

The Regents of the University of California

COMMITTEE ON EDUCATIONAL POLICY

November 14, 2006

The Committee on Educational Policy met on the above date at Covell Commons, Los Angeles campus.

Members present: Regents Coombs, Johnson, Kozberg, Ledesma, Marcus, and Schreiner; Advisory members Allen, Brewer, and Brown, and Staff Advisors Brewer and Miller

In attendance: Regent Varner, Faculty Representative Oakley, Acting Secretary Shaw, Acting General Counsel Blair, Provost Hume, Executive Vice President Darling, Vice President Hershman, Chancellors Córdova, Drake, and Vanderhoef, Acting Chancellor Blumenthal, University Auditor Reed, and Recording Secretary Nietfeld

The meeting convened at 3:30 p.m. with Committee Chair Marcus presiding.

1. APPROVAL OF MINUTES OF PREVIOUS MEETING

Upon motion duly made and seconded, the minutes of the meeting of September 20, 2006 were approved.

2. SUMMARY OF FINDINGS AND RECOMMENDATIONS OF THE PRESIDENT'S ADVISORY COUNCIL ON FUTURE GROWTH IN THE HEALTH PROFESSIONS

Provost Hume observed that the University of California has the largest health sciences instructional program in the nation, with 15 schools on 7 campuses that enroll more than 13,000 students per year. Since 1980, California's population has increased by 50 percent and UC's undergraduate enrollment has increased by 69 percent, but enrollment in the health sciences has increased by less than 2 percent. This resulted from a policy decision by the University to focus on undergraduate growth and growth in research doctoral programs rather than the health professions.

Provost Hume recalled that in June 2005, the Universitywide Health Sciences Committee (HCS), headed by Vice President Drake, submitted the most comprehensive assessment of health workforce needs undertaken by UC in more than two decades. This report, *University of California Health Sciences Education: Workforce Needs and Enrollment Planning*, was submitted to President Dynes as part of a major strategic planning effort for the health sciences. The report found shortages of health care professionals in most areas of the state and noted that gaps in access to care are widening. It provided an in-depth review of health workforce needs in dentistry, medicine, nursing, optometry, pharmacy, public health, and veterinary medicine. In response to these findings, in December 2005 President Dynes appointed the Advisory Council on Future Growth in the Health Professions (Council). The

Council was asked to review the findings of the Health Sciences Committee and develop profession-specific enrollment plans with annual targets for growth through 2020.

Executive Director Nation recalled that the Council, which was co-chaired by Regent Lansing and Provost Hume, followed its review of the HCS report with a request to chancellors and health science deans for information about campus interests and capacity for future growth. This allowed the Council to consider how to approach growth and to develop a rationale for developing new programs. The Council identified several major criteria for recommending future growth in UC health professions programs:

- Evidence of current or future workforce needs
- Data indicating that educational opportunities are insufficient for meeting future needs
- Master Plan for Higher Education implications and responsibilities
- Campus interests and priorities

The Council concurred with the findings of the HSC that demographic trends within the state will continue to drive the need for health professionals. California's population will grow at nearly twice the national average by 2015; it is aging and increasing in diversity. As a result, state needs for health professionals will grow significantly as current practitioners plan for retirement. Fifty-one of the 58 counties in the state have one or more federally designated shortage areas.

The Council also addressed the insufficient educational opportunities in the state for students who aspire to a career in the health sciences. Data indicate that California significantly lags national averages in the number of training opportunities per capita, while the number of qualified applicants continues to climb. UC medical schools annually receive between 4,000 and 5,500 applications to fill classes of 100 to 150 students. California is the leading exporter of students to other states for medical education. In 2005, in the face of a major nursing workforce crisis, more than 4,000 qualified applicants to California's nursing programs were turned away by UC, the California State University, and the California Community Colleges.

Turning to implications for the health sciences with regard to the Master Plan, Dr. Nation observed that it delegates exclusive responsibility in public higher education in medicine, dentistry, and veterinary medicine to the University of California. The Master Plan also delegates responsibility for doctoral education to UC for professional degrees in pharmacy, optometry, nursing, and public health. Enrollment growth within UC's health professions programs is the only mechanism by which the state can increase public training opportunities in medicine, pharmacy, and veterinary medicine, and doctoral degree programs in nursing and public health.

In response to its request for detailed information on campus growth from chancellors and health sciences deans, the Council received information about the extent to which student

enrollments could grow within existing infrastructure, as well as the infrastructure needs of campuses wishing to increase enrollments beyond existing capacity. For professions where growth is recommended, the Council used information about campus capacity to assess the extent to which existing programs could be expanded to meet future needs. Where the Council found that workforce needs and enrollment recommendations exceed systemwide capacity, the Council recommended the development of new programs at new locations. The Council found compelling needs for enrollment growth in medicine, nursing, public health, pharmacy, and veterinary medicine, as well as evidence of a need to maintain existing enrollment levels in dentistry and optometry.

Dr. Nation presented the Council findings and recommendations, as follows:

Medicine

California is expected to face a shortfall of up to 17,000 physicians by 2015, thereby worsening regional shortages. Because of the growth in population and the absence of growth in educational opportunities, California's per capita enrollment in medicine is among the lowest in the nation. The Council recommends a 34 percent increase in MD enrollments by 2020. Ten percent of the growth can occur through the new Programs in Medical Education (PRIME). An additional ten percent growth between 2010-2015 and between 2015-2020 is recommended. The Council recommends that medical school enrollment growth occur in a stepwise fashion, beginning with growth in existing schools and programs. UC should consider pursuing infrastructure improvements to accommodate some of the additional growth that is desired by the schools of medicine.

Because statewide physician workforce needs will exceed those that can be met by existing UC medical schools, the Council recommends that planning continue for a new medical school that could graduate its first students by no later than 2020. The Council was asked to review preliminary proposals from the Merced and Riverside campuses. It found that the Riverside campus' history as a fully developed research institution, together with its involvement with medical education, forms a strong foundation for the development of a new four-year school. The Council recognized that the Central Valley will have strong demands for health professionals and felt strongly that academic capability in the basic sciences should be encouraged at UC Merced as a foundation for developing new programs in the health sciences. The Council also discussed the long-standing partnership between the Los Angeles campus and the Charles R. Drew University of Medicine and Science and recommended that this partnership be maintained.

Nursing

The role of the University of California in training nurses is small compared to that of CSU and the community colleges, with two schools of nursing at San Francisco and UCLA and a new program in nursing science at the Irvine campus. California ranks 49th in the nation in terms of registered nurses per capita, and a shortfall of 116,600 nurses is projected by 2020. The Council found that significant faculty shortages are a major barrier for increasing nursing enrollments at UC, CSU, and the community colleges. The Council encourages the

development of new programs for baccalaureate students to provide educational opportunities to undergraduates and to build a pool of students interested in graduate careers. The Council recommends a 134 percent increase in masters students by 2020 and a 425 percent increase in doctoral students over the same time period.

Pharmacy

California ranks 43rd in the nation in pharmacists per capita, and the demand for services will increase as the number of prescriptions continues to climb. In 2004, the San Diego campus had 1,071 applicants for 30 slots at its School of Pharmacy. The Council recommends nearly a 100 percent increase in pharmacy enrollments and a 94 percent increase for pharmacy residents by 2020.

Public Health

The University of California operates Schools of Public Health at the Berkeley and Los Angeles campuses. Studies recently issued by the Institute of Medicine and the Centers for Disease Control found that nationally the public health workforce is seriously deficient in size and training. New and recurring public health threats and changing demographics will continue to increase demand for public health professionals. Student interest in public health is growing, but UC schools can accommodate only 25 percent of qualified applicants each year. The Council recommends an increase of more than 180 percent in masters student enrollments by 2020, with parallel increases in doctoral student enrollments from 279 students to 785 by 2020.

Veterinary Medicine

The School of Veterinary Medicine at the Davis campus is one of the most highly regarded in the nation, but it has not grown substantially since its establishment. Demand for veterinary services is increasing rapidly for small and large animals and within the agricultural and food industries. The Council recommends a 95 percent increase in DVM student enrollments by 2020, from 524 students to 1,023. The Council also recommends a 181 percent increase in veterinary residence enrollments over the same period.

Dentistry and Optometry

The Council recommends that current enrollments in UC's schools of dentistry and optometry be maintained and that new strategies to increase the diversity of faculty and students, improve the distribution of practitioners, and increase the training of future faculty be pursued.

Next Steps

The Council's recommendations, in total, call for an increase of approximately 6,000 students through the year 2020. The Council recognizes that implementation will require time, effort, and new resources. President Dynes and Provost Hume will review and consider priorities for future funding in the health sciences. For the 2007-08 budget, UC will request new State support for enrollment growth in nursing and medicine. There will

be continued consultation with UC and State leadership regarding plans for increasing growth in existing programs and developing new ones.

Provost Hume noted that the Council's findings and recommendations present substantial challenges to the University, particularly with respect to future resources. He predicted that there would be future presentations to the Committee as the administration formulates plans to meet these needs.

Regent Johnson observed that the state is in a crisis with respect to the health professions. She asked that, when this issue comes back to the Regents, there be an indication of how funding will affect the growth in the health professions and especially what the effect might be on affordability for students who wish to enter the medical profession.

In response to a question from Committee Chair Marcus regarding innovations in the health sciences, Provost Hume pointed out that UC's health sciences schools are considered to be at the forefront in the use of new technologies. For example, UC is a pioneer both nationally and internationally in the use of telemedicine. The five medical schools are collaborating to use new methods of dissemination of diagnoses as part of the educational process.

3. **APPROVAL TO PROCEED WITH THE NEXT PHASE OF PLANNING FOR A PROPOSED SCHOOL OF MEDICINE, RIVERSIDE CAMPUS**

The President recommended that The Regents endorse continuing efforts leading to the development of a proposed new School of Medicine at the University of California, Riverside (UCR). It is further recommended that The Regents give its approval for UCR to proceed with activities and the next phase of planning in support of this goal, including the hiring of a founding dean; developing the curriculum, business plan, and full proposal; creating a Clinical Medical Education Program; planning for construction of the initial infrastructure; and seeking review and approval of the curriculum and the new school by the Riverside Division of the Academic Senate as well as the Academic Council.

In making this recommendation, it was noted that upon completion of these and other activities, the formal UCR proposal to establish a new medical school will be submitted to the President. The proposal will then be subject to all customary review and approval requirements of the University and State, including final approval by The Regents. The support and approval of The Regents for the steps outlined above will enable the campus to successfully recruit a founding dean to help lead these activities and will facilitate fundraising efforts and discussions with regional and community partners.

Provost Hume invited Chancellor Córdova and Dean Emeritus Debas to present the proposal to proceed with planning for a new School of Medicine at Riverside. He noted that this

proposal flows from the work of the Advisory Council on Future Growth in the Health Professions. Chancellor Córdova recalled that, since becoming chancellor four years ago, a convergence of factors had brought the campus to this point. The statewide need for an expanded physician workforce has been clearly identified, and UCR has developed an impressive array of assets that help make a medical school possible.

A January 2006 report of the Association of American Medical Colleges (AAMC) calls for a 30 percent expansion of enrollment in all U.S. allopathic (MD granting) medical schools by 2015. The AAMC recommends that this occur through both expansion of enrollments in existing medical schools and development of new ones. By virtually all measures, California lags well behind national averages with respect to education and training of its physicians. Among such measures, California ranks 39th in the nation for the number of medical school students enrolled in in-state schools (per 100,000 population). The state also ranks in the bottom half nationwide for physicians training in residencies and fellowships and the proportion of active physicians who attended medical schools in-state. This translates to the fact that only 25 percent of California physicians received their medical education in California. Deserving, qualified students are forced to seek a medical education in another state or country. National and state data show that 70 percent of physicians practice in the area where they did their residencies.

The Inland Empire, consisting of Riverside and San Bernardino Counties, has 10 percent of the state's population and 17 percent of its geography. As the only doctoral research university in the region, the campus plays a critical role in its economic, cultural, and social development. Inland Southern California experiences higher death rates per 100,000 population, with greater instances of cancer and heart disease. In addition, the prevalence of diabetes is higher in the region at 9 percent, compared with 7 percent statewide. These statistics are compounded by the fact that in 2002 the Inland Empire had the lowest number of primary care and specialist physicians per capita of any region in the state. At the same time, the Inland Empire is projected to grow by 47 percent by 2015, on a base of 3.8 million people. The result will be the most serious shortfall of physicians in the state, estimated to be as high as 53 percent.

Chancellor Córdova stated that, in order to address the needs of the state and the region, the campus has crafted the following mission statement for the proposed UCR School of Medicine: to improve the health of the people of California and, especially, to serve Inland Southern California by training a diverse workforce of physicians and by developing innovative research and health care delivery programs that will improve the health of the medically underserved in the region and become models to be emulated throughout the state and the nation.

The School of Medicine will be research based, building upon existing strengths in biological, agricultural, physical, and socio-behavioral sciences and engineering. The faculty will develop unique programs in population health, preventive medicine, and health care delivery, with a focus on diseases and health issues specific to the region. An

integrated, human disease-based curriculum will be offered, as will training beyond the core sciences.

The School of Medicine plans to cultivate and use a distributed clinical training system. Rather than construct a new hospital, the campus will form partnerships with regional hospitals and clinics. There are several advantages to this approach:

- Reduces start-up costs
- Leverages resources
- Exposes students to a wide array of experiences and demographics
- Reinforces the mission of serving the underserved

While unique to the UC system, this model is not uncommon in the country. Fifty-six of the nation's 125 allopathic medical schools, among them Harvard, Cornell, and Brown, do not own their own hospitals.

Chancellor Córdova displayed charts showing the first three stages of these proposed partnerships, beginning with two local facilities and eventually expanding throughout the region. She described the Riverside County Regional Medical Center, a seismically compliant hospital built in 1998, with 439 licensed beds, and the Arrowhead Regional Medical Center, a state-of-the-art, 373-bed facility with the only burn center in the four-county area of Riverside, San Bernardino, Imperial, and eastern Los Angeles Counties.

Among the strengths that the Riverside campus brings to this endeavor is the Thomas Haider Program in the Biomedical Sciences, a collaboration between UCR and UCLA. For more than thirty years, the campus has provided the first two years of medical school to a class of 24 students per year, who then complete their degrees at the David Geffen School of Medicine. The campus has more than 200 acres of land for potential development on its west campus. This area has been identified as the site of future professional schools. The land is a resource that may be leveraged to help finance the capital costs of the School of Medicine through public-private partnerships. The campus has launched a new Health Sciences Research Institute, which will provide the interdisciplinary research foundation upon which the school will be built. Existing expertise among the faculty ranges from public policy to genomics and from nanotechnology to infectious diseases.

Diversification of the physician workforce is a stated part of the campus' mission. The diversity of UCR's undergraduate population is ranked third in the country by *U.S. News and World Report*. The FastStart and Medical Scholars Programs have been designed to attract underrepresented undergraduate students to careers in the health sciences and to ensure that they succeed. These programs have a proven history of increasing academic performance among undergraduate students and providing a pathway to medical school.

Chancellor Córdova reported that to date UCR's investment in the School of Medicine totals over \$86 million. Recently a donor stepped forward to fund the endowment for a chair for the founding Dean of Medicine, should The Regents approve the recommendation.

The planning for the School of Medicine was guided by an external advisory board of seven members, chaired by Dean Emeritus Debas. It included representatives from Harvard Medical School, Duke University, and UCLA.

Chancellor Córdova displayed a time line showing the key milestones for the proposed school. Once the Board has approved the proposal, the campus will proceed with the following:

- Hire founding Dean
- Hire initial faculty
- Develop the curriculum
- Refine the business plan
- Raise non-State funds

During 2007-08, the campus will seek the customary approvals from the Academic Senate, the California Postsecondary Education Commission, the Liaison Committee on Medical Education, and The Regents. In the period 2007-12 (Phase I), the campus will continue to strengthen the foundation upon which the medical school will be built. This includes establishing the clinical program and hiring additional faculty. The campus projects that the school will open in fall 2012. This will launch the second phase of the medical school, which involves gradually expanding the program to reach maturity by 2022. Enrollment will increase gradually to a total of 960 students in 2021-22. The campus projects having more than 150 Ph.D. students and more than 400 new residents.

UCR worked with an outside consultant to develop the initial business plan, using existing UC schools as a basis of comparison. Operating costs during Phase I are projected at \$15 million, with the State being asked to provide \$7.5 million. The remaining \$7.5 million will be funded by a combination of gifts, grants, and other non-State sources. Operating costs for Phase II are estimated to be \$860; of this, \$185 million will be State-funded. UCR projects that about 26 percent of the total, 15-year operating costs will be derived from State funds. The balance will come from a combination of federal funds, educational fees, professional school fees, clinical revenue, contracts and grants, and gifts and endowments. Capital costs in Phase I include funding for renovation to existing infrastructure, leased clinical space, and initial infrastructure. Capital costs in Phase II are estimated at \$350 million.

Chancellor Córdova displayed a list of major supporters in the region, which include area newspapers, federal, State, regional, and local governments, members of Congress, medical organizations, and economic development organizations.

Dr. Debas outlined the three-year planning process that led to the recommendation for a new School of Medicine at Riverside. In 2003, a blue ribbon commission was appointed to explore the options. The panel's report was then discussed at a faculty forum. In September 2004, Dr. Bill Peck chaired a panel of medical school deans to provide insight into the establishment of a new medical school. A faculty committee was then formed to plan the Health Sciences Research Institute, and Dr. Robert Gray from UC Davis was appointed special assistant for this planning initiative. Committee and scientific forums were held to refine the goal. In winter 2006, Chancellor Córdova appointed an external advisory committee that helped to develop the proposal that was submitted to the Office of the President. The process to date has been extensive, thorough, and widely consultative. The advisory committee recognized that the UCR proposal provides a unique opportunity to develop a 21st-century medical school. Opportunities include a medical education program that emphasizes health promotion and disease treatment where students are trained to be socially committed and culturally sensitive, and where communication skills are a priority. Because the school begins with a clean slate, it will have an opportunity to institute continuous monitoring and evaluation of all of its activities.

Dr. Debas commented on the opportunities and challenges provided by two important components of the proposed medical education program, the teaching hospitals and the distributed model of clinical training. Because UCR will not own a hospital, it will avoid the financial risks of a medical center and the associated administrative complexities. The University will not be perceived as a competitive threat by the medical community, whose partnership and support is critical to success. Dr. Debas noted that there are certain disadvantages to not owning a teaching hospital; from time to time, the affiliated institutions may have different priorities than the educational mission of the medical school. Well-designed affiliation agreements with explicit protection of the academic program are of paramount importance. A well-thought-out strategy must be developed to ensure the prominence and relevance of the medical school in the affiliated hospitals. This strategy might include creating a University clinical service at each hospital, with the most advanced standards of patient care. The physicians who are selected to be on the University faculty part-time should represent the most talented and respected clinicians in the community. On the other hand, the University must add competitive value to the hospitals through its clinical excellence, research, and visibility.

The distributed model of clinical training is consistent with the mission of the school and with the healthcare needs of the medically underserved populations of the Inland Empire. It is also the best strategy to train the doctors who will ultimately remain to practice in the community. The model does present challenges. The logistics involved are complex, and issues of quality and fiscal control will need to be addressed. There will be a need for continuous monitoring and evaluation, carried out by the clinical medical education program. An essential requirement of the distributed system is a state-of-the-art communications system. The new school will be able to have an integrated, electronic clinical data physician system at all of its clinical sites. Such a system will enable all of the clinical experience to be used to answer research questions. An innovative health care system can be developed

that addresses not only patients with acute and chronic symptoms but also the health of the region. The external advisory board saw this as an exciting potential that could enable the School of Medicine to become a national model of health care. The board also understood the importance of the clinical medical education program as the center for innovation in undergraduate, graduate, and continuing medical education, as well as the integrator of all clinical research and the coordinator of students and residents throughout the distributed system.

Regents Kozberg and Coombs acknowledged the fact that the Chancellor had kept the various constituencies informed throughout the process of developing the proposal for a new medical school. Regent Coombs saw the new school as a national model for serving a diverse community by educating a more diverse group of physicians.

Acting Secretary Shaw distributed a communication received in support of the School of Medicine.

Upon motion duly made and seconded, the Committee approved the President's recommendation and voted to present it to the Board.

4. **ESTABLISHMENT OF A SCHOOL OF LAW AT THE IRVINE CAMPUS**

The Committee forwarded this matter to the Committee of the Whole without comment.

5. **ANNUAL REPORT ON UNIVERSITY PRIVATE SUPPORT**

In accordance with the Schedule of Reports, the **Annual Report on Private Support** for the period July 1, 2005 through June 30, 2006 was submitted for information.

[The report was mailed to all Regents in advance of the meeting, and a copy is on file in the Office of the Secretary.]

Executive Vice President Darling reported that in fiscal year 2006, the University of California received a record \$1.29 billion in outright gifts and payments on existing pledges, an increase of approximately 8.3 percent from the previous year. What is particularly impressive about these results is that they follow stellar performances from prior years, when more campuses were involved in major campaigns. Mr. Darling noted that the University received \$211 million for capital improvements, \$756 million to support aspects of current operations (including \$387 million in current research funds), \$295 million in additions to endowments, and \$33 million in unrestricted funds. In order to keep up with growth in the student body and the faculty, the University must raise more support for its endowments. One area where endowment giving continues to grow is in the area of endowed chairs. In this past year, 94 new chairs were established, bringing the total to almost 1,200. Over half of these chairs were established in the last decade alone.

Private support, particularly through comprehensive capital campaigns, has fueled campus growth in terms of academic accomplishments and societal impact. Last March, Chancellor Birgeneau discussed how critical philanthropy was at the inception of the University, when private support constituted most of the budget, and how important it is today. Berkeley has launched a new campaign that builds on the success of two prior fundraising programs: *Keeping the Promise* and the *New Century Campaign*. In his presentation, Chancellor Birgeneau highlighted William Power, a member of the class of 1930. He was one of those alumni who benefited from the opportunity that a Cal education offered him and expressed his gratitude by giving back. His first gift to the Berkeley campus was \$25 in 1957; his final bequest of \$47.5 million was one of the largest in the campus' history.

At Davis, philanthropy is critical in assisting the campus to attain many of its long-term goals. In his presentation to the Committee, Chancellor Vanderhoef explained how one large gift made a difference in two specific areas. The gift to the Mondavi Institute for Wine and Food Science has already assisted in facility expansion, faculty enhancement, and classroom teaching. The Mondavi donation allows the campus to move the departments of Viticulture and Enology and Food Science and Technology under one roof in a new, state-of-the-art facility. In turn, this will improve the research and teaching in these areas that are so critical to California's agricultural economy. The gift for the Mondavi Performing Arts Center helped create a new arts venue on the Davis campus. As part of the UC Davis mission as a land grant university, Mondavi Center provides outstanding cultural programming, support for the University's academic departments, and a professional laboratory to train students in the performing arts. Chancellor Vanderhoef also discussed how various interdisciplinary initiatives were helping to bring together faculty and staff from different areas across the campus to exchange ideas and to collaborate on projects that benefit the people of California.

At the September meeting Chancellor Drake described how philanthropy is changing the Irvine campus. He noted the community's extraordinary commitment, as many prominent leaders have adopted the campus as their own. The campus has had a number of significant gifts from individuals who are not alumni but who recognize the value that the University brings to Orange County, the state, and the nation.

The Los Angeles campus completed its successful *Campaign UCLA* during this past fiscal year. The campus set a record by raising over \$3 billion, exceeding the \$2.4 billion goal. Even before this campaign had concluded, Chancellor Carnesale announced another critical fundraising initiative. The campaign *Ensuring Academic Excellence* has a goal of \$250 million and will support endowments for faculty and students. The goal includes funding 100 new endowed chairs and 375 endowed scholarship and fellowships to enhance UCLA's ability to recruit and retain the best students and scholars.

Riverside has a vision to become a top-ranked, global research university that creates a nurturing, learning environment for its students. Chancellor Córdova recently described the completion of a \$50 million capital campaign, as well as plans for future philanthropic support to recruit star students and faculty. She discussed how private support would be

essential for the campus to be able to maintain its academic standards while embarking on an ambitious enrollment plan.

The Campaign for UCSD: Imagine What's Next, slated to run through 2007, is already over the \$900 million mark and well on its way to its \$1 billion goal. Private support has helped the Moores Cancer Center at UCSD achieve distinction as a National Cancer Institute-designated Comprehensive Cancer Center. Philanthropy, together with State funds, has enabled UCSD to recruit the director and other faculty members to Calit2, one of four California Institutes for Science and Innovation, as well as to construct a new facility.

The report from Chancellor Bishop highlighted the importance of private support to the San Francisco campus. He described how nearly one-half of the construction at the Mission Bay campus had been funded by private support.

Mr. Darling recalled that UC Santa Barbara Chancellor Yang had commented on how the Donald Bren School of Environmental Science and Management has earned its reputation as one of the top schools of its kind in the nation. Bren Hall provides a world-class arena for scientific and academic initiative, leadership, invention, and research. The facilities and programs at the Bren School would not have been possible without private support.

In her report to the Committee, Chancellor Denton articulated a number of ways in which philanthropy is a driving force in several critical areas and described how funding from the Office of the President had fueled the growth of private support from \$12 million in 1998 to \$26 million last year.

The Office of the President will continue to fund an incentive programs to assist the campuses to increase alumni and parent giving. The campuses will be asked to match \$3 million in funding with \$6 million per year.

The meeting adjourned at 5:00 p.m.

Attest:

Acting Secretary