priority for Duke-Margolis.