

STRATEGIC PLAN

2023 ———— 2030



WE'RE A **DIVERSE, INNOVATIVE,**
EVOLVING AND **EMERGENT**
MEDICAL COLLEGE.





TABLE OF CONTENTS

A MESSAGE FROM THE DEAN 2

MISSION & VISION 4

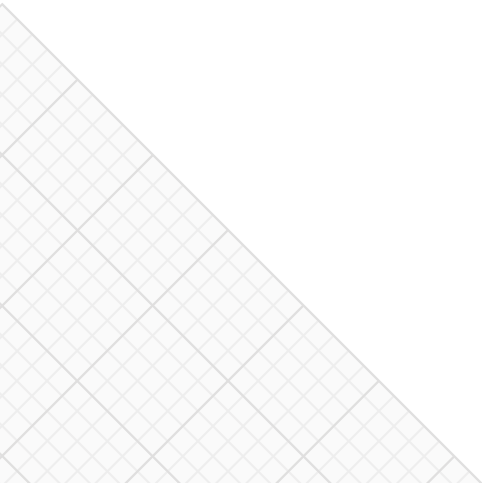
WHO WE ARE. WHAT WE DO 8

WHERE WE ARE HEADED 14

STRATEGIC PILLARS & GOALS 18

STRATEGIC PLANNING PROCESS..... 48

IMPLEMENTATION & METRICS 56



A MESSAGE FROM THE DEAN.

For more than 60 years, Michigan State University College of Human Medicine has been a training ground for physicians and scholars on the leading edges of medicine, research, and service to the medically underserved.

Over the years, we have expanded from our birthplace in East Lansing to our headquarters 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, alumni, faculty, staff and academic 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 College of Human Medicine Strategic Plan. What follows is a high-level blueprint that will help the college focus its activities and investment through 2030. 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.

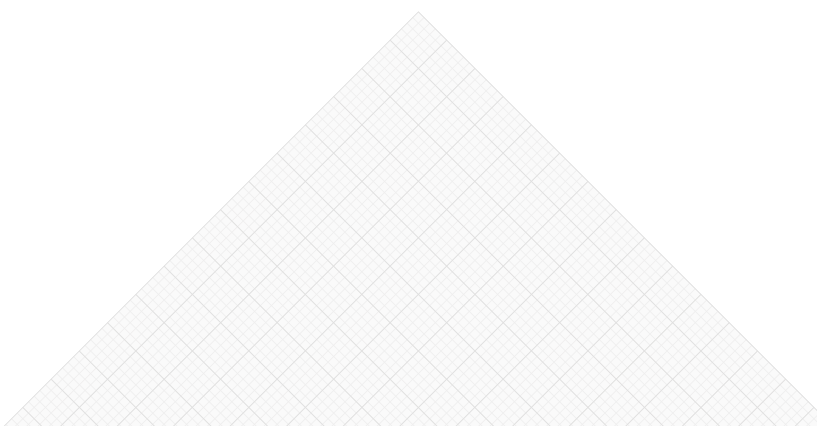




Through a series of generative conversations with a Strategic Planning Committee comprised of a diverse group of academic staff, support staff, faculty, students, and community, four key areas emerged: (1) student success, (2) staff and faculty success, (3) research and scholarship, and (4) healthy communities. These four areas become our strategic pillars that both intersect and overlap with the university's strategic plan and set us on a path toward continued growth and success over the next several years. Core to the plan is establishing a Health Equity Grand Challenge, as well as policies and practices that promote diversity, equity, and inclusion 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 groundbreaking 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.

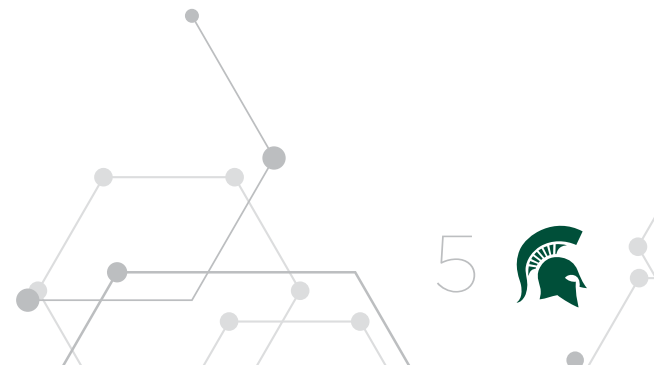
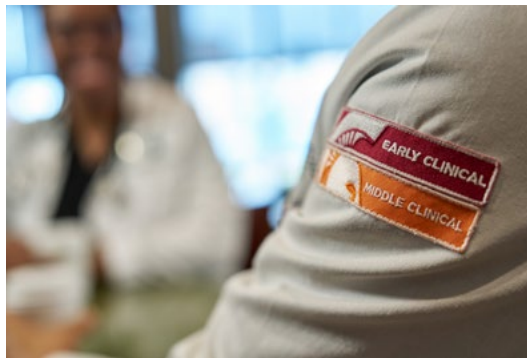
Aron Sousa, MD, FACP
Dean, Michigan State University College of Human Medicine





OUR 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.



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 that is also responsive to the needs and contributions of all persons.

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





WHO WE ARE. WHAT WE DO.



...in the most
...of, but when, who
...covered the area,
...with according to her
...new bills, or simply
...giving the story, which
...ed to mean. Making
...the program, a small
...the award and paper
...would or two more,
...what, can one find
...community who

CONCLUSION
The research in this area is still in its early stages and more studies are needed to confirm the findings. The results suggest that the use of the program is a promising approach to improve the quality of care for patients with chronic conditions. The program is easy to use and can be implemented in a variety of settings. Further research is needed to evaluate the long-term impact of the program on patient health and healthcare costs.

DISCUSSION
The findings of this study are consistent with previous research that has shown that patient education and self-management programs can lead to improved health outcomes. The program is a low-cost, scalable intervention that can be used in a variety of settings. The program is easy to use and can be implemented in a variety of settings. Further research is needed to evaluate the long-term impact of the program on patient health and healthcare costs.



MICHIGAN STATE UNIVERSITY COLLEGE OF HUMAN MEDICINE IS A DIVERSE, INNOVATIVE, WORLD CLASS MEDICAL COLLEGE. ITS ROOTS IN MEDICAL EDUCATION, CLINICAL CARE AND DISCOVERY RUN DEEP.

Embedded in the nation's first, and one of its largest, land grant universities, the College of Human Medicine has long been a pioneer. The medical school was among the first to provide community integrated medical education – one that is not reliant on a single hospital or hospital system, rather partners with hospitals across the state to provide exceptional clinical experiences for our students.

Building on this legacy, the college has adopted a curriculum that is designed to parallel the environment in which many physicians typically practice. The college 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 more than 100 clinical locations. Third and fourth-year students in the Late Clinical Experience engage in disciplinary clerkships at more than a dozen primary teaching hospitals and nearly 60 community hospitals throughout Michigan in eight community campuses. In addition, the college has developed several specialized certificate programs that include Leadership in Medicine for the Underserved, Leadership in Rural Medicine, and Partners for Public Health.

The result of these efforts is an average annual enrollment 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 degree) programs in Epidemiology and Biostatistics, and a newly accredited Master of Public Health degree program.

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 leverages 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 on mechanisms underlying human diseases and their integration (e.g., Charles Stewart Mott Department of Public Health, Epidemiology and Biostatistics, Biochemistry and Molecular Biology, Microbiology, Genetics and Immunology, 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 through MSU Health Care. One of the single largest clinical practices in the Lansing community, MSU Health Care offers multiple primary and specialty services, as well as a pharmacy, laboratory, and radiology services.

1964

**MEDICAL SCHOOL
ESTABLISHED**

6th

**RANKED IN SOCIAL
MISSION**

8

**COMMUNITY
CAMPUSES**

6,236

**SPARTAN MDS
(ALUMNI)**





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. The college's public health research and programs are aimed at combating health disparities more effectively and consistently by addressing factors that impact health. Many of the college's departments have invested in public health-related faculty, and approximately 50% of the college's current NIH funding comes from public health projects.

One of the college's critical assets is the Charles Stewart Mott Department of Public Health. The unit 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. Most of the college's named professorships are in this department, which has led endowment funding to more than triple in size. Alongside a robust, innovative, and community-centered research agenda, are both medical students and more than 200 Master of Public Health students at any given 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 in respect to its identity that will be critical to answer in the coming years.





WHERE WE ARE HEADED.




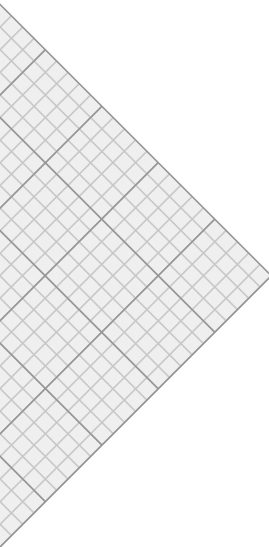
The College of Human Medicine faces the inherent complexity of having multiple missions (comprised of 800 medical students, 200 MPH students, eight campuses, and more than 150 hospital and clinical affiliations and partnerships). This complexity pales in comparison to the fundamental issues facing the nation's health system today. At a minimum, these include the 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 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.

1. Braverman, 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





The COVID-19 pandemic 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.
- 2. Creating an academy or network around health equity to serve as a community of practice.** Possible organizing options recommended include 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.

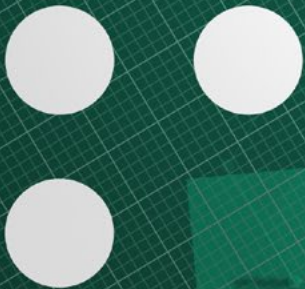
Like other facets of the plan, explained further in the following pages, an implementation workgroup focused on health equity, shaping its ultimate development.







STRATEGIC PILLARS & GOALS.





STRATEGIC PILLARS

Based on findings and insights identified through the planning process, the College of Human Medicine's strategic planning committee identified four Strategic Pillars of the Strategic Plan:

- 1. Student Success:** Ensure all students graduate satisfied with their education, with a lower debt burden, having learned in a positive environment and prepared to enter a variety of health and medical careers.
- 2. Staff & Faculty Success:** Increase career satisfaction, workplace joy, and improve retention of faculty and staff, while supporting their professional growth and development.
- 3. Research & 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, the Health Equity Grand Challenge and Diversity, Equity and Inclusion, cut across each of the goal areas and have been embedded into the strategic plan strategies.



STRATEGIC PILLARS

STUDENT SUCCESS

Ensure all students graduate satisfied with their education, with a lower debt burden, learning in a positive environment and prepared to enter a variety of health and medical careers.

STAFF & FACULTY SUCCESS

Increase career satisfaction, workplace joy, and improve retention of faculty and staff, while supporting their professional growth and development.

RESEARCH & SCHOLARSHIP

Advance our contributions to research and scholarship and make health equity a research specialization of the college.

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.

INTEGRATED WORKSTREAMS

HEALTH EQUITY GRAND CHALLENGE

DIVERSITY, EQUITY & INCLUSION

IMPLEMENTATION WORKGROUPS

Andrea Wendling*
Wanda Lipscomb*
Mieka Smart
Joel Maurer
Iris Kovar-Gough
Amy Greenberg
Dave Baroness
Darline El Reda
Ross Ramsey
Simon Zetuna
Mathew Myers

Nara Parameswaran*
Lisa Pasbjerg*
Bethany Ford
Kris Stroud
Mike Lewis
Kelly Hirko
Sarah Enlow
Hend Azhary
Mike Williams
Heather Hazzard
Toya Pruitt
Kelly Hodges
Nathan Kuhn

Jack Lipton*
Brad Kline*
Jeff MacKeigan
David Baroness
Morteza Mahmoudi
Stacey Missmer
Walt Esselman
Scott Counts (CAC Chair)
Dohun Pyeon
Judith Lin
Dick Sadler
Heatherlun Uphold
Amanda Schoonover
Noah Carson (MD student)
Anna Moore

Julie Phillips*
Supratik Rayamajhi*
Wayne McCullough
Chad LaRue
Kris Allen
Jerry Kooiman
Jon Gold
Mike Brown
Kent Key
David Klee
Jennifer Edwards-Johnson
Marian Bezih
Norman Chamusah

* Implementation Workgroup Co-Chairs

STRATEGIC PILLAR #1
STUDENT
SUCCESS

GOALS

Below are the nine goals – the college’s strategic imperatives through 2030:

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

STRATEGIC PILLAR #2
STAFF &
FACULTY
SUCCESS

4. Increase career satisfaction, workplace joy, and employee recruitment and retention
5. Support faculty, staff and academic staff career growth and professional development

STRATEGIC PILLAR #3
RESEARCH &
SCHOLARSHIP

6. Advance the College of Human Medicine’s reputation as a premier research institution across all areas
7. Make health equity a research specialization of the college

STRATEGIC PILLAR #4
HEALTHY
COMMUNITIES

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

STEERING COMMITTEE**

Aron Sousa (Co-Chair)
Julie Phillips (Co-Chair)
Carol Parker
Andrea Wendling

Wanda Lipscomb
Nara Parameswaran
Jack Lipton
Brad Kline

Scott Counts (CAC Chair)
Sean Valles (DACD Chair)
Heather Hazzard
Noah Carson

** The steering committee includes students, staff, and faculty as well as representatives from different communities with different backgrounds/skills/expertise. Most steering committee members are part of implementation workgroups in addition to their role on the steering committee.



STRATEGIC PILLAR #1

STUDENT SUCCESS

...broken. No blood
changed except a few drops
the direction of the skin. So do
and penetrating was the odor of di-
pne. Out it adhered to my fingers,
though repeatedly washed, for se-
veral days, and to my gloves, which
I put on, on my way homeward,
for several weeks.
On the next day after this, the
business seemed to be better; but
only in the morning of the next
day, her sister, who slept with
me, had awoken, and
according to her





Ensure all students graduate satisfied with their education, with a lower debt burden, having learned in a positive environment 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 of the college's 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: Augment the academic experience for students across all educational programs.

Bolster foundational skills and support programmatic transition to enable students to learn effectively in their program | Strengthen the curriculum to support students in meeting academic milestones | Identify struggling students early and direct them to targeted academic support | Improve student satisfaction and sense of belonging | Strengthen preparation of students to develop into effective professionals | Provide ongoing support for faculty to be effective instructors and/or advisors

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

Train faculty and staff to better support non-academic needs of students | Support student ability to develop, regain, and maintain wellness, especially during times of transition | Increase student access to and awareness of mental health and wellness supports, financial aid, career mentoring, research opportunities, primary care physicians, and other necessary non-academic supports | Strengthen mentoring networks for students

Strategy 3: Improve the learning environment for all students.

Create a culture in which all faculty, staff, and students treat each other with respect, kindness, and empathy | Enhance structures and supports that promote students' sense of belonging to feel effective, valued and cared for members of a community | Identify and address student mistreatment in all learning environments





GOAL 2: LOWER THE DEBT BURDEN TO STUDENTS

Strategy 1: Increase student scholarships, graduate assistantships for graduate students, and other funding opportunities.

Expand and prioritize student scholarships for advancement efforts | Expand integrated programs that provide loan repayment options or forgiveness including medical school to residency to workforce | Increase student awareness of external scholarship opportunities that support our mission, such as National Health Service Corps or military scholarships | Expand opportunities for graduate assistantships within the college that support graduate students | Consider alternate tuition models, such as one total tuition amount for the MD degree, and their impact on overall student debt

Strategy 2: Reduce time to degree for graduate and medical students.

Capitalize on the medical degree's competency-based flexibility so students can complete the MD degree requirements in less than four years | Accelerate average time to completion of degree for graduate students

Strategy 3: Improve financial literacy and financial health of students from pre-matriculation to graduation.

Work with the Michigan State University Office of Financial Aid on resources to develop and offer comprehensive programming to improve student's financial literacy | Work with the Michigan State University Office of Financial Aid to develop programming to prioritize students' financial health





GOAL 3:

RECRUIT, ENGAGE AND SUPPORT DIVERSE STUDENTS INTO VARIED CAREER PATHWAYS AND SPECIALTIES

Strategy 1: Broaden student exposure to diverse career opportunities.

Increase engagement between students and alumni by leveraging the college's alumni network | Increase awareness of career opportunities | Expand career preparation educational opportunities for medical students including certificates (Leadership in Medicine for the Underserved, Partners for Public Health, and Leadership in Rural Medicine) and graduate programs (MD-MS, graduate certificates, MPH-MS, MD-PhD, MD-MPH, MD-MBA, etc.)

Strategy 2: Strengthen mentorship for students from diverse backgrounds.

Create an intentional pathway for future faculty mentors from diverse backgrounds | Provide professional development to enhance career mentoring experiences in support of our diverse student body | Provide students with a broader pool of mentors including professionals from diverse backgrounds

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

Create opportunities that connect students and faculty more frequently and earlier in their college experience | Expand financial support for student research and discovery | Expand the college MD-PhD program above the current two students per year

Strategy 4: Advance our reputation as a premier training ground for future clinicians and graduate degree trained professionals from diverse backgrounds.

Create communications plan targeting potential applicants, students, faculty, and staff recruits to share success of our students in a variety of career pathways and specialties | Engage alumni and students in the college's communications efforts | Update website to share information about programs the college has and showcase success

Strategy 5: Continue efforts to recruit, educate, and graduate a diverse medical student body and enhance these efforts for our graduate programs.

Support pathway programs to prepare a diversity of future students for health sciences and health care professions | Provide appropriate support services to facilitate students' transition to medical/graduate school and encourage an inclusive learning environment that values diversity of people and opinions | Communicate to potential applicants the efforts underway to recruit and support a diverse student body



STRATEGIC PILLAR #2

STAFF & FACULTY SUCCESS



Increase career satisfaction, workplace joy, and improve retention of faculty and staff, while supporting their professional growth and development.

Our greatest asset is our people — faculty, staff, and academic staff. We are committed to demonstrating the high value the College of Human Medicine places on all team members, fostering an inclusive environment, recognizing and celebrating contributions, 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.

Survey for employee satisfaction at pre-determined intervals (e.g. one, three/four and seven years) and work with college leadership to design responses | Evaluate and monitor why people stay at the College of Human Medicine and why people leave (standardized exit interviews/procedures with communication and resolution strategies); include pre-planning with departments and units on anticipated terminations/layoffs

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

Streamline and update search committee policies, procedures, and process specific to: using inclusive language and consistent DEI statements in all job descriptions, committee composition (AAA), advertisement and posting composition, and how to leverage personal/professional networks to support individual recruitment efforts and timelines | Develop, revise, and enhance toolkits to support employee recruitment highlighting mechanisms to recruit a diverse applicant pool and share broadly to support usage | Pilot new employee referral programs that may exist in other units or universities in support of our commitment to diversify our community

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

Train college committees with governance responsibilities on effective governance to promote engagement | Train committees to recognize and resolve implicit bias and reinforce diversity, equity, and inclusion principles | Implement strategies for faculty, staff, and academic staff from all community campuses to participate in college governance | Hold leaders accountable for good communication practices and transparency in decision-making | Develop strategies designed to create community engagement and connections to support inclusion, enhance belonging, and increase joy | Prioritize and publicize efforts that highlight the college's support of career satisfaction, workplace joy, and employee recruitment and retention (external focus)

Strategy 4: Review and advocate for updates to compensation and benefits to improve equity and retention.

Work with the university to evaluate compensation and benefits to proactively advocate for adjustments to improve equity and retention | Ensure compensation has an element/is tied to performance





GOAL 5:

SUPPORT FACULTY, STAFF, AND ACADEMIC STAFF CAREER GROWTH AND PROFESSIONAL DEVELOPMENT

Strategy 1: Standardize policies tied to faculty and staff performance and evaluation.

To support faculty, staff, and academic staff career growth (including promotions) and professional development, prioritize completion of annual reviews, consistency of feedback, and compliance with university policies for annual reviews | To increase consistency across departments and sites for performance evaluation and feedback, ensure all leadership and supervisors (including PIs) have training/expertise on how to provide feedback and conduct effective annual reviews | Support faculty, staff, and academic staff efforts to identify and secure mentor(s) which may include creating matching/training programs; develop a culture and language for describing mentoring and related ideas college wide

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

New employee orientation for all with topics such as: unions, career development, accessing raises and promotions, developing a network of mentors, and engaging as a citizen of the College of Human Medicine | Develop guidance for planning career advancement in the early career (e.g. first 5–7 years in a position) for all faculty, staff, and academic staff | Develop guidance for planning ongoing career advancement for mid to late faculty, staff, and academic staff | Expand skills for mentoring in all faculty, staff, and academic staff | Ensure all individuals with oversight and supervisory responsibility access ongoing training/learning opportunities for supervision, management, leadership development, and mentoring | Engage with HR on how to improve information about and transparency of faculty and staff promotion and advancement



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

Support professional development and educational assistance opportunities for faculty and staff in a consistent and transparent way across the college

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

Establish a speaker's bureau and media training for all faculty and interested staff | Enhance web and social media visibility and outreach efforts | Develop an Op-Ed training program and encourage participation by faculty and staff | Institute public intellectual requirement for College of Human Medicine students (MPH, PhD, MS, MD)



STRATEGIC PILLAR #3

RESEARCH & 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 faculty development, policy changes, and other structural support.



GOAL 6:

ADVANCE THE COLLEGE OF HUMAN MEDICINE'S REPUTATION AS A PREMIER RESEARCH INSTITUTION ACROSS ALL AREAS

Strategy 1: Significantly increase federal and other research funding.

Develop and implement a plan for enhancing faculty skills that includes a formal needs assessment and addresses all types of funding sources/research types (Determine our strengths and weaknesses/ Conduct a needs assessment for faculty development and necessary infrastructure) | Align faculty recruitment and productivity with college goals and resources | Sponsor faculty success programs to provide support for innovative, early-stage research relevant to external strategic funding priorities such as pilots, discretionary funding, boost awards with health equity as a priority, and staff bridge funding | Develop and implement a comprehensive approach to encourage and support faculty to pursue large, complex multi-project proposals | Grow the number of training grants and career development awards within the College of Human Medicine and thereby increase the quality and number of trainees that can be supported

Strategy 2: Expand research infrastructure within the College of Human Medicine to accommodate growth in the college research portfolio.

Work with the university research leadership to create a mechanism that ensures coordinated/ shared cutting-edge core research infrastructure (BRIC, IRB, equipment, vivarium, etc.); the college would engage with BRIC, other centers, or the VPR to develop user satisfaction surveys to determine whether there are certain institutional or cultural traditions that inhibit the easy utilization of MSU common resources | Facilitate financial sustainability of core research infrastructure | Annually create and update grant-ready documents that describe facilities, resources, and policies/compliance plans (e.g., NIH data sharing) for College of Human Medicine investigators; support department compliance efforts by expanding the centralized post-award support commensurate with department needs | Faculty Affairs and Research offices work together to develop economies of scale for supporting career advancement for research-intensive and research-adjacent faculty

Strategy 3: Increase proportion of faculty pursuing and collaborating on federally funded research.

Facilitate physician faculty participation in research projects | Mitigate the impact on compensation of physician faculty, streamline regulatory hurdles/barriers, so that they may participate in extramural research without penalty or difficulty | Prioritize and address department cultural and discipline specific differences that support faculty success such as creating equitable extramural support expectations for research-intensive faculty across units | Explore faculty pathways into tenure track positions for those being trained within the college that express a desire and aptitude to become research-intensive PIs within university policy

Strategy 4: Publicize major research initiatives and accomplishments.

Develop a comprehensive communication plan for major initiatives, such as the Health Equity Grand Challenge, and accomplishments based on successful mechanisms and annually revised | Develop workshops to prepare faculty to interact in the public relations space, through written or spoken formats palatable to the lay public and donors | Organize regional and national symposia to bring networks of researchers sharing a discipline to meet (with the College of Human Medicine as the venue)



GOAL 7:

MAKE HEALTH EQUITY A RESEARCH SPECIALIZATION OF THE COLLEGE

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

Create and support educational events/programs for staff, students, faculty, and other health professionals interested in pursuing a specialization in health equity

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

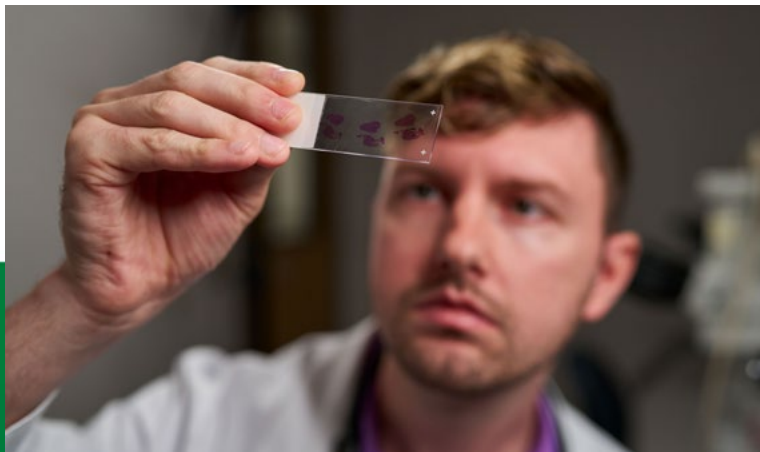
Establish health equity as a Grand Challenge within the college | Encourage each unit/department to collaborate on a new health equity research program or project | Incentivize the pursuit of community-engaged, health equity-focused extramural funding that requires teams of researchers and community representatives | Encourage research focused faculty members to integrate an aspect of health equity to support a multi-disciplinary center or large health research program | Create mechanisms to facilitate support from bioethics/social justice/health equity focused faculty

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

Form research communities from similar areas of focus and disciplines around health equity for the college and welcome those beyond the college

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

When advisable, reclaim positions when someone leaves a unit; recycle the position to focus on health equity | Proactive efforts to ensure health equity faculty feel celebrated and included (e.g. honorifics, access to leadership programs)







STRATEGIC PILLAR #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.

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 start by assessing our own capacity and the needs of the community. Our priority is 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.



GOAL 8:

IMPROVE ACCESS TO HIGH QUALITY CLINICAL CARE ACROSS THE STATE

Strategy 1: Expand hybrid (on-site and telehealth) clinical models to increase community access (particularly in rural communities) with community partners.

Inventory the hybrid on-site and telehealth that the College of Human Medicine currently provides through employed physicians | Identify community clinical care needs that the college's faculty can potentially meet and engage community partners on how the college can support | Identify technology barriers creating digital disparities and work toward solutions, specifically patient internet/hardware availability

Strategy 2: Develop a recruitment and retention plan for clinicians and specialists to meet community needs in coordination with the Office of Health Sciences, MSU Health Care, and other colleges at MSU.

Identify current clinical capacity, prioritize system wide, and align recruitment and Year 1 funding support based on hiring priorities to create a multi-specialty recruitment plan | Develop a financial plan and accompanying fund that supports recruitment and can sustain retention over time (e.g., percent of college program support) | Ensure that current salaries are set equitably to meet market rates | Assemble data on clinical departures (including exit interviews to understand why they are leaving and where they are going) and improve feedback loop | In partnership with MSU Health Care, assess clinician satisfaction and implement improvements that increase clinician satisfaction | Ensure sufficient resources are allocated to primary care departments to address community health disparities | Advocate for increased transparency in financial decisions between the college, its departments, and faculty group practice



Strategy 3: Collaborate with community partners to attract and retain clinicians to improve health care access in underserved communities.

Identify and describe exemplar collaborations between the college and community partners that have expanded access to care | Establish a “health equity” funding pool to support recruitment and retention of faculty serving underserved, hard to reach communities | Establish incentives (recognition, effort, professional development funds, financial bonus) to encourage and help to support clinical faculty focused on underserved communities | Identify, engage and recruit our graduates who committed to our mission to become faculty

Strategy 4: Advance our reputation in providing high quality, community-based care.

Create a marketing plan in partnership with MSU Health Care to increase market share and referrals | Enhance outreach to rural partners to increase referrals to university physicians | Work with MSU Health Care to simplify the process for receiving referrals to university physicians | Work with MSU Health Care to increase timeliness of accessing care to improve patient satisfaction





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.

Explore establishing a community stakeholder governance structure for the college and its departments | Build capacity of community partners to be equitable partners

Strategy 2: Strengthen hospital partnerships across the state to support alignment of the needs of health partners and the communities they serve and the college's education, research, and clinical needs to support efforts to reduce health disparities.

Enhance data and information sharing to support alignment of the clinical needs of the health system partners and the communities they serve and the college's education, research, and clinical needs to support efforts to reduce health disparities | Work with community campus partners to develop partnership performance indicators that measure progress on achieving stronger relationships | Promote co-branding opportunities for MSU and health system partners at all sites | Promote shared research/interventions/scholarship focused on reducing health disparities between college and health system partners | Create public health and patient advocacy expertise/resources within the college to support GME programs of health system partners

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

Pursue opportunities with government and philanthropic partners to enhance support for community partners who serve low-income/uninsured community members | Explore incentives for graduates such as in-state tuition to practice in underserved communities in Michigan

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

Encourage cross-departmental and cross-college efforts for program development and service enhancement by creating collaborative networks/communities of faculty around health equity and sustainable health goals | Create expertise/resources within the college to liaison with community partners

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

Create a comprehensive plan to evaluate a name change that incorporates voice from faculty, staff, students, alumni, and community partners





OUR ROOTS IN MEDICAL
EDUCATION, CLINICAL
CARE, RESEARCH AND
DISCOVERY **RUN DEEP.**



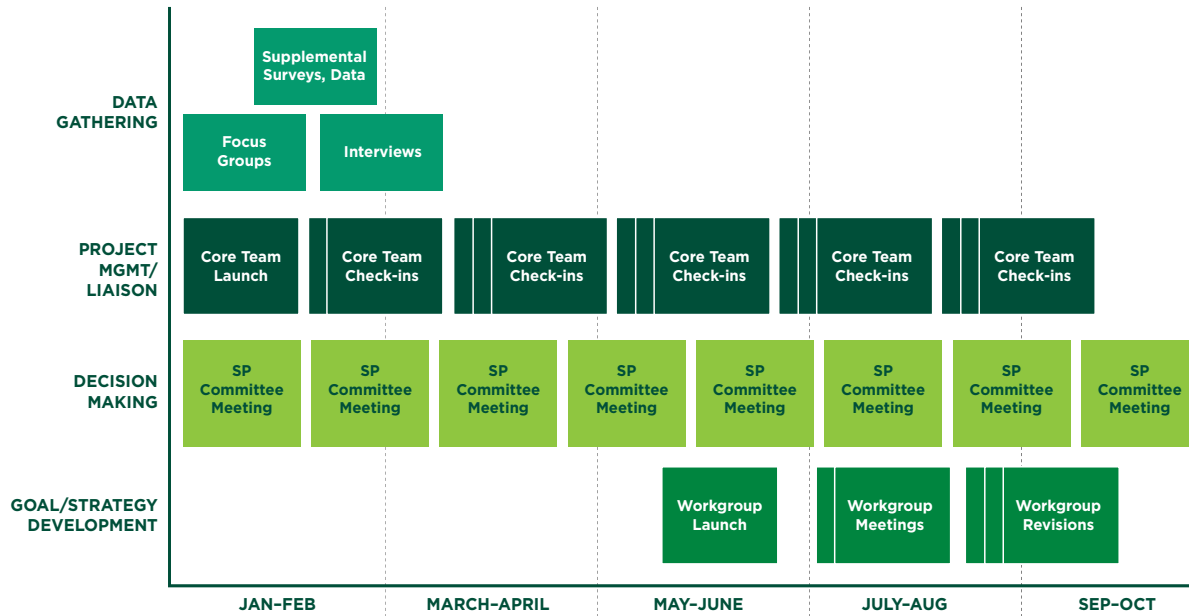


STRATEGIC PLANNING PROCESS.



2022 PROCESS TIMELINE

In 2022, 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 in the following pages.





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 involved 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, which became the primary vehicle 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 to draw in additional perspectives. Questions were developed collaboratively and based in part on a comprehensive SWOT analysis with committee members who helped identify issues for exploration early in the 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 with 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 the stakeholder findings and identified five key workgroups that further analyzed findings.





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 goals, strategies and tactics were 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 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).

2022 STRATEGIC PLANNING COMMITTEE

Patrick Arnold

Student, MPH program

Mike Brown

Chair, Department of Emergency Medicine

Walter Esselman

Senior Associate Dean, Research

Dave Kaufman

Assistant Vice President, Clinical Affairs, MSU-OHS and Chair, Department of Neurology and Ophthalmology

Jerry Kooiman

Assistant Dean External Relations and Chief External Relations Officer, MSU-OHS

E. Yvonne Lewis

Founder/CEO of the National Center for African American Health Consciousness and Community Member

Wanda Lipscomb

Senior Associate Dean, Diversity and Inclusion and Associate Dean, Student Affairs

Jack Lipton

Chair, Department of Translational Neuroscience

Lisa Lowery

Assistant Dean, Diversity and Cultural Initiatives

Todd Lucas

C.S. Mott Endowed Professor of Public Health

Liz Lyons

Associate Director, Rural Medicine Curriculum

Mike McLeod

Associate Chair, Department of Surgery

Sejal Mehta

Student, MD program

Anna Moore

Director, Precision Health, and Assistant Dean

Ade Olomu

Blanch B. & Frederick C. Swartz Endowed Professor of Medicine

Nara Parameswaran

Associate Dean, Faculty Affairs and Staff Administration

Carol Parker*

Associate Dean, Administration

Lisa Pasbjerg

Chair, Dean's Staff Advisory Council

Rima Patel

Student, MD program

Cara Poland

Assistant Professor

Ashley Seymour

Student, MD program

Mieka Smart

Assistant Professor, and Director, LMU Certificate Program

Aron Sousa*

Dean

Kris Stroud*

Executive Director, Academic Affairs

Sara Urquhart

Student, MD program

Andrea Wendling

Senior Associate Dean, Academic Affairs and Director, Rural Medicine Curriculum

Daniel Webster

Community Assistant Dean, Traverse City

** Member of the Core Team*

EXTENDED MEMBERS

Jamie Alan

Associate Professor and Past Chair, College Advisory Council

Angie Thompson-Bush

Community Assistant Dean, Grand Rapids

Lou Candiotti

Department Administrator, Department of Medicine

Robin DeMuth

Associate Dean, Undergraduate Medical Education

Keith English

Chair, Department of Pediatrics and Human Development

Amy Greenberg

Interim Director, Clinical Experiences

Jennifer Johnson

CS Mott Endowed Professor of Public Health

Melissa Kacos

Community Project Assistant

Geri Kelley

Senior Communications and Marketing Officer

Iris Kovar-Gough

Liaison Librarian to the College of Human Medicine

Kathleen Oberst

Director, Institute for Health Policy

Julie Phillips

Chair, Department of Family Medicine

Rick Leach

Chair, Department of Obstetrics, Gynecology and Reproductive Biology

Supratik Rayamajhi

Interim Chair, Department of Medicine

Stephanie Stotenbur

Senior Director of Development

Randi Stanulis

Director, Office of Medical Education Research and Development

Sean Valles

Director, Center for Bioethics and Social Justice





2022 STAKEHOLDERS AND CONTRIBUTORS

HOSPITAL PARTNERS

Ascension Providence Hospital

Abdulghani Sankari, Director of Medical Education

Henry Ford Health

Steve Kalkanis, CEO, Henry Ford Medical Group and Senior Vice President and Chief Academic Officer, Henry Ford Health System

Hurley Medical Center

James Buterakos, Chief Academic Officer and Designated Institutional Official

Melany Gavulic, President and CEO

McLaren Health Care

Robert Flora, Chief Academic Officer and Vice President of Academic Affairs

McLaren Flint

Binesh Patel, Chief Medical Officer

Trinity Health Saint Mary's

Matthew Biersack, President and Interim Chief Medical Officer

John vanSchagen, Chief Academic Officer

MidMichigan/My Michigan Health

Diane Postler-Slattery, President and CEO

Munson Healthcare

Christine Nefcy, Chief Medical Officer

Sparrow Health System

Ted Glynn, Vice President, Medical Education and Research

Karen Kent-VanGorder, Sr. Vice President and Chief Medical and Quality Officer

Corewell Health

Darryl Elmouchi, President, Corewell Health West

UP Health System

Gary Atchison, CEO

UNIVERSITY LEADERSHIP

Norman J. Beauchamp Jr.

Executive Vice President for Health Sciences, Office of Health Sciences (OHS)

Jabbar R. Bennett

Vice President and Chief Diversity Officer

Seth Ciabotti

CEO, MSU Health Care

Lisa A. Frace

Senior Vice President, Chief Financial Officer and Treasurer

Douglas A. Gage

Vice President for Research and Innovation

Leigh Small

Dean, College of Nursing

Samuel Stanley, Jr.

MSU President

Melissa Woo

Executive Vice President for Administration

COMMUNITY INFORMANTS

City of Grand Rapids

Rosalynn Bliss, Mayor

City of Lansing

Andy Schor, Mayor

Charles Stewart Mott Foundation

Ridgway White, President and CEO

Michigan Department of Health and Human Services

Elizabeth Hertel, Director

Van Andel Institute

Jerry Callahan, Chief Strategic Officer

Michigan Health and Hospital Association

Brian Peters, CEO





IMPLEMENTATION & METRICS.





IMPLEMENTING AND MEASURING PROGRESS

In January 2023, the College of Human Medicine formed a Strategic Planning Steering Committee (SPSC) to oversee and guide the effort. The SPSC committee consisted of 12 members who met monthly to monitor progress on implementation. The SPSC supported coordination between implementation workgroups, translating the plan outline approved by the faculty into implementation plans. They also advised implementation workgroups on consistency of their efforts with the spirit of the strategic plan, and worked with the dean to ensure efforts were appropriately resourced. The SPSC updated the college and university on their efforts and initiatives. They also presented success/progress to groups of constituencies of whom they are members.

IMPLEMENTATION WORKGROUPS

Implementation workgroups formed by the Strategic Planning Steering Committee are different areas of the plan. The workgroups mirrored the key strategic areas, the Health Equity 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 were selected by the dean and SPSC to ensure broad representation across the college, inclusive of the key constituencies and reflective of the diversity of our community. The workgroups ran throughout the calendar year 2023, creating implementation plans that outlined goals, strategies, tactics, timeframes, leads/support responsibilities, and metrics to monitor progress.



METHODS AND INITIAL INDICATORS

During the plan development process, workgroups discussed indicators the college may use to track progress toward key goals. 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 were presented to the SPSC to identify areas of synergy and overlap across workgroups.

METHODS

INITIAL INDICATORS

STUDENT SUCCESS

- Percentage of students who complete their degrees on time
- Percentage of students graduating satisfied with their education
- Annual fundraising amounts for student scholarships
- Debt burden of professional or graduate school students
- Student satisfaction with career pathways, specialties, and mentorships
- Diversity of student body

STAFF & FACULTY SUCCESS

- Employee job satisfaction
- Employee retention
- Faculty and staff demographic changes over time targeting consistency with state population
- Number of faculty promotions (RPT and administrative)
- Percentage of faculty, staff, and academic staff who receive an annual review which includes encouragement to participate in at least one professional development opportunity annually
- Percentage of faculty, staff, and academic staff who receive an annual review which includes discussion on promotion and advancement opportunities

RESEARCH & SCHOLARSHIP

- Grant submissions and peer-reviewed publications per PI, department, and college
- Federal Research and Development Expenditures by PI, department, and college
- Research expenditures by major funding organizations by PI, department, and college
- Submitted and funded health equity projects
- Number of students and faculty participating health equity research projects

COMMUNITY HEALTH

- Clinical capacity (time to first appointment, time to repeat appointment, cFTEs)
- Clinician satisfaction
- Number of graduates practicing in Michigan, underserved areas, Medicaid participation, ruralness, specialty mix
- Number of grants submitted/funded or scholarship focused on health disparities and public health in partnership between college and hospital



2023 IMPLEMENTATION WORKGROUPS

STUDENT SUCCESS

Andrea Wendling (Co-Chair)
Wanda Lipscomb (Co-Chair)
Mieka Smart
Joel Maurer
Iris Kovar-Gough
Amy Greenberg
Dave Barondess
Darline El Reda
Ross Ramsey
Simon Zetuna
Mathew Myers

STAFF & FACULTY SUCCESS

Nara Parameswaran (Co-Chair)
Lisa Pasbjerg (Co-Chair)
Bethany Ford
Kris Stroud
Mike Lewis
Kelly Hirko
Sarah Enlow
Hend Azhary
Mike Williams
Heather Hazzard
Toya Pruitt
Kelly Hodges
Nathan Kuhn

RESEARCH & SCHOLARSHIP

Jack Lipton (Co-Chair)
Brad Kline (Co-Chair)
Jeff MacKeigan
David Barondess
Morteza Mahmoudi
Stacey Missmer
Walt Esselman
Scott Counts (CAC Chair)
Dohun Pyeon
Judith Lin
Dick Sadler
Heatherlun Uphold
Amanda Schoonover
Noah Carson (MD student)
Anna Moore

HEALTHY COMMUNITIES

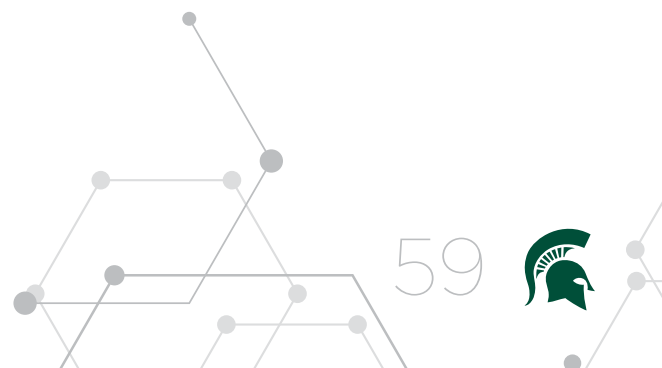
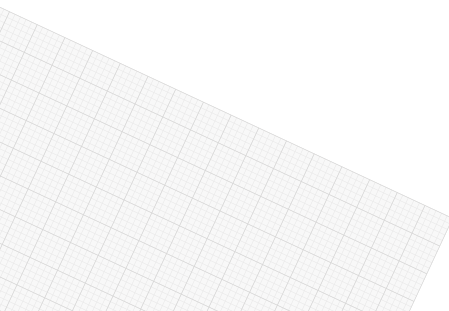
Julie Phillips (Co-Chair)
Supratik Rayamajhi (Co-Chair)
Wayne McCullough
Chad LaRue
Kris Allen
Jerry Kooiman
Jon Gold
Mike Brown
Kent Key
David Klee
Jennifer Edwards-Johnson
Marian Bezih
Norman Chamusah

STEERING COMMITTEE *

Aron Sousa (Co-Chair)
Julie Phillips (Co-Chair)
Carol Parker
Andrea Wendling
Wanda Lipscomb
Nara Parameswaran

Jack Lipton
Brad Kline
Scott Counts (CAC Chair)
Sean Valles (DACD Chair)
Heather Hazzard
Noah Carson

* The steering committee includes students, staff, and faculty as well as representatives from different communities with different backgrounds/skills/expertise. Most steering committee members are part of implementation workgroups in addition to their role on the steering committee.



THIS PLAN WAS ONLY
POSSIBLE BECAUSE
OF THE TIME AND
COMMITMENT BY THE
COLLEGE'S **STAFF,**
FACULTY AND **STUDENTS**
AND REPRESENTATIVES
FROM OUR **COMMUNITY.**

MICHIGAN STATE
UNIVERSITY

College of
Human Medicine

15 Michigan St NE, Grand Rapids, MI 49503

humanmedicine.msu.edu