Board of Regents Meeting

June 22, 2018
Salisbury University, Salisbury

Dr. Loh and I thank you for this chance to update you on MPower.

This Strategic Partnership has been six years in the making. Over the last few years—with the tightening of our alliance through legislation and with an explosion of activity between our people—we've seen a maturing and deepening of this relationship, in ways I think even the two of us didn't expect.

We're in the groove of collaboration now; it's second-nature to us. Together, we're defining what success looks like and how we achieve it. We're figuring out how to navigate change and craft a vision for the future.

Partners are linking up their ideas and their resources and finding new applications—*undreamed of* applications—for their work. Each institution now has a broader view of the other, a broader view of its work and its capabilities. We can see further now, and that's what we wanted to show the legislators who've made MPower possible.

So in March we took the MPower show on the road to Annapolis, and introduced lawmakers to students and faculty working on more than a dozen projects that are thriving because of their support. We have a video of that day that I'd like to show to you.

That expo was for legislators, but a wonderful by-product was that it showed our own people the sheer breadth of projects that are being undertaken. They were excited—as much by their colleagues' projects as their own. They started talking to one another and trying to find the places where their ideas and expertise intersect.

We've only scratched the surface so far using our most obvious assets in medicine and engineering. We can just as easily bring together other assets—public policy with law, social work with public health. We can innovate how we use technology to bring about the outcomes we want.

For instance, when we began our joint work in augmented reality, we thought it would be used in trauma care. Physicians could wear special headsets during high-risk procedures. Instead of looking away from their patients to see medical imaging on a distant screen, they'd see everything they need while keeping their eyes on their patient and on the procedure being performed. We then began exploring augmented reality as a teaching tool in human anatomy.

But in those early days, we didn't envision that virtual and augmented reality would also have the potential to help us manage pain without the use of opioids, or to train police officers to recognize and dismantle their implicit bias.

We found our capabilities were broadening—from projects in medicine, to those in education, to those with social impact. And once we started exploiting our complementary strengths in an area like substance use disorders, we began to see related projects ripe for collaboration: Using placebos to extend the time between opioid doses. Studying the effects of opioids in utero, so

that we can design better programs for affected babies—and for their mothers. Exploring whether our policies and practices surrounding women who are pregnant and addicted have the effect of imperiling these women and their babies when we're actually trying to save them.

These opioid-related projects are being co-led by Asaf Keller in UMB's Department of Anatomy and Neurobiology and by Eric Wish, director of the Center for Substance Abuse Research at College Park. And, in fact, our entire suite of collaborative opioid projects involve 10 schools at our two universities—and more than a dozen departments.

This focus on substance abuse isn't unique. As you know, our two universities are funding multiple projects centered explicitly on some of Maryland's most urgent social challenges. For example, human trafficking, which coerces people into forced labor or sexual exploitation. Trafficking is sadly prevalent all along Maryland's I-95 corridor. Or toxic stress, which we see far too often among Baltimore City's children. It's a response mechanism triggered by chronic trauma—often in childhood—and this response can actually alter brain architecture and brain chemistry.

Of course, the burden of chronic disease is a critical issue affecting Marylanders statewide, but we've found it's especially acute in Prince George's County. And we believe that the UM Capital Region Medical Center, now being built in Largo, will provide an incredible opportunity for our MPower collaboration.

It was the University of Maryland School of Public Health that defined the state of health care delivery in the county and made a compelling case for transforming the system. Both of our universities have been working closely with Regent Michelle Gourdine to define and develop a primary care network in the county. UMB has launched a clinic for patients discharged from Prince George's Hospital—as a test-bed for integrated, team-based care and services that keep vulnerable patients out of the hospital and in their home communities.

And so this new medical center is a huge opportunity for MPower—for us to expand together, to integrate together, the work we've already begun on our own. We can apply our deep expertise in population health and health disparities. We can address the social determinants of health, which often predict outcomes as accurately as biology or behavior. We can develop joint academic programs to transform student training and experience, and to recruit and retain health and social services professionals in the county, where they're so desperately needed. And, of course, this new medical center gives us a huge opportunity to attract significant extramural funding.

On that last point—research—I have a very exciting announcement to share with you today: Wallace and I have just appointed a joint Vice President for Research who will serve both of our universities.

Laurie Locascio currently serves as VPR for College Park, and we're excited to have her assume this new, expanded role. Dr. Locascio will manage the entire research administration process, reducing barriers to collaboration and promoting research opportunities. She'll facilitate joint research projects, especially those in collaboration with federal and state agencies. And she'll oversee a centralized proposal development office.

We believe that this alignment of our research enterprise will persuade NSF to combine our research dollars for the purposes of one single ranking, which was, of course, a key objective of the legislation that created our Strategic Partnership.

And with that, I'll hand it over to Dr. Loh.