



*Dean Ben Sachs*

Dear All,

Announcements:

## Community Based Health Centers

Under the leadership of Dr. Karen Desalvo, Dr Harvey Makadon, our consultant, has completed the business plan for developing two to three neighborhood health centers in New Orleans. You can find a full copy of the report on our website at [http://www.som.tulane.edu/departments/ginger/comm\\_healthcare\\_plan\\_tulane.pdf](http://www.som.tulane.edu/departments/ginger/comm_healthcare_plan_tulane.pdf)

Following are highlights from the report:

### Executive Summary

Under the passionate leadership of its president, Dr. Scott Cowen, Tulane University has been an active leader in community recovery, rebuilding, and policy reform since Hurricane Katrina. In particular, Tulane has taken a leadership role in New Orleans in improving public education and health care access for the underserved and uninsured. Tulane University School of Medicine is planning to rise to the next level by working with community leaders to build model community health centers that will encourage the restoration of neighborhoods. Such centers have been shown to improve:

- **Access to Primary and Preventive Care**
- **Cost-Effective and High Quality Care**
- **Effective Management of Chronic Illness**
- **Reductions in Health Disparities**



Our hope is that these centers will grow to become true community centers that provide more than health care. We will work with community groups to help them raise funds to support health and other renewal programs such as job training, after-school educational programs for children, a food kitchen and space for people to meet. In our supportive role, we hope to advance the health of the social fabric of communities as much as we seek to improve the health of individuals.

I am very pleased to announce that on March 5th a delegation of civic leaders from the Vietnamese and African American communities as well as others travelled to Boston to see neighborhood health centers in action. I have come to realize, over the last couple of months that however hard I try to describe a neighborhood health center, folks need to see what it means and have the opportunity to talk to the professionals as well as the communities that use the services. The group will visit a variety of CHC's to broaden our vision of what services and programs could be provided, and what the centers could look like. New Orleans has the wonderful opportunity to customize our own CHC's and build them to suit each community's needs given their specific geography, culture and people. We now have the chance to build a high quality, beautiful, sustainable facilities and I am optimistic that this trip will motivate and guide us in the right direction.

## Research

**A**t President Cowen's invitation, the Health Sciences Leadership Council has begun an exciting strategic planning initiative directed at doubling our sponsored research activity by the year 2020. The project, called "**Task Force to \$300 Million**", will develop a statement of needs and plans for significantly increased research space, faculty, facilities and resources to meet this goal.



To facilitate development of the Task Force report, 11 subgroups have been appointed to offer recommendations around interdisciplinary, collaborative research areas of strength at Tulane, as follows: Materials for Medical Application; Environmental Sciences; Genetics and Genomics; Infectious Diseases – Novel Approaches for Diagnosis, Prevention, and Therapy; Regenerative and Restorative Medicine; Clinical Research; Neurosciences; Cardiovascular, Hypertension, and Renal Biology; Global and International Health and Wellness; Cancer Biology and Treatment Innovation; and Modeling and Simulation.

On behalf of the Health Sciences Leadership Council, you are invited to an open forum presentation of the subgroup reports of the

### **Task Force to \$300 Million**

The forum will take place on

**March 17, 2008, 3 – 6 pm**

in the Kendall-Cram Room in the Lavin-Bernick Center (LBC) on the uptown campus.

President Cowen will offer opening remarks and will participate in the forum.

He is enthusiastic to hear the reports and the ensuing discussion about plans and needs for this substantial growth in sponsored research.

### **A social hour will follow the forum at 6 pm in the Ballroom of the LBC.**

With the benefit of the subgroup reports and discussion at the forum, the Health Sciences Leadership Council will develop a final, comprehensive report for submission to President Cowen and for use in planning to achieve the \$300 million goal.

We hope that you will mark your calendar now and plan to participate in the forum.  
**Kindly RSVP by Monday, March 10th to Gail Louis at [glouis@tulane.edu](mailto:glouis@tulane.edu).**

Probably the best way for me to convey my philosophy is to tell the following story:

## Reflections

I arrived in Boston twenty-nine years ago from England. The 1960's and 70's were troubled decades in Boston. Racial tensions were running high over the bussing issue and the economy was in a tail spin. Massachusetts had been heavily reliant on the manufacturing industry. As this economic sector declined there appeared to be little to replace it. Unemployment was high, violence was common, the waterfront was derelict and few would venture downtown at night for dinner. Last but by no means least, the number of people without health insurance was high and the infant mortality rate was amongst the highest in the nation.

In my opinion it took two governors in the 1980's, one Democrat and one Republican, to sow the seeds of the success we see today. First there was a marked expansion of community health centers, health centers that also functioned as community centers. I was always struck by the sight of school kids going to the neighborhood health center to do their homework because it was a safe place. But above all I believe that because the communities took responsibility, the centers became the glue that bound the neighborhoods and gave people pride in their communities.

Today, faculty compete to work in the neighborhood health centers. Salaries are competitive and they provide the opportunity for research in clinical medicine/public health. Boston is not the only city to have discovered the benefits of community health centers, one only has to look at San Francisco, Chicago, and New York, and Birmingham, Alabama to find successful examples.

New Orleans desperately needs knowledge based industries. This can only happen if the State's two medical schools Tulane and LSU work closely together and include all the institutions of higher learning Xavier, UNO, Delgado, Dillard, Loyola, Southern and Holy Cross.



Last but by no means least, Tulane needs to work closely with LSU to ensure that we can train the next generations of physicians and that these physicians will want to stay and practice in Louisiana.

Regards,

*Ben*