



College of Human Medicine
MICHIGAN STATE UNIVERSITY

Strategic Plan

FY 2023–2030

[December 14, 2022]

Message from the Dean

For nearly 60 years, Michigan State University College of Human Medicine has been a training ground for physicians and scholars on the leading edges of medicine, health, and community service.

Over the years, we have expanded from our birthplace in East Lansing to our headquarters now in Grand Rapids. We have eight community campuses across the state of Michigan including Detroit, Flint, Grand Rapids, Lansing, Midland, Southeast Michigan, Traverse City, and the Upper Peninsula. Our active partnerships with hospitals, private practices, and other health care providers help to make the national movement toward “community-based” models of medical education possible. At the same time, we have invested in our research and scholarly capacity to become a leader in innovation, discovery, humanities, and advocacy in the areas of medicine and public health.


Building on these accomplishments, we have gathered perspectives from a broad array of constituents – students and alumni, faculty, academic staff, and support staff, as well as hospital, university, and community partners – to coalesce around key goal areas and cross cutting themes that are of shared interest across the college and university ecosystem.

To this end, it is my great pleasure to share with the Spartan community this proposed College of Human Medicine Strategic Plan for 2030 for faculty consideration. What follows is a high-level blueprint that will help the college focus its activities and investment over the next seven years. The plan draws the aspirations of our academic, research and clinical missions together in a single plan, acknowledging the interdependencies and the strengths we have working as one.

Through a series of generative conversations with a Strategic Planning Committee comprised of a diverse group of academic staff, support staff, faculty, students, and community, four key goal areas emerged: (1) student success, (2) staff and faculty success, (3) healthy communities, and (4) research and scholarship. These goal areas both intersect and overlap with the university’s own plans and set us on a path to continued growth and success over the next seven years. Core to the plan is establishing a Health Equity Grand Challenge, as well as policies and practices that promote diversity, equity, and inclusion (DEI) across the college. For the college, this means doubling down on existing efforts to address health disparities across our mission areas and making further investments in diversity, equity, and inclusion.

From educating tomorrow’s physicians and engaging in ground-breaking research, to strengthening community partnerships and working toward a better tomorrow, our college is an extremely positive force for good in our state, the nation, and the world. I am confident about our future. I am certain of our dedication to our patients, our students, the public and each other—and for that I am enormously grateful.

We hope you will join us in this exciting moment for the college.



Aron Sousa, MD, FACP
Dean

Mission

Michigan State University College of Human Medicine is committed to educating exemplary physicians and scholars, discovering, and disseminating new knowledge, and providing service at home and abroad. We enhance our communities by providing outstanding primary and specialty care, promoting the dignity and inclusion of all people, and responding to the needs of the medically underserved.

Office of Diversity, Equity, and Inclusion Goals

We work to advance diversity and inclusion as core strategic priorities in planning.

We aspire to become a recognized leader in diversity and inclusion in education, research, and service in medicine and the health professions.

We strive to create an inclusive learning and work environment that promotes the dignity and respect of our diverse student body, faculty, staff, patients, and communities and that is also responsive to the needs and contributions of all persons.

We strive to be responsive to the changing needs of the communities that we serve and to enhance our communities by educating a culturally competent work force, providing culturally competent clinical care, and promoting culturally responsive research.

Who We Are and What We Do

Michigan State University College of Human Medicine is a diverse, innovative, world class medical college. Its roots in medical education, clinical care and research and discovery run deep.

Embedded in the nation's first land grant university, one of the largest in the nation, the College of Human Medicine has long been a pioneer: it was among the first colleges to provide community integrated medical education – one that is not reliant on a single hospital or hospital system.

Building on this legacy, the college has adopted a curriculum and system of **medical education** that is designed to parallel the environment in which many physicians typically practice. The college's medical education leverages a community centered approach, providing students with clinical experiences in rural and urban clinical settings via eight community campuses that span the state of Michigan.

First and second-year students begin their medical school experience in either Grand Rapids or at the Michigan State University campus in East Lansing, where they apply knowledge of the sciences in their Early and Middle Clinical Experiences to their work in any of more than 100 locations. Third and fourth-year students in the Late Clinical Experience engage in disciplinary clerkships at any of nine primary teaching hospitals and 57 community hospitals throughout Michigan in eight community campuses. In addition, the college has developed several specialized certificate programs that include Medicine for Underserved and Rural Medicine.

The result of these efforts is an average annual enrollment at the college of more than 800 medical students, making it one of the largest providers of medical education in Michigan.

Over the last three decades, the college has developed a health education program inclusive of baccalaureate, medical school, public health, and graduate level courses and degrees. About 20% of the college's yearly graduates are in public health programs. Notable among these are a certificate program for medical students, graduate (master's and doctorate) programs in Epidemiology and Biostatistics, and a newly accredited master's degree in public health.

The College of Human Medicine is also on the leading edge of **research and scholarship**. The college has sought out and established collaborative, multidisciplinary and multi-community research that takes advantage of its unique, distributed campus system. Its strengths range from clinical research that can be practically applied to humanities and social science scholarship to critical research in the basic science departments affiliated with the college on mechanisms underlying human diseases and their integration (e.g., Epidemiology and Biostatistics,

1964 MEDICAL SCHOOL ESTABLISHED	6th RANKED IN SOCIAL MISSION
8 COMMUNITY CAMPUSES	5,871 SPARTAN MDS (ALUMNI)

Biochemistry and Molecular Biology, Microbiology and Molecular Genetics, Translational Neuroscience, Pharmacology, and Physiology).

The College of Human Medicine has made a significant investment in its headquarters' campus in Grand Rapids along the Medical Mile with a focus on spurring health innovation in biomedical research, bioengineering and health technology that align with some of the biggest challenges in health: Alzheimer's disease, Parkinson's disease, autism, women's health, and cancer. New opportunities for a health research and innovation corridor across rural and urban communities are also emergent.

In addition to its academic and research missions, the college has a substantial **clinical mission**. College of Human Medicine physician faculty offer primary care and specialty health care services to the greater Lansing community. The MSU Clinical Center, located on the MSU Lansing campus, is the single largest clinical practice in the Lansing community. This site offers multiple primary and specialty services, as well as a pharmacy, laboratory, and radiology services.

An Evolving and Emergent Medical School

Just as the field of medicine has evolved so has the College of Human Medicine. The college's academic, research and community-facing missions extend beyond the molecular underpinning of pathological pathways in traditional medicine toward a growing investment in **public health research and programs** to combat health disparities more effectively and consistently by addressing social factors that impact health. Many of the college's departments have invested in public health related faculty, and approximately than 50% of the college's current NIH funding comes from public health projects.

One of the college's critical assets is the Division of Public Health, which has nearly completed the path to becoming the Charles Stewart Mott Department of Public Health. The division focuses on community-based participatory research and is centered within the Flint community. Students and faculty researchers work side-by-side with community partners and health care providers to better understand and encourage healthy behaviors, mitigate chronic disease, identify environmental health risks, and examine social factors that influence community health. The majority of the college's named professorships are in this division, which is has endowment funding to more than triple in size. Alongside a robust, innovative, and community-centered research agenda, are both medical students and more than 100 Master of Public Health students at any one time.

While the college's legacy of service and community-based medicine are natural antecedents to public health, there remain important questions for the college to grapple with respect to its identity that will be critical to answer in the coming years.

Where We Are Headed

The College of Human Medicine faces the inherent complexity of having multiple missions (comprised of 800 medical students, 100 MPH students, eight campuses, and more than 150 hospital and clinical affiliations and partnerships). But this complexity pales in comparison to the fundamental challenges facing the nation's health system today. At a minimum, these include challenges of health care access, quality, and cost; the need to address systemic health disparities and inequities; looming physician and other workforce shortages; and the challenge of student debt. By working together, and trying to align common interests, we know that change is possible.

To this end, the college will view most investments over the next seven years explicitly through a **health equity lens**. "Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education, and housing, safe environments, and health care."¹

Building on long standing commitments to community service across mission areas and a rich history of helping to meet the needs of underserved communities, a focus on health equity should serve as a natural extension of existing work and an important opportunity to unify and mobilize the college.

The COVID-19 pandemic has served as an important reminder of the terrible racial, ethnic, and socioeconomic inequities that exist in our communities, reinforcing and exacerbating what was already there, including ongoing epidemics of heart disease, diabetes, obesity, and substance use disorders, that were predictive of morbidity and mortality. The College of Human Medicine views addressing such inequities not just as a strategic imperative but as a moral and ethical obligation.

The principal vehicle for this focus on health equity is the establishment of a **grand challenge**. Grand challenges tend to be complex, multi-causal societal problems that require broad cooperation for progress or success and offer a way to evaluate current and future opportunities.

As part of the strategic planning process, a workgroup was formed specifically to consider the utility and focus of a potential grand challenge and identified health equity as an appropriate area of focus. As part of their work, they recommended the following:

- 1) Assessing every college collaboration and partnership through a health equity lens. This includes a requirement that every unit within the college have a health equity component in their unit goals that could be further tied to the chair/director/unit lead's annual evaluation.

¹Braverman, P., Arkin, E, Orleans T, and Plough A. What is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017

- 2) Creating an academy or network around health equity to serve as a community of practice. Possible organizing options recommended included the development of a network hub with a single strong central organizing principle or office and leader that could be funded via indirect reimbursement from research funding.

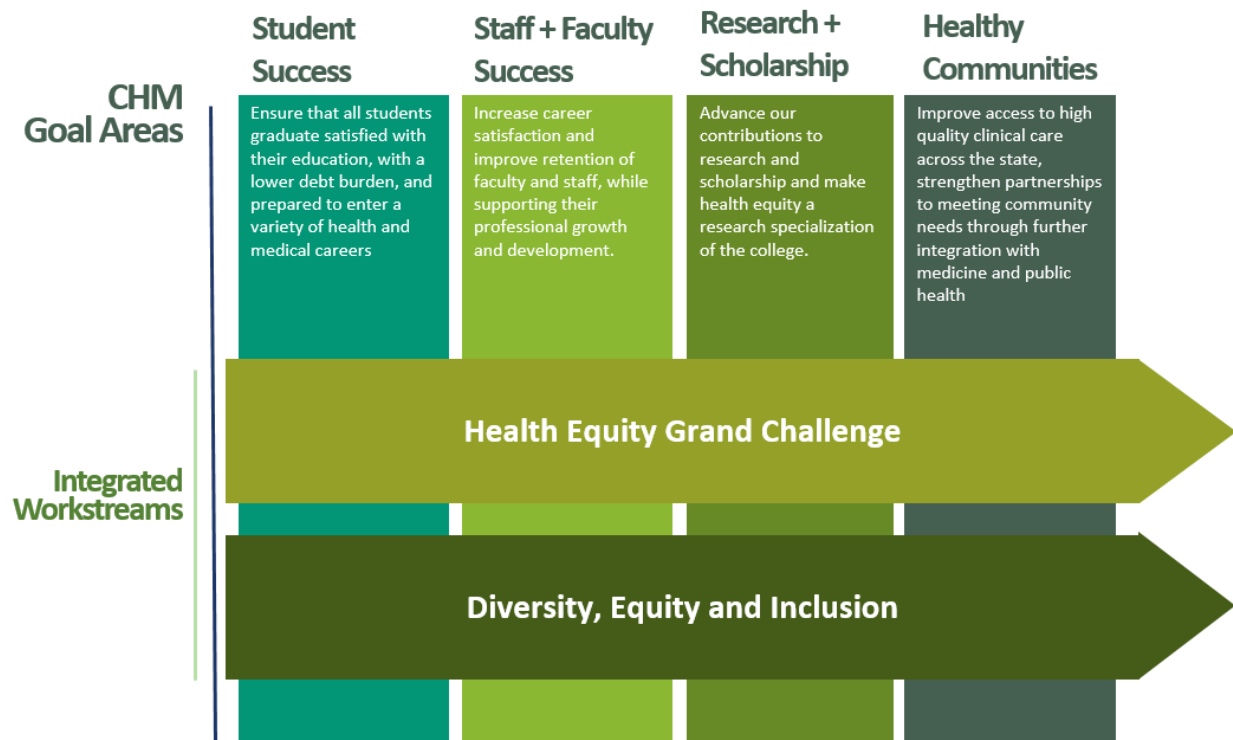
Like other facets of the plan, explained further in the following pages, an implementation workgroup focused on health equity will help to shape its ultimate development.

Strategic Goals and Pillars

Based on findings and insights identified through the planning process, the College of Human Medicine’s strategic planning committee identified four goal areas:

1. **Student Success:** Ensure that all students graduate satisfied with their education, with a lower debt burden, and prepared to enter a variety of health and medical careers.
2. **Staff and Faculty Success:** Increase career satisfaction and improve retention of faculty and staff, while supporting their professional growth and development.
3. **Research and Scholarship:** Advance our contributions to research and scholarship and make health equity a research specialization of the college.
4. **Healthy Communities:** Improve access to high quality clinical care across the state and strengthen partnerships to meet community needs through further integration of medicine and public health.

Two intertwined workstreams focused on Health Equity and Diversity, Equity and Inclusion cut across each of the goal areas and have been embedded into goal area strategies.



Below we describe the nine strategic imperatives for the next seven years followed by the specific tactics we will use to pursue or explore them.

**Student
Success**

1. Increase the percentage of students who **meet academic milestones and graduate satisfied** with their education
2. Lower **the debt burden** to students
3. Recruit, engage and support diverse students into varied career pathways and specialties

**Staff + Faculty
Success**

4. Increase **career satisfaction, workplace joy, and employee recruitment and retention**
5. **Support career growth and development**

**Research +
Scholarship**

6. Advance the college's reputation as a **premier research institution across all areas of research**
7. Make **health equity a research specialization** of the college

**Healthy
Communities**

8. Improve access to **high quality clinical care** across the state in collaboration with our community partners
9. **Strengthen partnerships** to meet community need and **reduce health disparities** through the **integration of medicine and public health**

Student Success

Ensure that all students graduate satisfied with their education, with a lower debt burden, and prepared to enter a variety of health and medical careers. Our work as a college is centered on the success and preparation of our students. All students deserve a positive educational experience that prepares them to become the health and medical professionals of the future. We are committed to providing our intentionally diverse student body with an array of support services that meet both academic and personal needs so that all college students graduate within anticipated timelines. In addition, we continue to explore ways to lower the overall cost of medical school attendance with tuition assistance and other funding supports.

Goal 1: Increase the percentage of students who meet academic milestones and graduate satisfied with their education

Strategy 1: Enhance the proactivity of academic support.

The college is focused on smoothing the transition of students into the academic environment through the provision of personalized support to students. For example, some students benefit from a review of foundational material, while others may need additional academic assistance to meet key academic milestones.

Strategy 2: Expand student access to non-academic and personal support.

We are committed to helping students successfully navigate the variety of planning and support services available to them. Through a mix of peer, faculty, and Student Affairs/graduate program supports, the college is strengthening the safety net of services designed to help students thrive.

Goal 2: Lower the debt burden to students

Strategy 1: Increase student scholarships and other funding opportunities.

The college is working with philanthropic partners to expand the availability of full and partial scholarships across different degree and certificate programs. In addition, we are committed to expanding programs that provide loan repayment and/or debt forgiveness options, including those based upon residency and workforce placements.

Strategy 2: Capitalize on the medical degree's competency-based flexibility so students can complete the MD degree requirements in less than 4 years.

The college will further develop opportunities for students to accelerate degree completion. For example, some medical school students have met all requirements and demonstrated key competencies and, thus, may be able to forgo their last semester.

Goal 3: Recruit, engage and support diverse students into varied career pathways and specialties

Strategy 1: Broaden student exposure to career exploration.

The college is committed to increasing student awareness of the array of career opportunities in health and medicine both in community and hospital settings, including but not limited to the health care industry, medical research, and health-related entrepreneurship.

Strategy 2: Strengthen mentorship for students from diverse backgrounds.

The college is committed to expanding and strengthening career mentoring for our diverse student population. This includes broadening our pool of mentors (faculty, staff, clinicians, partners, and alumni) and providing training on best practices in mentoring.

Strategy 3: Increase opportunities for students to engage in research and scholarship.

The college will create more opportunities for connection between students and research faculty early in students' educational program, identifying space within curriculum for enhanced research opportunities and research-oriented mentorships. Efforts will also include expansion of dual degree opportunities for students (MD-MBA, MD-MPH, MD-PhD, etc.).

Strategy 4: Create an academic medicine pathway program for medical students and residents.

The college will develop a program for interested students to explore careers as academicians, thereby creating an internal pipeline for future faculty. We will nurture interest among students and residents by providing teaching and curricular opportunities as part of the college experience.

Strategy 5: Advance our reputation as a premier training ground for future clinicians and graduate degree trained professionals from diverse backgrounds.

The college will invest in necessary communications resources to ensure its message to future applicants, current students and alumni reflects our mission and priorities as well as highlights our graduates' and students' success in a variety of career pathways and specialties.

Staff and Faculty Success

Increase career satisfaction and improve retention of faculty and staff, while supporting their professional growth and development. Our greatest asset is our people – faculty, support staff, and academic staff. We are committed to demonstrating the high value the College of Human Medicine places on all employees, recognizing and celebrating contributions, supporting work-life balance, and providing ongoing career and skill development. Our aim is to instill a sense of belonging and joy that translates into strong employee recruitment and retention.

Goal 4: Increase career satisfaction, workplace joy, and employee recruitment and retention

Strategy 1: Assess and respond to data on career satisfaction and employee retention.

The college will collect baseline qualitative and quantitative data against which to measure progress – and areas for improvement – at periodic intervals.

Strategy 2: Establish policies and practices to improve workplace diversity.

Through targeted outreach and increased representation of applicants from underserved populations and communities, the college will strengthen its commitment to diversifying staff and faculty, measuring progress against Michigan State University Diversity metrics.

Strategy 3: Promote a culture of inclusion, transparency, and employee engagement.

The college will examine policies, structures, and practices in terms of their influence on employee connections to the college, representation in governance, and engagement in decision-making. Where needed, policies, structures, and practices will be changed and aligned with core principles of equity and inclusion.

Strategy 4: Revise compensation packages to improve equity and retention.

The college will partner with the university to conduct a review of the entire compensation package for faculty and staff, evaluating it in terms of its influence on employee recruitment and retention. As part of this effort, the college will seek changes in policies tied to staff classifications to achieve equitable compensation.

Strategy 5: Advance our reputation for hiring and nurturing talent.

The college will prioritize and publicize efforts that highlight the college's support of career satisfaction, workplace joy and employee recruitment and retention.

Goal 5: Support employee career growth and professional development

Strategy 1: Standardize policies tied to faculty performance and mentoring.

The college will utilize best practices to standardize structures and policies governing performance reviews, supervisor feedback, and faculty mentorship (including non-tenure track faculty) across departments and campus locations statewide.

Strategy 2: Develop a roadmap that outlines career and leadership development for faculty, staff, and academic staff.

The college will define expectations and opportunities for faculty, staff, and academic staff to demonstrate citizenship and leadership roles designed to reinforce employee engagement and retention.

Strategy 3: Expand access to professional development for faculty, staff, and academic staff.

The college will increase awareness of existing, internal professional development and educational assistance resources and encourage utilization of these resources. As part of the standardization of participation in professional development, every employee will craft a plan tied to individual career goals and trajectory.

Strategy 4: Promote and build capacity of faculty, support staff, and academic staff to conduct public intellectual work.

The college will involve all faculty as well as interested support staff and academic staff in training designed to raise the college's profile and reputation in the larger community. This will include training in media, writing and speaking engagements, as well as web and social media visibility and outreach.

Research and Scholarship

Advance our contributions to research and scholarship and make health equity a research specialization of the college. We are committed to raising the profile of the College of Human Medicine as a leader in academic research. Through investments in faculty and staff recruitment, research infrastructure, and enhanced communication strategies, we will expand and strengthen our capacity to generate and disseminate relevant and actionable research. Health equity will assume a larger place in our research agenda, supported by funding, policy changes and other structural support.

Goal 6: Advance the college's reputation as a premier research institution across all areas

Strategy 1: Significantly increase federal and other research funding.

Increased faculty recruitment coupled with systemic identification of grant and other funding opportunities will yield a larger research and clinical trial portfolio for the college. This emphasis on research will also include support of intradisciplinary teams and partnerships between basic scientists, clinical scientists, and community partners. The college will prioritize the pursuit of large NIH, NSF, SAMHSA grants and other major opportunities that involve teams of researchers.

Strategy 2: Expand research infrastructure within the college.

The college will invest in the capacity of the research office to support more active engagement of faculty, while also strengthening relationships with the MSU Office of Research and Innovation. In addition, the college will continue to strengthen infrastructure to conduct clinical trials and other laboratory research.

Strategy 3: Foster faculty interest in pursuing federally funded research.

The college will create a program to build the capacity and skills of non-research focused and junior research-focused faculty and clinicians in grant and proposal writing. Through mentorship and skills development opportunities, more interested faculty will be engaged in research projects.

Strategy 4: Publicize major research initiatives and accomplishments.

The college will raise the profile of its research endeavors through increased focus on externally oriented communication. Investments in staffing and infrastructure for the college's Marketing and Communications Office will accompany this focus.

Goal 7: Make health equity a research specialization of the college.

Strategy 1: Nurture the talent and interests of faculty and students in health equity.

Through the development of certificate programs, summer institutes, and other programs (e.g., Research to Reduce Disparities in Disease Program), the college will provide opportunities for faculty and students to learn about and become involved in research that addresses health equity.

Strategy 2: Encourage research that connects to health equity and social justice agenda.

The college will encourage research-focused faculty members to integrate an aspect of health equity into their research agenda. Each unit/department will identify at least one point person willing to collaborate on a health equity research program or project including community-based participatory research, implementation science, and/or clinical trials.

Strategy 3: Create collaborative networks/communities of researchers around health equity.

The college will establish a multi-disciplinary program for building awareness of health equity and advancing research that explicitly integrates health equity. This “hub” will leverage emergent opportunities and forums around MSU Sustainable Health goals to bring together multi-disciplinary faculty and researchers from across the university. The college will provide funding and stipend for a position to facilitate emerging collaboratives and communities of practice focused on health equity.

Strategy 4: Recruit and retain research faculty focused on health equity (see also Staff and Faculty Success).

The college will institute pathways into tenure track positions for faculty (e.g., post-docs who are NIH Principal Investigators), prioritizing faculty with health equity research portfolios and interests who are also underrepresented in medicine.

Healthy Communities

Improve access to high quality clinical care across the state, strengthen partnerships to meeting community needs through further integration with medicine and public health. As a community based medical school, our faculty provide care throughout the state of Michigan. Yet demands on faculty time as well as significant market pressure and ongoing changes in the health care industry require us to focus our investments and consider how and where we can best serve the community. We will start by assessing our own capacity as well as the needs of the community. Our priority will be on attracting and retaining clinicians reflective of the communities they serve as part of our efforts to reduce community health disparities. We will further explore how we can leverage assets outside of the clinical setting, including our public health colleagues, to integrate and advance health equity. All the while we must invest in our community campuses and provide the infrastructure needed to provide the highest quality and most accessible care possible.

Goal 8: Improve access to high quality clinical care across the state in collaboration with our community partners.

Strategy 1: Establish hybrid on-site and telehealth clinical models to expand community access (particularly in rural communities) with community partners. The college will assess community needs and its own clinical capacity to create a viability plan for how best to serve the needs of communities across Michigan. The plan will seek to establish hybrid on-site and telehealth options to help expand access in rural and/or remote areas of the state and meet the needs of these community and hospital partners.

Strategy 2: Develop a recruitment and retention plan for clinicians and specialists in coordination with Office of Health Sciences, MSU Health Care, and other colleges at MSU. On our own and with university partners, the college will systematically assess clinical capacity, prioritize recruitment, and enhance retention. The resulting plan will explore year 1 funding options for clinicians based on hiring priority as well as longer term sustainability planning. Data from college and university vacancy rates, exit interviews, community need, and market assessments will be used to help identify gaps and develop recommendations.

Strategy 3: Create standardized scaled best practices for all eight (8) campuses on how to partner and collaborate with community partners to improve access to care. The college will identify needs and standardize infrastructure for students and faculty across the eight campuses. The college aims to develop financial support strategies that will establish a pool of funds that can be used to further invest in campus communities. In addition, the college will facilitate cross collaboration and communication among faculty and across campuses to improve outcomes in all missions.

Strategy 4: Collaborate with community partners to attract and retain clinicians who can improve health care access in underserved communities. The college will develop pipeline programs and incentives to recruit and retain clinical faculty focused on reducing health disparities as well as those from underserved communities. The

college will further consider creating a "health equity" pool to support recruitment and retention of faculty serving underserved, hard to reach communities as part of its grand challenge.

Strategy 5: Advance our reputation in providing high quality, community-based care.

The college will identify and improve challenges in practice plan environments, including administrative efficiencies, policies, electronic medical records (EMR) and scheduling with an eye toward increasing care and our reputation. The college will further evaluate establishing minimum effort percentages for clinical and academic responsibilities to support the clinical mission.

Goal 9. Strengthen partnerships to meet community need and reduce health disparities through the integration of medicine and public health

Strategy 1: Continue pioneering community-partnered institution building including exploration of community stakeholder governance structures.

The college will explore establishing a community stakeholder governance structure for the college and its departments. It will also seek to build the capacity of community partnerships, developing deeper relationships with community providers serving underserved, uninsured communities across our campuses.

Strategy 2: Strengthen hospital partnerships across the state to match the educational needs of the college with the clinical needs of the hospital and the community they serve.

The college will assess and enhance data and information sharing between itself and its community hospitals. It will further develop performance dashboards based upon agreed upon data (e.g., number of students that return to a community of practice, MSU financial impact on the community) to help support and advance mutual needs.

Strategy 3: Enhance partnerships with government and philanthropy that enable the College of Human Medicine to serve low-income / uninsured community members.

The college will pursue and expand opportunities to work with government and philanthropic partners to better understand and meet community needs. This will involve relationship building with philanthropy and government agencies in each of our campus locations. In close communication with the college's Advancement Office, we will advocate for government funding that will enable the college to serve more low-income and uninsured community members.

Strategy 4. Develop and strengthen partnerships within the college and across the university focused on health equity and sustainable health goals.

The college will support cross-departmental and cross-college collaborative efforts for program development and service enhancement.

Strategy 5: Engage in a broad effort to evaluate a name change to the College of Human Medicine and Public Health.

The college will undertake a broad and inclusive conversation to ensure that our name, mission, and other attributes are consistent with the focus, needs, and priorities of its people.

How We'll Implement and Measure Progress

Steering Committee

The College of Human Medicine will form a **Strategic Planning Steering Committee (SPSC)** to oversee and guide the effort. The SPSC committee will consist of 6-8 members, who will meet quarterly to monitor progress on implementation. The SPSC will support coordination between implementation workgroups, advise implementation workgroups on consistency of their efforts with the spirit of the strategic plan, and work with the dean to ensure efforts are appropriately resourced. The SPSC will initially meet monthly through first quarter calendar year 2023 to finalize workplans and methods and determine appropriate measures of progress. The SPSC will also develop a communications plan to update the college and university of our efforts and initiatives. They will also help present success/progress to groups of constituencies of whom they are members.

Implementation Workgroups

Implementation workgroups formed by the strategic planning steering committee will drive different areas of the plan. The workgroups mirror the key strategic areas, the grand challenge and ongoing committee work focused on diversity, equity, and inclusion:

- Health Equity Grand Challenge
- Dean's Advisory Committee on Diversity
- Student Success
- Staff and Faculty Success
- Research and Scholarship
- Healthy Communities

Five implementation workgroups consisting of 8-10 members each will be selected to ensure broad representation across the college, inclusive of the key constituencies and reflective of the diversity of our community. The dean will discuss workgroup membership with the SPSC to ensure equitable representation.

Methods and Indicators

During the plan development process, workgroups discussed indicators the college may use to track progress toward key goals (see draft list below). Implementation workgroups will propose a set of indicators, and an explanation of methods for collecting and analyzing them, during the first quarter of calendar year 2023. Final recommendations will be presented to the SPSC to identify areas of synergy and overlap across workgroups.

➤ Student Success

- Number of students paired with a mentor
- Number of URM students
- Student debt
- Graduation rate
- Step 1 Pass Rate
- Academic staff satisfaction/turnover

➤ Faculty and Staff Success

- Faculty/staff recruitment
- Faculty/staff retention
- New faculty and staff hired

➤ Research and Scholarship

- Number/number of submissions by type
- Number/amount awarded
- Percent connected to Health Equity (\$/#)

- Number of publications by type
- Research staff/faculty satisfaction and retention
- Cost/revenue

➤ Healthy Communities

- Number of grads working in Michigan
- Number of grads working in underserved areas
- Type of clinical practice of grads
- Clinical staff/faculty satisfaction and retention
- Residency placement in partnering hospitals
- Med school placement at partnering hospitals
- Cost/revenue
- Economic impact in community
 - Research
 - Clinical care

Strategic Planning Process

The College of Human Medicine designed an inclusive strategic planning process with support from experienced external consultants HMA Community Strategies. The strategic plan was developed through a phased process of discovery, stakeholder engagement and strategy development. Each phase is briefly described below.

Discovery. The planning process began with the identification of a “core” planning team consisting of the dean, associate dean of administration and the executive director for academic affairs. Once identified, HMA consultants conducted a review of the college’s organizational documents, including past plans and materials about the college, as well as data relevant to college enrollment, demographic composition, and financial position. The desk review also included an environmental scan that included an examination of the college’s competitors and partners, and reports related to medical education and workforce development, research, and clinical practice.

To help steer the strategy work, the college formed a strategic planning committee to serve, which became the primary vehicles for discussion and presentation of ideas and recommendations. To form the committee, the dean’s office requested nominations for potential members. Twenty-eight (28) members were ultimately selected based on knowledge and experience with different aspects of the college. Members included students, staff, faculty, and a community member hailing from across different college campuses (14 were from East Lansing, 5 from Flint, 8 from Grand Rapids as well as members from Boyne and Traverse City). More than one-third (38%) of the committee identified as Black, Asian, or Latinx and 34% were non-faculty members (i.e., a student, staff, or community member).

Stakeholder Engagement. With input from the core team and members of the committee, HMA consultants conducted a series of focus groups and interviews draw in additional perspectives. Questions were developed collaboratively and based in part on a comprehensive SWOT analysis with committee membership who helped to surface issues for exploration early on in discussion. The college reached out to more than 30 potential stakeholders, including hospitals, university leadership, government officials and funding partners, and 20+ interviews were scheduled and conducted. In addition, HMA consultants conducted six focus groups with staff, students, and alumni. These included:

- A focus group with members of the Dean’s Staff Advisory Council
- A focus group faculty and staff focused on academics, recruitment, and retention
- A focus group with faculty and staff focused on the research enterprise
- Two focus groups with a mixture of 1st, 2nd, 3rd, and 4th year students
- A focus group with the College of Human Medicine’s Alumni Board

Information from the interviews and focus groups were anonymized and organized into key themes and findings and brought back to the committee for discussion. Committee members helped to further process stakeholder finding and to identify five key workgroups that further analyzed findings and developed the proposed goals and strategies outlined in this plan.



Strategy Development. The college used the strategic planning committee structure as the primary venue to consider and discuss strategy recommendations. From the start of the process to the end, the committee met eight times (seven times virtually 1.5- and 3-hour meetings and a half day in-person meeting in East Lansing). While the committee structure was the place where much of the discussion happened, the development of the goals, strategies and tactics was developed outside of the committee through planning workgroups. These included a workgroup focused on health equity and a grand challenge, a workgroup focused on staff and faculty affairs, a workgroup focused on student success and support, a workgroup focused on the college’s clinical enterprise, and a workgroup focused on research and college identity. These workgroups were comprised of both committee members and “extended members” who had additional or complementary skills or perspective to draw into the discussion. Workgroups developed goals and strategies, as well as preliminary activities and metrics, and presented their ideas to the planning committee. Feedback was incorporated and presented back to the committee in the form of a strategic framework with the support of HMA consultants.

A note of deep appreciation. This plan was only possible because of the time and commitment committed by the college’s staff, faculty and students and representatives from our community. The following pages identify the individuals who formally contributed to this plan either through service on the planning committee, the extended workgroup structure, or through an interview. (Note: it does not include all the individuals who participated in the focus groups).

Strategic Planning Committee

Patrick Arnold

Public Health Student

Mike Brown

Dept. Chair, Emergency
Medicine

Walter Esselman

Senior Associate Dean,
Research

Dave Kaufman

Dept. Chair, Neurology

Jerry Kooiman

Assistant Dean and Chief
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E. Yvonne Lewis

Founder/CEO of the National
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Wanda Lipscomb

Senior Associate Dean,
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Hurley Medical Center

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Robert Flora, Chief Academic Officer, President at BSHS Spectrum Health West

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City of Lansing

Andy Schor, Mayor

The Mott Foundation

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