EXPLORING THE FUTURE OF PUBLIC HEALTH AT MSU

A Report by the Provost’s Public Health Advisory Committee

Michigan State University
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# Table of Contents

**EXECUTIVE SUMMARY** ........................................................................................................... i  
  - Overview .......................................................................................................................... i  
  - Major Findings............................................................................................................... i  
  - Conclusions ................................................................................................................... i  

**BACKGROUND** ......................................................................................................................... 1

**OVERVIEW** ................................................................................................................................. 1

**METHODS** .................................................................................................................................. 2
  - Process and Goals ............................................................................................................ 2  
  - Inclusion and Transparency ............................................................................................ 2  
  - Categorical Goals ............................................................................................................ 2

**MAJOR FINDINGS** .......................................................................................................................... 3
  - Institutional Uniqueness .................................................................................................. 4  
  - Functional Scope ............................................................................................................ 5  
    - Undergraduate Education ............................................................................................ 5  
    - Graduate Education ................................................................................................... 6  
    - Research ...................................................................................................................... 6  
    - Service, Outreach, and Engagement ....................................................................... 7  
  - Structural Future .............................................................................................................. 7  
    - Strategic Planning and Work Groups ...................................................................... 7  
    - Feedback Mechanism ................................................................................................. 8

**NEXT STEPS** ................................................................................................................................. 8

**ACKNOWLEDGEMENTS** ................................................................................................................ 8

**APPENDICES** .................................................................................................................................. 10
  - APPENDIX 1 – Slide deck used for Listening Sessions ............................................... 11  
  - APPENDIX 2 – Discussion Guide .................................................................................... 15  
  - APPENDIX 3 – Initial Letter from Provost Youatt ......................................................... 16  
  - APPENDIX 4 – Position Statement from the Department of Epidemiology and Biostatistics .................................................. 18  
  - APPENDIX 5 – Position Statement Issued by the Division of Public Health .................. 19
ABBREVIATIONS AND ACRONYMS

- CHM: College of Human Medicine (at MSU)
- CEPH: Council on Education for Public Health
- MSU: Michigan State University
- PHAC: Public Health Advisory Committee

PROLOGUE

The content of this report is the culmination of 6 months of listening sessions held across campus. We acknowledge that the MSU “campus” includes several community campuses in locations throughout the state and specify a campus location (e.g., Flint or Grand Rapids) when it accurately represents our intention, otherwise we are referring broadly to MSU and its many campuses. When the first-person plural pronoun “we” is used in this report, it is intended to represent a thematic point-of-view expressed not individual’s perspective. The affirmative voice is used in this report to prevent excessive use of phrases like “It was suggested that we do this.” Lastly, please consider the use of the term “School” or “School of Public Health” in reference to the future of public health at MSU to denote whichever infrastructure or unit is created as a result of this ongoing process. The term “School” is used for efficiency.
EXECUTIVE SUMMARY

Overview
There has been tremendous growth in public health education, research, practice, service, outreach and engagement efforts at Michigan State University in the past several decades. As a public, research-intensive, pioneering land-grant university - a stronger public health infrastructure offers exciting new opportunities to demonstrate excellence across core missions of education, research, clinical practice, and service. The Provost’s Public Health Advisory Committee was tasked to serve as a neutral convener of stakeholders across campuses to gather information from the MSU community and answer the broad question: “What might MSU be able to do in the arena of public health that will continue to improve our efforts if we were organized in a School of Public Health?” Fifty listening sessions were held across campuses, inclusive of all Colleges, between October 2018 and March 2019 to gather insights on possible opportunities and challenges, as well as next steps to strengthen the public health infrastructure at MSU.

Major Findings
There is great enthusiasm for a stronger infrastructure to support the growing public health development at MSU. Described in greater detail in the report, the following major findings emerged during this period of discovery:

1. MSU has unique features that define us in the public health landscape including (i) community embeddedness, (ii) an existing statewide footprint for public health research practice and training through MSU-extension, and (iii) a strong community-based model for public health that leverages our land grant mission and the work of MSU-Extension;
2. Expansion of our public health educational programs including a new public health undergraduate major and increased support for and expansion of our graduate public health programs is wanted (the complexities of how these can be accomplished and other considerations are detailed in the report);
3. Further rationale and input (including both internal and external experts) are needed on the prospect of creating a School of Public Health (versus another structure that would support MSU’s public health mission);
4. Future phases of this work should include experts on curriculum development, School/Program development, accreditation, and change management;
5. Critical questions remain that should be answered in the next phase of the process, including mission, vision, and goals as well as financial structures and funding.

Conclusions
Using a highly participatory and inclusive process that allowed broad stakeholder input and transparency on the process and outcomes worked and should be continued moving forward. While there is great enthusiasm among our university and community partners for expanding our public health infrastructure and improving the public health landscape in Michigan and nationally, moving forward, it will be important to clearly define the next phase of the process and engage essential stakeholders and experts. Similarly, providing ongoing opportunities for public input across campuses as well as from community stakeholders once a more clearly defined structure and plan is developed, is wanted and would strengthen collective buy-in and participation.
BACKGROUND

Provost June Youatt initiated an effort to explore the potential of establishing a School of Public Health at Michigan State University through a letter to Debra Furr-Holden, Interim Director of the Division of Public Health, in September 2018. That letter prompted an initial period of discovery through discussion sessions engaging over 300 participants and culminated with this report. This report includes next steps to occur as part of this ongoing effort but does not prescribe specific recommendations for the precise way MSU should execute its future public health goals.

The first step of the process was to form a Provost’s Public Health Advisory Committee (PHAC). This was a period of discovery focused on listening. We arrived at each listening session with 14 PowerPoint slides and 1 page of discussion questions. PHAC primary activities covered 6 months averaging 9 discovery meetings (“listening sessions”) per month. Each session began with an overview of the public health landscape at MSU to provide context (Appendix 1). The PHAC effort was dynamic and the slide deck used to stimulate discussion evolved over time. For example, slide #7 originally said there was “Rapid (public health) growth during the last 5 years” and we changed that to “15 years” to include more activity than just the establishment and development of the Division of Public Health (DPH) within the College of Human Medicine (CHM). There is also current movement at MSU regarding graduate education as this report was being written. For example, the MPH program submitted its initial application for accreditation to the Council on Education for Public Health (CEPH) on February 6, 2019 and expects to be approved by CEPH to move forward with the self-study process in mid-June. Discussion of the current graduate programs, the master’s degree and PhD in Epidemiology and Biostatistics (Department of Epidemiology and Biostatistics, CHM) and an online Master of Public Health (MPH; Division of Public Health, CHM), is included later in this report.

This report fulfills the specific request from Provost Youatt to convene stakeholders across campuses and explore the potential of establishing a School of Public Health at Michigan State University. This report is meant to be concise and clear to a wide audience of readers, including anyone interested in public health at MSU. We convey what we learned from discussions and sought to eliminate any personal bias in reporting. Our recommendations are based on the combination of input and synthesis. More data, information, and perspectives can be obtained and analyzed during subsequent phases of work.

OVERVIEW

Michigan State University (MSU) has experienced tremendous growth in public health education, research, practice, service, outreach and engagement efforts over the past several decades. MSU has built a strong foundation as a public, research-intensive, pioneering land-grant university where a stronger public health infrastructure offers exciting new opportunities to (i) demonstrate excellence in undergraduate, graduate, and professional education; (ii) conduct high-caliber research; and (iii) advance outreach, engagement, and economic development activities that are innovative, research-driven, and lead to a better quality of life for individuals and communities. The Provost’s Public Health Advisory Committee (PHAC) was formed in October 2018 to serve as a neutral convener of stakeholders across campuses, recording perspectives and gaining insight from the MSU community toward shaping the future of public health at MSU.
METHODS

Between October 2018 and March 2019, the Provost’s Public Health Advisory Committee met 50 times (Note: List of meetings available on SharePoint) with leaders, faculty, staff, and students across campuses as well as external stakeholders to answer the broad question:

What might MSU be able to do in the arena of public health that will continue to improve our efforts if we were organized in a School of Public Health?

We acknowledge the tremendous work done preceding and succeeding this effort. The content of this report is not prescriptive nor directive.

Process and Goals

PHAC leaders created a discussion guide, that evolved over time, to facilitate the conversations (Appendix 2) and shared it widely across campuses, including deliberate outreach to 8 College Deans listed in the Provost’s initial letter (Appendix 3). To improve the breadth of discovery, we extended invitations to and met with all 17 College Deans and their designees, to host sessions with their College constituency. We simultaneously created an MSU SharePoint site titled “The Future of Public Health at MSU” that is open to anyone at MSU with a NetID. We encouraged College Deans to share the site broadly with their college and unit members. We also created a discussion board to provide a ready forum for public commentary. Meetings typically lasted 1 hour and often extended 30 minutes due to lively discussion. Sessions began with a presentation of PowerPoint slides (Appendix 1) followed by an open forum focused on the discussion guide. The discussion guide and slides were used to provide context. The primary goals of the PHAC were to gather information and provide an opportunity for the MSU community at-large to participate in the process.

Inclusion and Transparency

We estimate approximately 350 stakeholders were directly involved in the process. We conducted individual, small group, large discussion, and open town hall meetings. Notes from these meetings are available to the MSU community on our SharePoint site (via OneNote) as well as all foundational documents and presentation materials used to facilitate these conversations.

In addition, the Department of Epidemiology and Biostatistics and the Division of Public Health (both housed in the College of Human Medicine) individually wanted a stronger voice, now and in the future, that would not be diluted by a larger university-wide conversation. Both units had listening sessions with the PHAC and both units have faculty members on the PHAC who assured them that their voice would be heard. Both units independently developed position statements (Appendices 4 and 5) to summarize their unit’s considerations. Their input is also integrated into the summary findings of this report.

Categorical Goals

We began our effort with a single broad question but quickly realized, through initial feedback, that we needed categories for discussion. These categories could be framed in several ways but represent the same overall distinct domains: (i) MSU identity; (ii) operational tactics; and (iii) long-term strategy. Our shared identity is what makes MSU unique and binds our culture. The structure should support all functions that revolve around that identity.
After we parsed the single broad question into three domains, our discussants were able to ask questions and comment about specific aspects of what MSU could do in the arena of public health that will continue to improve our efforts if we were organized in a School of Public Health.

**MAJOR FINDINGS**

Our objective was discovery. With considerable input provided, there were several questions that arose during this process. Nearly every session, a form of this question was asked by participants:

*What is the vision and mission of a School of Public Health, if we created one?*

This fundamental question will be important to answer through subsequent work (e.g. planning) around the future of public health at MSU. There was also considerable input on how an undergraduate major should be created and implemented. A summary is provided in this report. Lastly, there were multiple ideas put forward that reflect “right now” opportunities that could be implemented to fulfill immediate needs related to public health education and research, including dual-degree programs and collaborative grant applications. Both may be strengthened by a School of Public Health and can be implemented more immediately with some coordinated effort. The other major findings from these discussions are presented below. A common question was asked:

*Why a school of public health and not an institute, center or other structure?*

This PHAC report addresses this question in proposed next steps and recommends a more participatory investigation into possible structures for public health moving forward. A ground-up (versus top-down) approach, even if it yields similar results, was expressed as the preferred method to finalize any decisions if we were to create a School of Public Health or other structure.
Institutional Uniqueness
What differentiates MSU in the current public health landscape? We identified 4 major themes that represent the strengths and uniqueness of the MSU identity.

Community Embeddedness
- Consistent with our land grant mission
- Actively partnering with the communities we serve
- Ranges from international program operations (e.g. Malawi) to local (e.g. Flint)

Statewide Footprint for Public Health Research, Practice, and Training
- Community campus model
- Over 700 extension agents in all 83 Michigan counties
- Existing infrastructure of active community partnerships
- Meeting some of Michigan’s most pressing public health challenges

Nationally Recognized Model for Community-Based Public Health
- Public health research, education, and service efforts involving Michigan’s most underserved communities (including rural and distressed communities)

Opportunity to Create a New Model for a School of Public Health
- Using a community based participatory research and social justice framework, we can bolster our current efforts in epidemiology and biostatistics, environmental health sciences, agriculture, nutrition, health communications, engineering, policy, allied health, OneHealth, etc.

While the existence of certain select components listed above is not itself unique – other universities have many of those programs – a key theme that emerged during discussions was that MSU is positioned to create a new “hub” (e.g. School of Public Health) as a functional connector that could bridge disciplines and units across research, education, and service work to link campuses and Colleges, leveraging many existing institutional strengths. We can create a new model that transcends silos common at large universities. Unlike institutions that have a history of not working across schools, colleges, or programs, MSU has the potential to build something that, by design, is transdisciplinary and collaborative, including joint faculty hires and shared educational programs. The pursuit to define a unique MSU public health identity, or how we stand out compared to other universities who offer a public health program, is ongoing. Our discussion questions guided participants to consider “what makes MSU unique” and we report some general emergent themes here, but a systematic analysis would be needed to compare MSU to other schools or colleges of public health across the United States and even within Michigan. A systematic analysis, while valuable, is not included in this brief report and is outside the scope of the general PHAC efforts.
Functional Scope
We based this portion of the discussion around the missions of education, research, and service/outreach and engagement. With a focus on those components, we asked the question:

**What will better galvanize our existing public health research, education, and service efforts to support a growing public health build at MSU?**

Undergraduate Education
The Provost was explicit in her commitment to create a public health undergraduate major at MSU and there was overwhelming enthusiasm for this new major across campuses. At the same time, there were conflicting views on how to best operationalize a public health undergraduate major and where it should be located. The larger question arose: What is the goal of the new undergraduate major, if developed?

A general suggestion was to ensure the new major fulfills institutional goals. MSU could explore pathways for undergraduate public health pursuits post-baccalaureate (e.g. medicine, graduate programs in public health, entering directly into the field of public health with a baccalaureate degree, etc.) in order to avoid creating an undergraduate public health major solely to appeal to students. Participants also expressed the need to establish goals, pathways, and an aligned mission. MSU could consider creating experiential learning opportunities in public health for undergraduates interested in public health soon (e.g. research internships, expanded undergraduate course offerings, etc.) like those available for pre-med students in 3/4 programs. The following 3 options were discussed as potential models for undergraduate education:

1) House the major in a new School of Public Health and other colleges can host courses and/or students can track to other colleges based on concentrations. Two models:
   a. Favored: Students take foundational courses in the college where they have the concentration and track to the School of Public Health in Years 3 and 4. Otherwise, when they track to their concentration college, they will have to take core courses for another discipline in Years 3 and 4.
   b. Students take their foundational courses in the School of Public Health and track to a different college for Years 3 and 4 (and possibly have a culminating experience that brings all public health majors back together in Year 4). This model was met with strong opposition by several undergraduate colleges who noted this option was the “opposite of how undergraduate education should work.”

2) House the major in Lyman Briggs College (or another undergraduate-focused college) and implement a coordinate major.
   a. Existing Model: Lyman Briggs College currently has 39 coordinate major undergraduate programs and are very experienced in this model. This approach would not be dependent upon a School of Public Health but could be strengthened if a new school brought additional faculty to MSU with interest and expertise in undergraduate public health education.
   b. Threat: It was strongly advised to not take our existing graduate public health programs and making a “lite” version for undergraduate public health education, rather to create a program specifically for undergraduate public health training.

3) Multiple public health majors on campus.
   a. Existing Model: As an example, there are currently multiple biology majors, in different colleges, across campus.
Graduate Education

Presently, MSU offers master’s degrees and PhDs in both Epidemiology and Biostatistics (Department of Epidemiology and Biostatistics; CHM) and an online Master of Public Health (MPH; Division of Public Health, CHM). The MPH program plans to submit its initial application for accreditation to the Council on Education for Public Health (CEPH) on February 6, 2019 and expects to be approved by CEPH to move forward with the self-study process at the June CEPH meeting. The MPH intends to add a DrPH (the practice-based public health doctorate) to their program following CEPH accreditation of the MPH program. If we were to become a School of Public Health, we must seek CEPH accreditation (otherwise the existing MPH program would lose its pending CEPH accreditation). All graduate programs and undergraduate programs would be accredited under the umbrella of the School. The decision to pursue school-wide accreditation was discussed and the relative merits, including credibility and conformity with other leading schools of public health, seemingly outweigh the potential drawbacks, including possible curricular changes needed to comply with CEPH criteria.

How would forming a School of Public Health improve or change the existing graduate education program at “my” College?

This question acknowledges the “zero sum game” that may exist in terms of the quantity of graduate students that MSU can draw in any given year. There are various scenarios that could emerge after a School of Public Health is created where a graduate student decides to pursue an MPH instead of an MA or MS that already exists at another College. This is a valid concern held by many colleges and must be addressed during subsequent phases of work. A more deliberate analysis will show if a School of Public Health will draw different students to MSU, better meet the needs of existing students who are enrolled in other majors, and demonstrate what current majors and Colleges will most likely be affected.

Research

MSU might benefit from an interdisciplinary research program based on existing institutional strengths including, but not limited to:

- Epidemiology and Biostatistics
- Health Communications
- Behavioral Health Research
- Community-Engaged Research
- Global and International Health
- Environmental Sciences
- Agriculture
- Nutrition
- Veterinary public health
- One Health

During any subsequent planning toward this effort, quantitative data could be gathered from the Office of Research Administration as well as faculty to best gauge where MSU has existing research strengths related to public health, based on the mission and vision created for the School. This data will help guide the selection of additional focus areas. Additional data is available from the Division of Public Health where major themes emerged through surveys conducted with university and community partners that predate this report.
Service, Outreach, and Engagement
There are parallel conversations and institutional work with University Outreach and Engagement that could support establishing goals and metrics related to service, outreach and engagement. Two common questions emerged from our discussion sessions: (1) Who do we currently exist to serve? (2) Will that focus expand in the future?

Structural Future
While MSU leadership has given considerable thought and consideration to possible structures to expand our public health development, the MSU community voiced concern over their lack of understanding about and rationale for a new school.

What are the next steps to build a public health infrastructure at MSU?
The MSU community expressly desires a voice in the decision-making process. The Department of Epidemiology and Biostatics noted this in their position statement and, in several sessions, the question was raised:

Why a School of Public Health as opposed to some other structure?
Rationale is needed here. Then, this question could be discussed again with key stakeholders at MSU and possibly guided by external experts who have built new schools of public health or public health programs. Participants were interested in what the mission and vision would be if a new School were to be developed. Presenting a clear organizational mission and vision could guide basic structural formation. Starting with a clear set of goals could contribute to the planning of a School or some other structure. Forming work groups, whose members will provide (as a formal deliverable) a scaffolding for the future of public health, may be beneficial. Components might include:

- Mission, Vision, and Goals
- Research Focus Areas
- Resources
  - Financial Capital
  - Administrative Infrastructure
- Undergraduate Education
- Graduate Education
- Faculty
  - New Faculty Hires
  - Joint Appointments and Shared Faculty Lines

It will be important to clarify the institutional leader (e.g., the Provost) who will approve the next phase of the work and identify key decision-makers and leaders to support the process. The following recommendations for next steps reflect a synthesis of proposed ideas to move this effort forward.

Strategic Planning and Work Groups
It would be helpful to clearly define structures and intended outcomes. We must outline the foundational aspects of the school, list objectives, and develop an initial model for people to consider and respond. We should share this foundational information university-wide and spend the next round of conversations
building a framework to address potential barriers that may arise when pursuing our clearly defined goals. This stage will initiate the strategic planning necessary to develop the public health infrastructure at MSU.

Smaller decision-making groups might include:

- Executive Planning Committee
  - Membership: TBD
- Deans Advisory Committee
  - Membership: TBD
- External Advisory Committee
  - Membership: Outside experts in undergraduate and graduate curriculum, experts in systems change and change management with a proven track-record of launching new programs and schools

It is not necessary to employ a “one representative per College or unit approach.” Instead, we could identify key participants for these committees.

**Feedback Mechanism**

While developing the foundation for a School of Public Health, we could provide a period for public feedback and comments as a mechanism for response to a defined structural model.

**NEXT STEPS**

We converted the major questions that were raised during our discovery listening sessions into deliverables that could be accomplished moving forward:

a) Clarify our shared values related to public health across campus
b) Define our current strengths in public health research, education, and service
c) List our focal areas if we were to become a School
d) Know the communities and community partners that each College works with and serves
e) Understand how the communities we serve shape our goals and activities
f) Describe the impact that a School of Public Health will have on our ability to meet current and unmet community needs in Michigan and beyond
g) Involve the communities we serve while forming a School of Public Health at MSU
h) Build the structure that will advance undergraduate students toward graduate public health degrees (e.g. the Master of Public Health)
i) Strengthen our public health educational program by developing dual-degree programs (e.g. 3-2 programs with the MPH or dual public health degrees that include our existing masters and future doctoral degree programs)

Developing a concrete plan through a similar publicly involved process for soliciting feedback and public comment would strengthen our future work on this effort and reflect the expressed desires of our MSU community.

**ACKNOWLEDGEMENTS**

The Public Health Advisory Committee acknowledges the generosity of devoting time, attention, and thoughtfulness by all the Deans, campus leaders, faculty, students and staff who took the initiative to
engage in these dialogues and help shape this report. Furthermore, we acknowledge the Provost and Executive Vice-President June Youatt and Associate Provost, Vice President and Dean Norman Beauchamp for their commitment to public health at MSU and beyond, and charge to undertake this work. Without their leadership and direction, this effort would have never taken shape.
APPENDICES
APPENDIX 1 – Slide deck used for Listening Sessions
@ MSU across campuses

- Great enthusiasm for growing public health across campuses
- There is energy surrounding this topic
  - Many people with skin in the game across campuses
  - Many people with strong opinions
- 12 Colleges (we’ve identified thus far)
  - Multiple units with public health research and/or education in their college; examples:
    - International Studies and Programs
    - Institute for Health Policy

What’s so?

What’s so... @ CHM and in Flint

- Critical mass of public health faculty in the College of Human Medicine (CHM)
  - 22 full-time public health faculty in the Department of Epidemiology and Biostatistics
  - 15 full-time faculty in the Division of Public Health (excluding the MPH Program)
  - 5 full-time faculty and 24 part-time teaching faculty in the MPH Program
- Rapidly growing public health research program with $53 million in DPH alone

What this initiative is not...

- An attempt to “1-Up” the University of Michigan
  - We want to be good at what we are good at
  - A planned-siphoning of resources from other colleges-or-units; we are rethinking this...
  - We will not suck-up resources across campuses and try to cobble them together to build a school
- An exercise or a drill
  - The goal is to gather information to forward action
  - We do not plan on endless meetings

SPARTANS WILL.

- Groundswell of public health at Michigan State University
- Rapid growth during last 15 years
- Needs across the state that MSU is uniquely positioned to fill in:
  - Education
  - Research
  - Outreach and Engagement
  - Enthusiasm from funders

Why now?

Why not?
What we’d like you to know about the Division of Public Health (DPH)

1. Starting the Division of Public Health in the College of Human Medicine has been transformative for Flint and the field of public health. We are actively working to reduce “sick” in medicine, health, health care, and our public health work.
2. The community we work with and community engagement is at the heart of everything we do.
3. The faculty and staff of DPH, our funders, and the vast array of community partners are deeply committed to the “Flint Model” and to anchoring public health in Flint.

Questions for College Leaders

- What do you want leaders/stakeholders across campuses to know about your college/unit and Public Health?
- What do you want to make sure is included, either content or process in these discussions?
- Who else do you think needs to be in the conversation, internally or externally, to your unit and/or MSU?
APPENDIX 2 – Discussion Guide

What might MSU be able to do in the arena of public health that will continue to improve our efforts if we were organized in a School of Public Health?

1. What would you like to share about the public health landscape at MSU?
   a. What is your understanding, background, or knowledge of public health at MSU?
   b. How do you and/or your College benefit from public health efforts at MSU?
2. What’s going on in your College related to public health in these areas: (1) Teaching, (2) Research, (3) Service, (4) Outreach and Engagement, (5) other?
3. Do you have needs/interests that are absent or underrepresented in your college related to public health that you would like to grow in these areas: (1) Teaching, (2) Research, (3) Service, (4) Outreach and Engagement, (5) other?
4. How can we best objectively answer these questions in your College?
   a. Who can we talk to?
   b. Who has “skin in the game” at your College?
5. Can you designate a person to work with the Public Health Advisory Committee (PHAC) to get the word out on public forums around this topic to make sure students, faculty, and staff from your college are able to chime in?
   a. Yes?
   b. Why not?
6. What are the major considerations you and/or your College would have if we were to create a School of Public Health at MSU?
7. How would a School of Public Health at MSU be unique in the state/nation?
8. What advantages would our faculty (and students) have as a free-standing School?
9. What issues and concerns would the faculty have if we re-organized?
10. What curricular changes might we implement to serve undergraduates and graduate students?
11. Describe the impact to research if we built a School of Public Health.
   a. Describe the impact to outreach if we built a School of Public Health.
12. How could the School integrate efforts in Grand Rapids and Flint (and other ‘community campuses/faculty’) with central campus?
13. How might a free-standing school elevate specific research initiatives like those in Flint?

Additional questions raised during our discovery listening sessions

1. What are our shared values related to public health across campus?
2. What/where are our current strengths in public health research, education and service and what will be our focal areas if we were to become a School?
3. In what communities and with what community partners do Colleges work/serve?
4. How do the communities we serve shape our goals and activities?
5. What impact would a School of Public Health have on our ability to meet current and unmet community needs in Michigan and beyond?
6. How will community being involved in helping to shape/build a School of Public Health at MSU?
7. How do we advance undergraduate students toward graduate public health degrees (e.g., the Master of Public Health)?
8. How do we strengthen public health dual-degree programs on campus (e.g., 3-2 programs with the MPH or dual public health degrees existing masters and doctoral degree programs)?
TO:     Debra Furr-Holden, Mott Endowed Professor  
        Interim Director, Division of Public Health and Director of the National  
        Institute on Minority Health and Health Disparities  
FR:     June Pierce Youatt, Provost and Executive Vice President for Academic  
        Affairs  
CC:     Norman Beauchamp, Dean, College of Human Medicine and Associate  
        Provost and Assistant Vice President for Health Affairs  
        Andy Amalfitano, Interim Dean, College of Osteopathic Medicine  
        Randy Rasch, Dean, College of Nursing  
        Rachel Croson, Dean, College of Social Science  
        Prabu David, Dean, College of Communication Arts & Sciences  
        Phil Duxbury, Dean, College of Natural Science  
        Ron Hendrick, Dean, College of Agriculture & Natural Resources  
        Michele Jackson, Dean, Lyman Briggs College  
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        Doug Gage, Assistant Vice President for Research and Graduate Studies  
DATE:   September 12, 2018  
RE:     School of Public Health Discussions  

Michigan State University is engaged in many research and education/learning efforts that  
fit a broad definition of “public health.” As I look across the University, including our  
efforts across the state outside of the East Lansing campus, I see faculty and staff engaged  
in public health and committed to assuring that environments are safer, communities are  
stronger and families are healthier, with special concern for the most vulnerable. These  
efforts are laudable, yet are dispersed across many colleges.  

I request that you apply your considerable experience and leadership skills to a role as a  
convener of discussions on the topic of: What might MSU be able to do in the arena of  
public health that will continue to improve our efforts if we were organized in a School of  
Public Health? Specific areas are:  

- How would MSU’s School of Public Health be unique in the state/nation?  
- What advantages would our faculty (and students?) have as a free-standing  
  School?  
- What are the issues and concerns of the faculty should we re-organize?
- What curricular changes might we be able to implement to serve our undergraduates and graduate students?
- What might be our impact in research? Outreach?
- How might the School better tie together the Grand Rapids and Flint efforts to the central campus?
- How might a free standing school elevate specific research initiatives like those in Flint?

I ask that you begin the discussions this semester, perhaps as an element of or project for your ELAM Leadership Institute (http://www.elamleadershipinstitute.com/) fellowship. This fellowship affords you and MSU a unique opportunity to receive national input on the potential development of an MSU School of Public Health. I would like a draft preliminary report no later than January 31, 2019. Please work with Karen Klomparens to identify faculty and others outside the College of Human Medicine and the current Division of Public Health in Flint.

Thank you for your willingness to convene these discussions. Please let my assistant, Sue Rankin, know if you have special meeting needs (e.g., space, lunch or dinner etc.).

I’m happy to talk with you prior to starting the discussions so I can share further thoughts.
APPENDIX 4 – Position Statement from the Department of Epidemiology and Biostatistics

(Submitted January 16, 2019)

Final Position Statements from the Department of Epidemiology and Biostatistics regarding discussion on the Future of Public Health at MSU held during December 2018

From open discussion and debate amongst faculty and staff of the department, the following position statements are offered:

1) The department enthusiastically supports efforts to increase the University’s public health mission whether it be related to teaching, research or outreach.

2) The department believes that because it is one of the fundamental pillars on which MSU can build a new Public Health structure it should be included as an integral member of the decision-making process.

3) Because sharing of specific information regarding alternative public health structures at MSU has been limited to date, the department believes that there has been insufficient discussion of the pros and cons of different organizational structures for it to identify a preferred approach.

4) The department values its current home in CHM and does not want to diminish its connection to CHM. Consideration should therefore be given to a shared affiliation between the department and both CHM and the new Public Health entity (similar to the multi-affiliation of basic science departments at MSU).

5) The department believes that any proposed new structure for Public Health must come with sufficient, new, and sustainable financial resources so that it can meet its obligations in the areas of teaching, research and outreach.

6) Since 2011, our department has offered an undergraduate minor in Global Public Health and Epidemiology. Building on this success, over the last 5 years, we have been actively working across campus to develop an undergraduate major in Public Health, which now includes a complete proposed curriculum. The department wishes to continue its leadership role in the development and implementation of any undergraduate Public Health major.

7) The department strongly advocates that any future public health structure prioritizes mechanisms to fund graduate programs, including the establishment of an endowment fund. The relevant graduate programs include the department’s own MS and PhD epidemiology and biostatistics degrees, the existing MPH program, and other future public health degree programs (e.g., DrPH).
Final Position Statements from the Division of Public Health regarding discussion on the Future of Public Health at MSU held during January 2019

Background. Michigan State University (MSU) is currently ranked in the top 100 research Universities in the world (>$500 million in extramural funding annually). MSU is also one of the only top tier research institutions also nationally recognized as a leader in community engagement. MSU is a leader in the successful coupling of the broad strengths of a research institution with strong and active community partnerships (i.e., it is both R1 and land grant).

As part of the first land-grant University established in the United States, MSU’s four health sciences colleges are intimately connected with urban and rural populations of Michigan, as well as with professionals delivering health care to these communities. Specifically, MSU has taken the unique step of placing tenure track research faculty physically in existing community based medical school campus sites. These researchers not only pursue their own research agendas, but also provide leadership in team science at their respective venues and across Michigan, engaging local community members such as clinicians, other health care providers, as well community groups and others to conduct research that will help identify and address the health needs of the regional communities.

MSU Division of Public Health in Flint. An example of the successful embedding of researchers in partnering communities occurred with the hires of public health researchers to work for MSU in Flint, Michigan beginning in 2015. Flint is a minority-majority city that is deeply economically distressed. It is one of the most violent US cities and it has zip codes with average life expectancy under 65. However, Flint also has a long positive history of community activism and involvement. Activism that began with the 1936 Flint sit-down strike at General Motors continued through grass-roots community health efforts, which strengthened in Flint as the formal public infrastructure crumbled. In 2004, Flint community members approached MSU’s College of Human Medicine (CHM) about expanding its medical school into Flint with community-participatory public health focus. CHM decided to take an unprecedented, community-partnered approach to building its new Division of Public Health that would be headquartered in Flint.

At the request of the Flint community and in close collaboration with Flint community organizations, CHM has recently expanded its presence in Flint to better serve public health research and practice needs in the area. Six years ago, this effort began with a survey (n > 2,000) and more than 100 interviews with community and health leaders, organizations, and key community opinion leaders together with a community-wide survey and multiple community presentations. Subsequently, a Community Research Advisory Board comprised of 15-20 community representatives from hospitals, faith-based organizations, the Public Health Department and other similar groups advised that MSU-CHM should focus its efforts on recruiting scientists in the areas of behavioral health, chronic disease, and healthy behaviors. Moreover, they strongly encouraged that the emphasis be on intervention research, with attention to health disparities.

This effort, and the close connection between MSU and the Flint community, led to a sizable endowment from the Flint-based Charles Stewart Mott Foundation to support endowed professorships for well-funded researchers based in Flint, who will conduct community engaged research relevant to addressing the public health needs of Flint, MI. Research faculty would be recruited and hired through a community-participatory process, with community members making up the majority of the ~25-person search committee. Community members would interview candidates, attend job talks, and vet every applicant. The 8 tenure-track and 9 fixed term faculty who have been hired so far are principal
investigators of more than $54 million of active federal funding, including a $7.8 million National Institute of Mental Health-funded justice-system suicide prevention trial (SPIRIT; U01 MH106660), a $10.7 million dollar National Institute for Minority Health and Health Disparities U54 (the Flint Center for Health Equity Solutions; U54MD01127), and $14.4 million from the Centers for Disease Control DC for the Flint Lead Exposure Registry (FLEx-R; 6 NUE2EH001370-01-02), all of which were submitted and funded in Flint.

The Division is the only academic unit (i.e., Division, Department, etc.) in the world of which we are aware that has used a community-participatory process in building the structure and mission of the unit as a whole (as opposed to only individual projects). The unique approach of engaging those the Division seeks to serve as full partners in creating and realizing its vision has allowed us to hire, retain, and capture the enthusiasm of some of the strongest faculty in the country. The key to the Division of Public Health’s success is a community who has been involved at every stage of the process of developing MSU’s public health research effort in Flint and is now fully invested and enthusiastically engaged with those researchers to address public health challenges. MSU has a campus in Flint because the community wanted it, funded it, and helped to shape it. The Flint community expressed a need for intervention and implementation scientists in the areas of behavioral health, with a particular focus on health disparities, so MSU sought nationally recognized researchers in these areas. The specific researchers hired in Flint were offered positions because the community interviewed them, vetted them, and wanted them. We are these faculty, and we came because the community (i.e., those we seek to serve) wanted us. The mission of the build (to benefit the community) and the community’s involvement in choosing us and investment in working with us is singular in any of our careers. As a result, Flint and MSU wooed several of us (as well-funded, senior investigators) away from some of the best research institutions in the country (Brown University, University of Michigan, Johns Hopkins). Given the incredible investment by the community and by MSU in the success of this new public health research enterprise in Flint, the Flint faculty will be ideally situated and supported to continue their stakeholder-relevant, community-engaged research to improve public health challenges locally, statewide, and nationally.

Representatives of the Division of Public Health (DPH) have discussed, agreed to, and submit the following perspectives about the future of public health at MSU:

1. The Division should be well-represented and have a prominent voice in discussions about the future of Public Health at MSU going forward. This representation should include multiple members of the Division with seats at the decision-making table. We are nascent and need to be able to help shape our own destiny.

2. The Division would like to become a Department to solve some immediate challenges, preserve our unique identity, and provide additional opportunities for self-governance and self-determination without compromising existing status of subunits. For example, The Institute for Health Policy has an explicit need to remain in the College of Human Medicine and retain their autonomy as an Institute. Our desire to become a Department exists whether or not MSU organizes a school of public health.

3. Within the broader field of public health, the Division has a specific, targeted, unique identity by design. We are committed to preserving this identity. Core principles include:
   a. Equitable and ethical community partnership in designing and administering the unit itself, in addition to independent projects.
   b. An emphasis on improving health equity and addressing societal injustice.
c. An emphasis on research and education that is applied, practice- and action-oriented, and focused on enacting solutions (i.e., intervention and implementation research, policy change, advocacy). Our work emphasizes change more than description.

d. We are intentionally transdisciplinary and non-traditional in our expertise. We were hired to meet focused public health needs in Flint and in Michigan, rather than to cover traditional public health topics broadly. For example, our disciplines include geography, clinical psychology, social psychology, food science and human nutrition, medicine, pediatrics, epidemiology, public health, biostatistics and data science, philosophy, and molecular biology.

4. We are committed to a community-participatory process of building and running our future Department and/or School. This is core to our mission, the key to the success of the current Division, and we cannot retain our identity without it.

   a. Anything we are part of should have community partnership at the forefront.

   b. Anything we are part of should be designed and run using community-participatory processes. This means building the Department/School in partnership with those it seeks to serve (i.e., in terms of choosing areas of emphasis for research, faculty, goals, mission, etc.) at the whole-unit (administrative) level.

   c. We are happy to help scale up community-participatory unit-building more broadly

5. We value our transdisciplinary connections to CHM, COM, Nursing, Extension, Nutrition, Education, Veterinary Medicine, Social Science, Policy, the Law School, and other MSU researchers and practitioners across the state. Regardless of the eventual structure of public health at MSU, we would like to keep our existing connections while exploring and building additional collaborations.

6. We seek MSU’s continuing financial and infrastructure investment in Flint (e.g., faculty hires, research initiatives, buildings). That way, our work, which has national and international visibility and impact, remains an economic driver for Flint.

7. We have enthusiasm for our educational programs. Our MPH program is unique and an asset to DPH. As currently staffed, DPH can’t take on entirely new degree programs, but we could potentially collaborate and contribute to others’ efforts to do so. We have some faculty who are interested in exploring additional teaching options, especially for experiential learning (interns, externs, practice-based learning). We support exploring these options for them while protecting the time of other faculty who came here to do research.

Sincerely,

The Division of Public Health

(Signature Page Attached)
Signature Page - Final Position Statements from the Division of Public Health regarding discussion on the Future of Public Health at MSU held during January 2019

Maji Debena, Ph.D.  Julia Felton, Ph.D.  Debra Furr-Holden, Ph.D.  John Girdwood, Ph.D.

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Nicole Jones, Ph.D.  Kent Key, Ph.D., M.P.H.  Todd Lucas, Ph.D.  Wayne McCullough, Ph.D.

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Amy Saxe-Custack, Ph.D., M.P.H., R.D.  Jamil Scott, Ph.D., M.P.H.  Mieka Smart, Ph.D.  Rodlescia Sneed, Ph.D., M.P.H.