

**CONFIDENTIAL**

**ONE TEAM ONE HEALTH  
COLLEGE OF HEALTH SCIENCES TASKFORCE REPORT  
NOVEMBER 26, 2025**

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# PRESIDENT'S CHARGE

## One Team One Health Charge

Advise the President and the leadership team on how to define and achieve the One Team, One Health vision for MSU and further evaluate, explore, and consider three bold ideas:

- Unified College of Medicine
- New College of Health Sciences, and
- Innovative cross-disciplinary health sciences institute (e.g., Institute for Collaborative Biomedical Research)

## **One Team One Health**

- Grounded in our **land grant mission** to deliver real-world, actionable impact in Michigan and beyond
- Harnesses our R1 **research excellence**, while maintaining our focus on education, service, and outreach
- Champions **cross-college collaboration** that embodies One Team – advancing a unified approach to health
- Focuses on **sustainable, integrated initiatives** rather than one-off or siloed projects
- Positions **MSU as a national leader** in advancing holistic health solutions

## College of Health Sciences Charge

- **Articulate the potential value proposition of One Team, One Health across faculty/leadership recruitment, student services, curriculum, and research**
- **Assess potential risks and tradeoffs**
- **Provide recommendations on configuration and components of the new college**
- **Provide a written report that provides:**
  - Summary of findings from internal and external research
  - Stakeholder feedback themes
  - Benefits, trade-offs, opportunities and challenges of proposed initiative(s)
  - Proposed structure, guiding assumptions, and implementation considerations
  - Specific recommendations with support rationale
  - Key questions needing senior-level or institutional decision-making

**It is important to note that the charge was to consider the conceptual notion of the potential for a College of Health Professions. While implementation ideas were discussed, it was not within the charge of this taskforce to determine.**

# EXECUTIVE SUMMARY

The proposed College of Health Sciences (CHS) unites Michigan State University's health-focused programs into a cohesive, interdisciplinary home for education, research, and clinical practice. Health care and health sciences are undergoing rapid change, with team-based, technology-driven, and holistic care models replacing traditional silos. MSU is well-positioned to lead this transformation. CHS advances the One Team, One Health vision by integrating science, health care, technology, and community/industry engagement to meet Michigan's health workforce and research needs. There are six proposed core clusters.

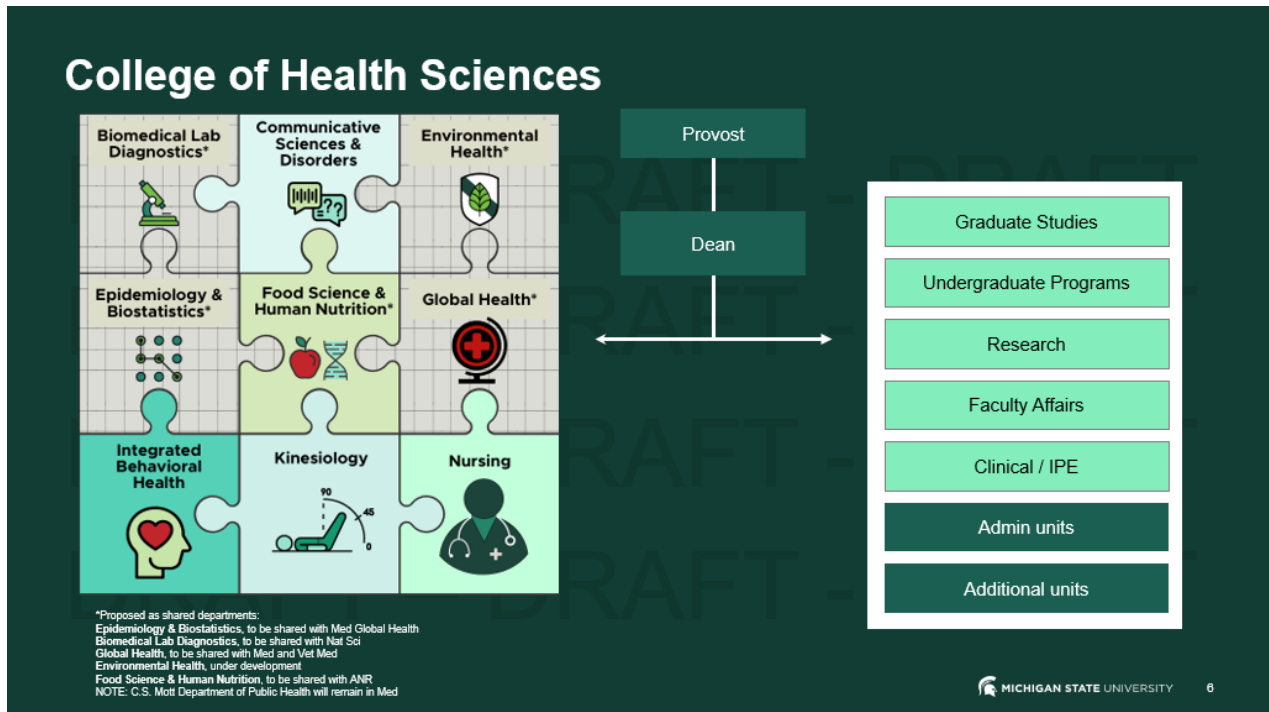
## Proposed Academic Structure: Six Core Clusters

Cluster	Units/Programs Stakeholder Engagement	Existing Degrees/Potential New Degrees
<b>Four Core Clusters that are Existing Units and More Developed in their Engagement with Stakeholders</b>		
<b>1. Communicative Sciences &amp; Disorders (CSD)</b>	From College of Communication Arts & Sciences. Strong support for CHS.	B.S., M.A., Ph.D. in Communicative Speech Disorders; Potential New: Doctor of Audiology
<b>2. Food Science &amp; Human Nutrition (FSHN)</b>	Will be shared with College of Agriculture & Natural Resources (CANR) with CHS as primary Strong support for CHS.	3 B.S. in Dietetics, Food Science, Nutritional Sciences; 4 M.S. in Food Science, Human Nutrition, Nutrition & Dietetics, Regulatory Affairs; 2 PhD in Food Science, Human Nutrition
<b>3. Kinesiology &amp; Rehabilitation Sciences</b>	From College of Education Strong support for CHS.	B.S. Kinesiology, 3 M.S. in Kinesiology, Athletic Training, Applied Sports Sciences, Ph.D. Kinesiology; Future: DPT, OTD; Potential New: B.S. in Exercise Science, Human Nutrition & Wellbeing shared with FSHN
<b>4. Nursing</b>	College of Nursing or collaborative partner Concerns about losing college identity by joining CHS.	3 B.S.N., 4 M.S.N., 5 D.N.P., 1 Ph.D.; Flexible pre-nursing and health pathways
<b>Two Core Clusters that Engage Existing and Potential New Units with More Engagement with Stakeholders Needed</b>		
<b>5. Public Health</b>	Epidemiology & Biostatistics (shared with CHM with CHS as primary) Strong support for CHS	M.S. & Ph.D. in Epidemiology, Biostatistics. Potential New: BS in Epidemiology
	Biomedical Lab Diagnostics potentially shared with NatSci Strong support for CHS	2 B.S. in Biomedical Laboratory Science & Medical Laboratory Science; M.A. Biomedical Lab Diagnostics; M.S. in Biomedical Lab Science, Clinical Laboratory Science. Potential New:

		Professional Doctorate in Clinical Lab Science
	Potential New Global Health Dept. and Environmental Health Dept. Needs more engagement	M.S. in Global Health. Potential New: BS in Global Health & Environmental Health
<b>6. Integrated Behavioral Health</b>  <b>Ideas still in development</b>	Potential new cross-college department. Potential Behavioral Health programs identified for cluster but more engagement needed to determine if involved in college or collaborator. Needs more stakeholder engagement	Potential New: M.S. in Clinical Psychology & other potential programs being considered.
<b>Other Potential Units Under Consideration</b>	Sociology Social Work	Sociology would potentially fit under the Public Health cluster and includes a strong socio-cultural emphasis on health. Social Work could fit under the Integrated Behavioral Health cluster.

This broad portfolio of disciplines in CHS provides breadth across disciplines while leaving space for innovation in emerging fields and developing new programs that currently do not exist at MSU.

Figure 1 provides an overview of the proposed units along with a potential structure for CHS:



## SIGNATURE FEATURES

- **Shared Foundational Curriculum** to gain a broad landscape of health careers & sciences. An innovative educational model built on shared early curriculum both at the undergraduate and graduate levels across the health sciences majors. Integrated first-year experience across health undergraduate majors. Some shared graduate coursework.
- **Interprofessional Education (IPE):** Team-based learning across disciplines learning to work in health care teams rather than in isolation in line with market needs.
- **Clinical & Community Engagement:** Early and ongoing clinical and community placements through an One Health Integrated Clinic and health industry and community partners. Central support for students to find appropriate placements.
- **Behavioral Health & Resilience:** Mental health and wellbeing training across all programs resulting in resilient health professionals and scientists (less industry attrition).
- **Student-Centered Advising:** Coordinated academic and career guidance for all health-focused students supporting personalized academic and career pathways.

- **Social Determinants of Health:** A One Health perspective recognizing the interconnection between human health, animal health, and environmental health with a focus on social determinants of health.
- **AI & Data Integration:** Artificial intelligence and data analytics embedded throughout curricula for the rapidly evolving health landscape. Emphasis on current and future health care and science technologies.
- **Shared Health Identity and Culture:** CHS will provide a home to the many health professions and health sciences through engagement activities & culture building.

## CONCEPTUAL FRAMEWORK

The College of Health Sciences integrates academic programs, clinical education, and research through interconnected clusters and interdisciplinary research hubs focused on Grand Health Challenges, social determinants of health, AI, public health, and behavioral health.

## STRATEGIC ADVANTAGES AND IMPACT

- **Student Recruitment:** Highly visible set of majors that lead to careers in the health sciences. Nationwide, over the last twenty-five years, the number of students completing health degrees have more than doubled while most other categories have shrunk.
- **Student Success:** Streamlined, flexible health career pathways creating resilient health professionals. Shorter time to degree through UG-Grad initiatives.
- **Research Excellence:** Interdisciplinary collaboration addressing Michigan's and beyond Grand Health Challenges.
- **Unification of Dispersed Health Sciences:** Pulling units together under CHS could strengthen MSU's brand and national competitiveness. Makes MSU a "go to" destination for health science/careers.
- **Workforce Development:** Expanded access to critical health, rehabilitation, and behavioral health fields across Michigan and beyond.
- **MSU Differentiation:** AI-driven, wellbeing-centered health education model that features Interprofessional education & Team Science.
- **Community & Industry Engagement:** Strengthened partnerships with hospitals, agencies, public health networks and industry that provide early and ongoing clinical and community experiences.
- **Land Grant Mission:** Alignment with MSU's land-grant mission to improve quality of, and access to health care and health outcomes for Michigan and beyond through training more health professionals, involvement in interprofessional education, and the Integrated One Health Clinic.

## Research and Discovery

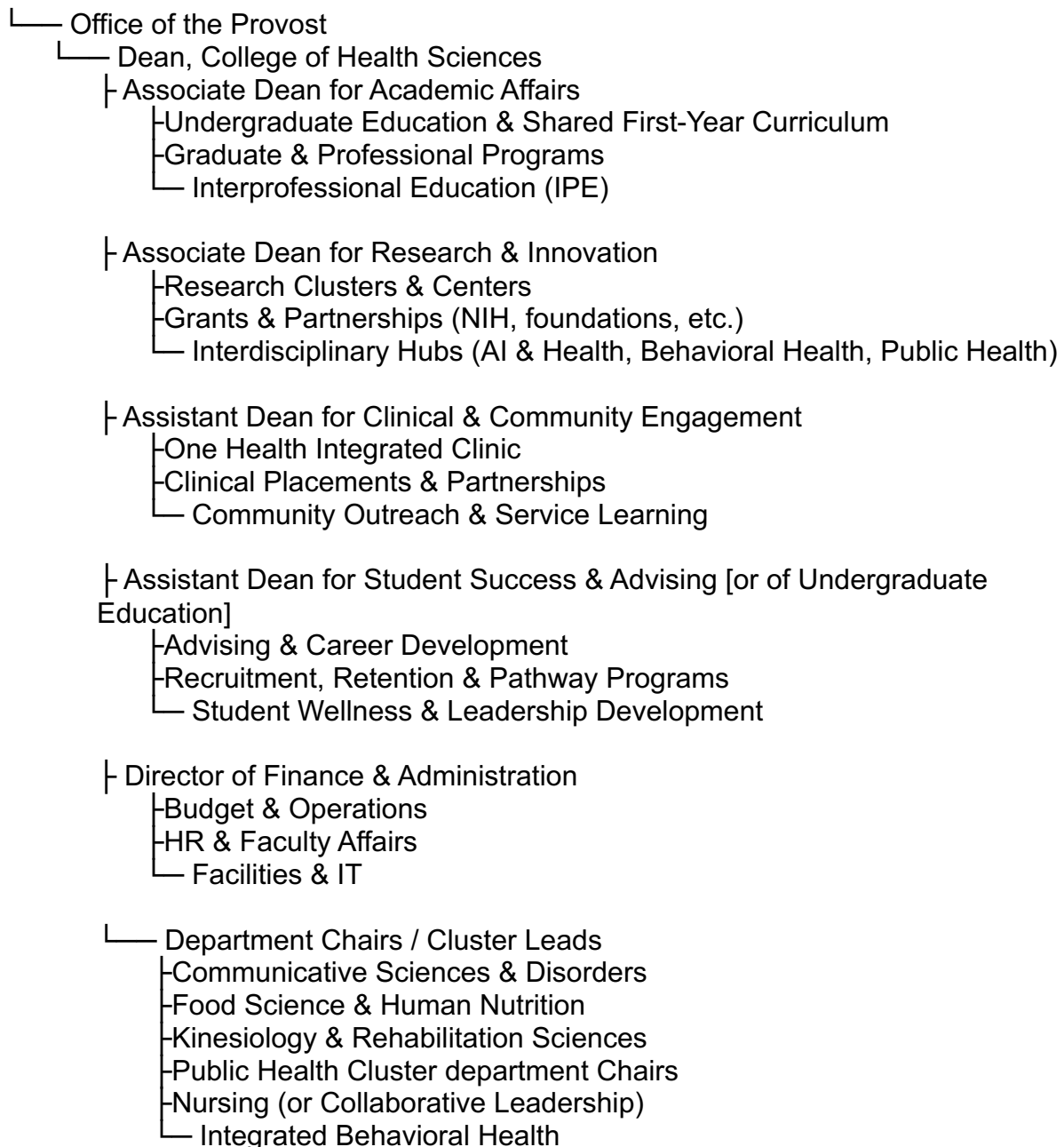
The CHS could leverage MSU's strong research culture with goals to:

- Establish collaborative interdisciplinary research clusters centered around Grand Health Challenges that address Michigan and beyond's health priorities.
- Elevate Michigan State's portfolio of health-related grant funding.

- Partner with our alumni to attract endowed professorships and strengthen industry, foundation, and federal relationships.

### **College of Health Sciences – Possible Organizational Structure**

The organizational structure below illustrates leadership and academic alignment within the proposed College of Health Sciences (CHS). It positions CHS under the Office of the Provost and the One Health office with a Dean supported by Associate and Assistant Deans overseeing key mission areas. It will partner closely with MSU Medicine and other colleges with a health focus.



Michigan State University (MSU) has a unique opportunity to transform health sciences education and research by creating a **College of Health Sciences (CHS)**. This new college could unify existing health-related programs across the university, provide a platform for interdisciplinary innovation, and position MSU as a national leader in preparing health professionals and scientists for the future. The creation of a **College of Health Sciences** at MSU could represent a transformative opportunity to align education, research, and service in ways that directly respond to the nation's health workforce needs, meet the needs of students, and elevate collaborative research. By emphasizing interprofessional education, technology integration, mental health, and student success, MSU could set a new standard for health sciences education.

# OVERALL MISSION AND VISION OF CHS

**Evolution of the Name of the College:** Across the deliberations of this taskforce, the College of Health Professions shifted to a College of Health Sciences as a preferred term (see rationale under Potential Names for College section). Thus, in this report we will use the term College of Health Sciences, noting that the actual name of the college is yet to be determined.

## What is the College of Health Sciences?

**A Unifying Vision for Health, Education, Scholarship and Community Impact**

### WHAT IS THE VISION FOR A COLLEGE OF HEALTH SCIENCES?

The **College of Health Sciences (CHS)** would be dedicated to One Team One Health and training the next generation of health professionals and scholars, advancing interdisciplinary research, evidence-based practice and improving health outcomes across Michigan and beyond by providing greater access to health care and solving complex health problems.

CHS would bring together Michigan State University's (MSU) considerable faculty, staff, student and alumni talent from a diversity of health-focused programs at MSU under a cohesive structure. This integration allows for innovative curricula, shared learning, joint research, and coordinated service to students, communities, and the healthcare industry. It will also allow CHS to collaborate closely with MSU Medicine and Veterinary Medicine.

### HOW MIGHT CHS MAKE A DIFFERENCE?

Michigan faces urgent and evolving health challenges—from workforce shortages and rural access issues to rising rates of chronic disease and mental health needs. At the same time, healthcare is shifting toward **team-based, community-connected care** that requires professionals to think and work across traditional disciplinary boundaries.

**CHS is MSU's response to these needs.** It could create a home for collaborative, interprofessional health education; expand clinical and community partnerships; facilitate teams of inter-disciplinary researchers tackling Grand Health Challenges, and position MSU as a leader in solving health workforce, scholarly, curricular and equity challenges. Some key elements of a CHS would include:

- **Flexible, Efficient and Integrated Student Pathways to Health Careers:** CHS could offer early, flexible, and efficient on-ramps to health careers with students representing the diversity of Michigan's communities. Its curriculum could be designed to welcome undergraduate students interested in careers in medicine or the health sciences and support them through their first and second years to explore and discover the major career pathways that are best aligned with their purposes and passions. Shared foundational coursework, hands-on clinical and community

placements, interdisciplinary and inter-professional education, application of AI, and developing mental health skills will help students find their passion, graduate “workforce-ready” with a competitive advantage to be resilient health professionals.

- **Interprofessional Education (IPE):** In successful healthcare and health sciences teams, individuals work collaboratively across disciplines to solve real world problems. Modeling and experiencing team-based learning meets market needs and provides graduates with critical skills to be successful.
- **Collaborative Interdisciplinary Research Ecosystems and Evidence-Based Practice:** Faculty, staff, graduate and undergraduate students in CHS could form interdisciplinary research clusters, translating discovery into practice through partnerships with health systems and communities. Graduate and undergraduate education, new degree programs and faculty scholarship will address real-world health priorities.
- **Stronger Ties to Community and Industry:** As part of One Team One Health, the CHS could serve as a "front door" for healthcare organizations, public agencies and community organizations looking to collaborate with MSU. From student placements and joint training to shared research initiatives, the college could offer scalable, responsive engagement to pressing health challenges.
- **Integrated One Health Clinic to Support Early and Ongoing Clinical Placements** – The CHS could invest in an integrated One Health Clinic to support early clinical placements for students, support neighborhood needs and engage in collaborative research.
- **Integrating Behavioral Health & Resilience Across the Curriculum:** Mental health and wellbeing training for students across all programs resulting in resilient health professionals and scientists who are work force ready.
- **Social Determinants of Health:** A One Health perspective recognizing the interconnection between human health, animal health, and environmental health with a focus on social determinants of health.
- **AI & Data Integration:** Artificial intelligence and data analytics embedded throughout curricula for the rapidly evolving health landscape. Emphasis on current and future health care and science technologies.
- **Anchoring MSU’s Land Grant Mission in Health:** The CHS would embody MSU’s One Team One Health commitment to public service by jointly training professionals and scholars who reflect and serve Michigan’s diverse communities.

## STRATEGIC ALIGNMENT AND INSTITUTIONAL VALUE

The College of Health Sciences is more than a structural shift. It’s a strategic investment in MSU’s identity as a national leader in health innovation, health scholarship, equity, and workforce development. By aligning academic programs within a coordinated college structure focused on health, CHS strengthens MSU’s ability to attract and

support top students, recruit and retain interdisciplinary faculty, and successfully compete for federal, foundation, and industry funding.

**IN SUMMARY THE COLLEGE OF HEALTH SCIENCES COULD BE:**

- **What:** A unified academic home for many of MSU's health-focused programs and a vibrant scholarly and learning health community that collaborates with health systems.
- **Why:** To meet pressing workforce, research, and equity needs in healthcare and health sciences addressing health challenges.
- **How:** Through integrated education, inter-professional education, interdisciplinary scholarship, and strategic industry and community partnerships.

**CHS could connect MSU's strengths in education, research, and engagement to build a healthier future for Michigan.**

# VISION AND VALUE PROPOSITION

The first charge from the President was to imagine a vision and value proposition for a College of Health Sciences. The taskforce reviewed and analyzed a wide variety of data including:

- Current and projected workforce and labor market data regarding different health professions
- Data informing the future of the health care industry
- Academic landscape and benchmarking data including organizational structures of Colleges of Health Professions/Health Sciences/Public Health/ Health and Wellbeing across the USA
- MSU student data including Sankey charts
- Student demand and pipeline data
- Existing community and clinical networks
- Detailed College data for units under consideration including fiscal data;
- Academic majors and academic units, institutes and other entities across MSU conducting health-related work
- Potential future streams of grant funding.

**Robust discussions of the value of a CHS were undertaken based upon this data. The following benefits and trade-offs were identified by the taskforce:**

## **a. Summary of Overall Benefit for a CHS to MSU**

A CHS could empower and drive interdisciplinary education, draw more prospective students to MSU, address workforce shortages, and affirm MSU's leadership in advancing health, equity, and opportunity. It could position MSU as a national model for innovative, community-responsive health sciences education and bring together—in a single college—units, departments, MAUs, and programs that align better with each other based upon their scientific focus on health and health sciences. The CHS could unify and elevate existing programs under six potential clusters (Communicative Science Disorders, Food Science and Human Nutrition, Kinesiology and Rehabilitation Sciences, Integrated Behavioral Health, pre/Nursing, and Public Health); offer a platform for the creation of new research and degree programs; enable better coordination of curriculum, advising, and accreditation; improve the visibility and identity for a broad array of Health Sciences education at MSU; and foster interdisciplinary research, inter-professional education and learning across health disciplines. The CHS has the potential to create new opportunities for cross-college collaborations, to allow MSU to lead in securing health funding and develop emerging areas such as prosthetics, AI and health systems, and health informatics.

The CHS supports MSU's commitment to professional education by providing a centralized platform for collaborative learning among students in health-related fields and sciences. This coordination better prepares graduates to work effectively in diverse

and interdisciplinary clinical teams to improve patient outcomes and provide hands-on training and inter-professional education opportunities to students in cutting-edge environments that meet the changing needs of the healthcare industry.

The new college would be explicitly designed with a mission to promote health equity, social justice, and health systems and community engagement. It would allow the university to expand pipelines into higher education for students from underserved areas, deepen partnerships with Michigan communities, and lead applied research that addresses real-world grand health challenges.

U.S. Bureau of Labor Statistics projects the demand for skilled healthcare professionals to grow by 13% between 2021 and 2031, adding more than 2 million new jobs nationally. In Michigan, the shortage of allied health professionals negatively impacts the quality of care and citizens' health, especially in rural and underserved areas. More specifically, HPSA areas affect 72 of 83 counties in Michigan underscoring shortages in primary care, dental, and mental health care providers. Establishing a CHS could fill a void in the state of Michigan's healthcare education system, respond to labor market demands, and become a leader in preparing the next generation of highly skilled, resilient, equity-minded, and community-engaged practitioners.

#### **b. Benefits to Michigan's Health Workforce: Executive Summary of Health Professions Workforce Data**

Michigan's healthcare sector continues to grapple with significant workforce shortages despite recent gains in recruitment and retention. In 2024, hospitals filled nearly 58,000 positions—outpacing the prior year—yet still faced about 23,000 vacancies, including 4,700 nursing roles (mha.org). The state's registered nurse turnover rate of 14.1% is better than the national average of 16.4% (mha.org), but persistent gaps remain. In early 2023, hospitals reported nearly 27,000 openings, reflecting a 13% vacancy rate—well above the statewide average of 5.5% across all occupations (Michigan Health Endowment Fund).

Projections underscore the scale of demand for care by health-related disciplines. Rural communities are hit hardest—72 of Michigan's 83 counties are designated primary care Health Professional Shortage Areas, 52 of them in non-metro regions (Michigan Health Endowment Fund). Health Profession Shortage Areas (HPSA's) include shortages of primary medical, advanced practice primary care nurses, dental care, lab diagnostics, and mental healthcare providers across Michigan and beyond supporting the need for a CHS.

Meeting these care shortage challenges requires sustained, innovative investment in the health workforce. Expanding education pathways through a CHS, strengthening recruitment and retention efforts, advancing training opportunities, and aligning supportive policy measures will be essential to closing both geographic and occupational gaps while keeping pace with growing care demands.

### **c. MSU Students Need Flexible & Supportive Pathways into Health Careers**

The taskforce reviewed student data for each of the potential units that might join a College of Health Sciences including numbers of majors, Sankey charts for student migration and other relevant data. We also looked at student pathway data at a university level and insights were shared by the Vice Provost and Dean of Undergraduate Education, Mark Largent with the taskforce. A summary of the conclusions from the undergraduate student data are provided below:

- **Need for Flexible Undergraduate Student Pathways** - Relatively few students start at MSU with a clear notion about the educational and professional paths they will ultimately pursue. About three-quarters of the students who graduate from MSU change their majors at least once, and half change it more than once as students develop a better understanding of their purposes and passions in life. MSU supports guided exploration of majors and careers, rather than allowing students to randomly engage in the curricula in hopes that they will find a major and career to fulfill their passion, which has enabled the university to have extraordinarily high admission and graduation rates. With many students changing their major across their education, there is a need for flexible and efficient student pathways to degree completion.
- **Strong Student Interest in Health Careers/Sciences** - About 20% of MSU's entering students have interests in the wide variety of health-related fields, but the majors that lead to these careers are spread across at least six different MSU colleges. Better supporting these students' exploration and education will increase the persistence and graduation rates, help close opportunity gaps, and increase the overall number of well-trained medical professionals MSU produces each year. The CHS could also enable the University to offer new and expanded degree programs and create a more coherent point of engagement for students and employers to work with the university to educate the next generation of healthcare professionals. Additionally, efficient pathways (3+2) into graduate accreditation programs like Athletic Training could speed up time to securing the first job.

Based on the student data, the taskforce concluded that CHS could provide:

- A central point of contact for students (high school and undergraduate) to engage with MSU relative to many health degrees and health careers.
- Flexible and efficient student pathways into undergraduate and graduate health degrees and careers.
- Shared freshman curriculum that meets the majority of national accreditation and state standards providing broad information about the health careers landscape to enable students to find their passion.

### **d. Value to Prospective and Current Undergraduate Students**

The creation of a CHS at Michigan State University could expand academic pathways and career opportunities for current and prospective students by creating new degree programs and unifying a number (not all) of health-related existing degrees in a cohesive academic unit. It allows for clearer academic and professional identity for

students, and it makes more obvious to students potential academic and career pathways.

By integrating the wide variety of academic disciplines and departments into a single college, the CHS could allow MSU to be agile in maintaining its alignment with market needs, which increases graduates' employability, starting salaries, and career opportunities. A common source of feedback from undergraduate students during stakeholder engagement is the challenge of finding appropriate clinical and community placements. The CHS Office for Clinical and Community Engagement could provide a single point of contact for coordinating internships, clinical placements, and experiential learning opportunities that would give MSU students greater access to cocurricular and research opportunities and could smooth their pathways into graduate and professional degree programs.

Placing many of MSU's healthcare-related majors into a single college centers interdisciplinary learning, inter-professional education, team science, and collaboration in students' educational experience. Students could benefit from structured opportunities to learn alongside peers in a wide variety of healthcare related disciplines, which mirrors real-world healthcare teamwork and improving patient-centered care. The CHS's shared first-year curriculum could nurture students' development and introduce them to a wide variety of healthcare sciences and exposure to expert clinicians and researchers in a variety of disciplines. Deep engagement with career services, mental health skills training, and off-campus employers would prepare CHS's graduates to be more resilient, successful health care professionals and scientists.

The CHS would increase the visibility of many different healthcare careers, which could increase MSU's capacity to recruit prospective students. Many potential students know they want a career in healthcare but have only limited knowledge of careers. A CHS would help MSU stand out by offering a broad and visible portfolio of high-demand programs. For current students, association with a dedicated Health Sciences college could carry greater prestige and employer recognition in the healthcare and health sciences sector. The variety of program options at the bachelor's, master's, doctoral and certificate levels would create flexible, accessible on-ramps for both traditional and non-traditional students.

#### **e. Value to Prospective and Current Graduate Students**

The creation of a CHS could offer a powerful opportunity to recruit and retain graduate students in health sciences research and education by providing a distinctive academic home that aligns with their professional and scholarly aspirations. A CHS would bring together graduate students with shared interests under an exciting and mission-driven structure that reflects their majors and specializations, while also encouraging innovative interdisciplinary programs and team science that crosses traditional boundaries. Courses could be more logically cross-listed, including the development of graduate-level research health professions and sciences methods, measurement and statistics courses, thereby streamlining curricula, enhancing shared learning, and facilitating efficiencies for faculty and departments. Beyond coursework, the CHS would provide dedicated resources to support graduate student success, develop their mental health skills and resiliency, foster new graduate student organizations, and build a

vibrant professional and scientific culture centered on the health sciences. Importantly, students would gain access to experiential learning and internship opportunities in real-world settings through collaborative partnerships, while also benefiting from interprofessional education that allows them to learn clinical skills alongside peers in diverse specializations. By integrating stackable credentials and continuing education in health sciences and professions, the CHS could further enhance graduates' employability and empower them as lifelong learners prepared to lead in dynamic health professions and health sciences. A new CHS could also strengthen graduate research by uniting diverse health disciplines under one structure with deep and strong collaborative structures to other health disciplines, fostering interdisciplinary collaboration, attracting external funding, modeling Team Science, and advancing innovative solutions to complex health challenges.

#### **f. Value of CHS to Faculty and Staff**

The establishment of a CHS would strengthen the university's ability to recruit and retain leading scholars in health sciences research and clinical practice by providing a distinct brand and vibrant intellectual community that faculty and staff can identify with. A CHS fosters meaningful collaboration in teaching and outreach across disciplines, while also enabling the development of dedicated leadership roles that support graduate education, such as an Associate Dean of Graduate Studies and new graduate program directors that can collectively elevate graduate education. By uniting faculty and staff around the shared mission of preparing students for the evolving healthcare industry and cutting-edge health sciences research, within Michigan and beyond, the CHS creates fertile ground for curricular innovation, including the design of first-year professional and career development courses that benefit undergraduate students across programs. Together, these opportunities not only elevate the visibility and impact of faculty scholarship but also build a collegial and future-oriented environment that strengthens faculty and staff engagement, retention, and leadership. Importantly, the CHS would also support the formation of collaborative research teams that bring together diverse expertise to tackle pressing health challenges—such as health equity, chronic disease prevention, obesity, mental health, and aging—on a local and global scale. These interdisciplinary teams would not only elevate the college's research profile but also enhance the ability to attract external funding and partnerships that expand its impact and visibility.

#### **g. Enhancing Interprofessional Education**

The CHS will have a strong focus on interprofessional education (IPE). At the core of its IPE initiative is a commitment to cultivating a collaborative, team-based approach to health and wellness that reflects the complex, interconnected needs of individuals and communities. By bringing together students, faculty, staff and professionals from a variety of health sciences (e.g. pre/nursing, kinesiology, public health, speech and communicative disorders, mental health, and food science and nutrition), the CHS could foster mutual respect, shared knowledge, and integrated care practices. This inclusive model enhances both academic learning and real-world clinical application by leveraging the unique expertise of each discipline. Through shared experiences in

education, research, and community engagement, CHS IPE initiatives could promote holistic, person-centered care while encouraging culturally responsive and evidence-informed practice. The ultimate goal of the IPE arm of the CHS is to prepare highly-skilled, resilient future health professionals and scientists to work collaboratively across disciplines, reduce silos in care delivery, and improve health outcomes. By developing strong communication, critical thinking, and teamwork skills, participants would be equipped to address complex health challenges and contribute meaningfully to equitable, sustainable healthcare systems.

#### **h. Elevating Clinical and Community Engagement**

A CHS could serve as a hub for clinical and community engagement for both internal and external stakeholders, uniting students, faculty, staff, and health professionals in addressing the most pressing health needs of our communities. By creating intentional pathways for collaboration with hospitals, clinics, schools, and community organizations, the college could expand opportunities for service learning, clinical placements, and community-based research and engagement. As part of One Team One Health, the CHS could also serve as a “front door” for clinical and community partners to interact with CHS. Faculty and students could work side by side with health professionals to co-develop solutions that improve access, equity, and quality of care while simultaneously preparing graduates with real-world skills and experiences. This shared mission fosters reciprocal partnerships—where the community benefits from university expertise and resources, and the university benefits from the wisdom and lived experiences of its community partners. Through these collaborations, the college becomes more than an academic unit: it becomes a catalyst for innovation and a force for meaningful health impact across Michigan and beyond. Through CHS’s proposed One Health Integrated Clinic, students could gain early access to clinical placements, engage in IPE and shared learning, provide needed services to local communities, and provide a site for collaborative faculty research.

#### **i. Value to Alumni Engagement, Green and White Council, and Development**

The new CHS represents a strategic opportunity to galvanize alumni pride, energize MSU’s leadership councils, and elevate philanthropic engagement. It aligns with current societal priorities—health equity, wellness, and workforce readiness—making it a resonant and mission-driven vehicle for long-term university advancement.

**Alumni Engagement** - The formation of a CHS creates the potential for a renewed identity and academic “home” for thousands of MSU alumni trained in health-related disciplines. By unifying these programs under one roof, the college fosters stronger alumni affinity and offers meaningful engagement opportunities—ranging from mentorship and guest lectures to collaborative research and community-based partnerships. The college’s focus on both traditional health disciplines and emerging areas such as integrated behavioral health, wellness equity, and interdisciplinary care may resonate with alumni whose careers intersect these issues. Events like alumni panels, health summits, and continuing education offerings could build community, deepen engagement, and promote lifelong learning.

**Green and White Council** - The CHS also presents a strategic opportunity for the Green and White Council to partner with a new college that embodies MSU’s mission of

service, access, and impact. Council members can provide critical insight into the evolving health workforce landscape, help connect the college to broader public and private networks and serve as champions for the college's signature initiatives—including those focused on wellness, health equity, and workforce development in rural and underserved areas. The Council's advocacy and thought leadership would be invaluable as the college defines its long-term vision and seeks to position MSU as a leader in preparing socially responsible and community-engaged health professionals.

**University Development and Philanthropy** - The creation of the CHS opens new and compelling avenues for fundraising. Its broad scope—including clinical education, community health, administration and wellness, along with health sciences research, offers diverse giving opportunities that can appeal to a wide range of donors. Philanthropic priorities may include:

- Endowed professorships in fields like rehabilitations sciences, human nutrition, communicative science disorders and global health, as well as others
- Scholarships and fellowships for students committed to service and equity
- Facilities and infrastructure for clinical simulation labs, behavioral health and resiliency centers, and outreach clinics
- Seed funding for interdisciplinary research addressing pressing health challenges in Michigan and globally

The college's intentional integration of internal wellness support systems for students, faculty, and staff offers a unique case for support that centers both professional training and human flourishing.

The CHS at MSU would stand at the intersection of education, care, and social responsibility. By embracing a comprehensive vision of health, including but not limited to mental health and wellbeing, the college offers transformational value to its alumni, deepens strategic partnerships through the Green and White Council, and invites robust donor investment in health innovation and equity. This initiative reaffirms Michigan State's role as a national leader in preparing health professionals who are not only skilled, but also supported, compassionate, and community-focused.

**j. A Stimulus to Re-envision and Re-Scope Colleges, Policies and Processes across MSU:**

While this proposal is focused on developing a potential new CHS, the taskforce believes that the potential creation of this college would also result in other colleges taking the opportunity to reflect on their current status and strategically consider their future priorities and vision. Most of the majors and careers that will be integrated into CHS have emerged over the last half-century when MSU grew through incremental additions to existing colleges and the creation of new colleges. The majors that lead to health professions are now distributed across at least eight different colleges and most of the colleges support portfolios that are larger than their available resources. Thus, the potential creation of a new CHS would provide existing colleges at MSU an opportunity to examine their priorities and consider goals and strategic priorities in the future by lifting out of them the bits and pieces of the new CHS that they helped bring into existence over the last fifty years.

## **k. Potential Trade-Offs of a College of Health Sciences**

Throughout the discussions about the benefits of a CHS, the taskforce also discussed the potential trade-offs to the development of a potential CHS. Additionally, during engagement sessions, stakeholders were asked what trade offs or concerns they had if a CHS were to be formed. The trade-offs highlighted below represent both the views of the taskforce and/or university stakeholders. **While we list a number of trade-offs for the creation of a CHS, the taskforce believed that many of these potential trade offs could be managed with careful planning and implementation.**

### **1. Organizational and Structural Disruption**

- Displacement of units, faculty, staff, and students as they move from existing colleges into a new structure could cause temporary disruption to curriculum and research.
- Cultural shifts that require integration of diverse traditions, norms, and working styles.
- Complexity of leadership where departments are shared between CHS and other colleges, leading to dual reporting lines and differing expectations.
- A potential shift in the way MSU advises health professions students with CHS advising their own students regarding various health professions could result in disruptions to student pathways and potentially take resources from other units.
- Established leadership structures and reporting, and executive roles (i.e., board membership) and decision making authorities would be disrupted in some cases.

### **2. Faculty, Alumni and Disciplinary Identity Concerns**

- Uncertainty about disciplinary status: faculty may not know how their field may be valued or prioritized in a new college, in the university, or by other disciplinary colleagues.
- Potential loss of identity for faculty, students, and alumni who feel strong ties to their current college.
- Potential morale impacts if faculty perceive their discipline status is diminished either internally within the university or externally in the community or profession.
- Alumni who are connected to their current disciplines may perceive the move to be detrimental to the discipline, the discipline's reputation within the university and the perspective of disciplinary colleagues and potential students external to the university.

### **3. Fiscal and Resource Implications**

- Financial strain on existing colleges that lose units and loss of tuition revenue, student credit hours and associated grant dollars.
- Need for fiscal transition planning to ensure colleges losing units can remain stable and competitive during the transition, particularly in light of a new incentive-based financial model.
- Concerns and lack of understanding of how a new budget model will impact both the new CHS and the existing colleges that are potentially losing units. Unknown

new college budget models make it difficult for departments and colleges to plan futuristically.

- Significant new resource investment requirements for faculty hires, staff support, student scholarships, and infrastructure and operations (i.e., policies, procedures, functional support units).
- Many colleges have significant investments in new faculty start-up packages, labs, and other infrastructure for units that are potentially going to move to CHS. Consideration of how these investments may or may not be returned to the existing college will need to occur.
- Many existing colleges have purchased capital equipment for units that might potentially move to CHS. Consideration of how these capital equipment investments may or may not be returned to the existing college will need to occur.
- The time and effort needed to develop a new CHS would detract from investments in other areas.
- While there is no imminent plan to re-house the potential new CHS units into a new building, there may be an interest in a new CHS building in the future. Many of the disciplines identified for the potential CHS have sophisticated and expensive lab infrastructures that would need to be re-located and supported under a new college. There would be significant costs associated with moving research labs and simulation learning areas to a new building.

#### **4. *Academic and Student Experience Impacts***

- Advising and transition challenges for students shifting into a new college, requiring additional support to prevent confusion or disruption to degree progress.
- Changes in curriculum ownership (who controls courses, credit hours, and program requirements) could affect faculty workload and student pathways.
- Changes to existing undergraduate curriculum as a new shared freshman curriculum is instituted.
- Potential national accreditation, state regulatory requirements, or licensing implications if program oversight and curriculum shifts to a new unit.
- Potential loss of student identity with their existing college.
- Changes to advising staff that may be re-located to CHS and the impact on the advising resources of the original home college.
- Impact on current pre-health advising practices.

#### **5. *Research and Grant Funding***

- Potential redistribution of external funding: grants tied to faculty or programs may move, impacting the research portfolios of existing colleges, utilization of resources (pre-and post-awards) and indirect funds. This is particularly complex in departments that are shared among colleges.
- Risk of disrupting interdisciplinary research efforts during transitions of units to a new CHS.

- Existing units have varied grant funding models and coalescing these models together into one new framework with new associated processes (e.g. IDC allocation, course buy out rate) would need to occur.

## 6. *Identity and Reputation*

- Alumni relations may be disrupted, with graduates feeling disconnected from their alma mater if their program shifts to a new college.
- Brand identity concerns: how the CHS would be perceived compared to established colleges, both internally and externally.
- Unit brand identity concerns: how the unit may be perceived by alumni and students if moved to a new college.
- One taskforce member expressed concerns about the impact on the Blue Ridge rankings for the College of Human Medicine (CHM) if Epidemiology and Biostatistics were to be moved primary to CHS. However, in consultation with the accreditation office this can be managed and should not impact Blue Ridge Rankings. Many Epidemiology and Biostatistics faculty will continue to have primary appointments in CHM even if the department moved to CHS and their grant dollars can be counted toward CHM's Blue Ridge Rankings.
- Concern was also expressed by one taskforce member that public health would be divided between CHM and CHS and it might impact the research mission of the medical schools. However, others noted that public health scholarship occurs across MSU in almost every college and this should not be an issue.

## TASKFORCE RECOMMENDATION FOR A COLLEGE OF HEALTH SCIENCES

The data and value proposition identified above support the creation of a new College of Health Sciences (name to be determined) to elevate interdisciplinary health research, provide innovative health professions and sciences curriculum, and support a pipeline of resilient health professionals for Michigan's and beyond communities.

## POTENTIAL NAMES FOR THE NEW COLLEGE

The taskforce discussed the potential name of the college and whether this name should be faculty-centric (i.e. focused on science) or student-centric (more career-oriented). Market research may inform the naming of the college. Below is a list of potential names identified by the taskforce and a brief synopsis of the taskforce's views on the name.

- **College of Health Professions** – This was the place holder name in the President's charge. A variety of universities use this term so there is recognition of the name to constituents. However, a large number of the universities using this name are not large research-intensive universities such as MSU. As the taskforce interacted with

faculty and leaders of health-related units, a common theme emerged. Unit leaders and faculty saw the name as very professionally oriented and sounded like a training college. Faculty and unit leaders believed that the name diminished the focus on science which is foundational to the profession and should be at the heart of all that we do in a research-intensive university. It also did not resonate with faculty who saw themselves as scientists first. However it was acknowledged that the title has name-recognition for some high school students looking for majors.

- **College of Health Sciences/College of Integrated Health Sciences /College of One Health Sciences** – All members of the taskforce liked some variant of “Health Sciences” believing that it captured the scientific focus of the units involved. The College of Health Sciences name is well-recognized in the health landscape and a well-used term at major research-intensive universities. The proposed structure of the new college at MSU aligns with the typical units in a College of Health Sciences across the country. The name does have name recognition for high school students looking for majors and faculty. However there is nothing uniquely MSU in the title and it does not capture the idea of the One Health mission. Thus, two variants of Health Sciences were also discussed:
  - **College of Integrated Health Sciences** – The benefits and trade-offs are the same as above, but by adding the term “integrated” it links to the One Team One Health initiative and makes it more unique. It also highlights the desire to integrate the health professions and sciences in the new college through curriculum, clinical placements & IPE and inter-disciplinary research. The “health sciences” part of the name would have high school student name recognition, but the “integrated” part may not. There are two other Colleges of Integrated Health Sciences: SUNY University at Albany (started in 2024 <https://www.albany.edu/cihs>) & UNLV has a School of Integrated Health Science (<https://www.unlv.edu/integratedhealth>). There was some enthusiasm for this name among taskforce members.
  - **College of One Health Sciences** – This name would highlight the One Team One Health initiative and makes it more unique. However, it would not necessarily have name recognition among high school students looking for health careers, potential donors and even faculty. There are no other colleges of One Health Sciences that we could find which would make it unique but may limit name recognition.
- **College of Public Health (&....)** – The College of Public Health is a well-recognized name/brand for health careers and could be a draw for high school students. Many of the Big 10 universities have Colleges/Schools of Public Health. The taskforce had a long conversation about the distinct meaning of the name “College/School of Public Health” within the public health community and in rankings with accreditation occurring at the college level. The proposed new CHS structure meets the more flexible public health definitions of the five areas of health but would lack some of the more traditional areas like Health Administration and Environmental Health. It was noted that a College of Public Health might cause confusion with the Charles Stewart Mott Department of Public Health. Additionally, MSU would be competing in

the rankings against other Colleges/Schools of Public Health who have been in business for a hundred years, thus, it would take time to be competitive with this group. In addition, there are specific accreditation standards for a College of Public Health that we may not yet meet. Also, there is nothing uniquely-MSU about the name. A number of taskforce members believed that one way of getting around this issue is to join the name “College of Public Health” with another name such as “College of Public Health and Health Sciences”.

- **College of Health and Wellbeing/Wellness** – This name is different than a vast majority of other colleges across the country. The few universities that have this name are small colleges, not research-intensive universities, and largely prepare students for careers that are commonly found at community colleges. This name would not necessarily have the name recognition among high school students looking for health careers. The name does capture the focus on health and also wellbeing (or wellness) that is core to the college but does not highlight the scientific focus. However, the name could be uniquely MSU.
- **College of Health Sciences and Nursing** – The MSU College of Nursing has been in existence for 45 years and is the only college-level unit potentially being considered for a new CHS, all other units are departments or programs. The College of Nursing has a strong identity as a college, an active alumni and philanthropic-base, and also strong identity as one of the “go to” places in Michigan to become a professional Spartan Nurse. This reputational prowess is demonstrated by strong Blue Ridge rankings (ranked #35), US News and World Report rankings second only to University of Michigan for undergraduate education and graduate education, and large numbers of admitted MSU students who self-identify as Pre-Nursing students. The dean of the College of Nursing serves on two boards representing nursing (e.g., Health Care Inc and HFH+MSU partnership), is engaged with the BTAA Nursing Deans and the Michigan Association of College of Nursing Deans (MACN), and currently reports directly to the Provost. Each of these things are threatened if subsumed within a new college.

The College of Nursing community (faculty and staff) have shared that not having ‘Nursing’ in the title of the new college could be seen internally or externally as a demotion or devaluing nursing education within MSU. Such a visible change could potentially diminish the visibility of MSU Nursing, adversely affecting student recruitment, the recruitment and retention of researchers, faculty, and leadership, as well as alumni engagement. This change may decrease the ability of the university to contribute to the critical shortage of nurses, nursing faculty, and nursing research. Placing Nursing in the title of the College could help offset some of these perceived tradeoffs, particularly at this juncture when the College has great potential for significant growth.

# POTENTIAL STRUCTURES FOR A COLLEGE OF HEALTH SCIENCES

The proposed College of Health Sciences (CHS) at MSU presents a transformative opportunity to unify a variety of health-related programs, expand interdisciplinary education, and strengthen the university's research and service missions. After extensive data analysis and consultation, six academic clusters have been proposed for consideration within the potential CHS.

## Guiding Principles for CHS Program Fit

In identifying these clusters, the taskforce established guiding principles to support a coherent and purposeful college structure. This approach required setting boundaries around the scope of programs included for consideration. Specifically, we focused on:

- Programs and majors that lead to professional licensure or certification in health-related fields with graduates going into health professions
- Closely aligns with other universities' College of Health Sciences offerings
- Requires practical / clinical training
- Could benefit from collaboration or proximity to other faculty and students also engaging in health professions and sciences
- May engage health-related partners to get clinical/community exposure and could benefit from streamlined engagement with health system partners or community partners
- Major has potential to grow
- Faculty research contributes to health sciences & One Team One Health mission
- Faculty already collaborate with health partners
- Would increase the profile of the major for UG recruitment (HS students) & graduate recruitment
- Has high market demand with a shortage of individuals in that health profession

As such, foundational and basic science programs, such as Human Biology and Neuroscience, were not proposed for inclusion within the CHS. Consistent with national models, these disciplines are more appropriately situated within existing colleges, where they can continue to contribute to the scientific foundation that supports health and medical education.

Importantly, the taskforce recognizes that many other programs across MSU play critical roles in preparing students for health and medical careers. Should the CHS be developed, it will be **essential for it to build strong partnerships with these and other health-related units** to ensure seamless pathways for students and to advance MSU's collective One Team One Health mission.

Six clusters were identified with the following proposed units/programs under consideration for inclusion into a CHS:

1. Communicative Sciences & Disorders (CSD)
2. Food Science & Human Nutrition (FSHN)
3. Kinesiology (& Rehabilitation Sciences)
4. Public Health (including Epidemiology & Biostatistics, Biomedical Lab Diagnostics, Global Health)
5. Pre/Nursing
6. Integrated Behavioral Health (new cluster)

## **SYNTHESIZED SUMMARY OF RECOMMENDATIONS**

In this Summary of Unit Recommendations section, we will first provide a **synthesized summary** of what the majority of taskforce members deemed as the “best” recommendation for each cluster or unit, distilling the complexity of these decisions into a recommendation. This will be followed by a more nuanced and in-depth analysis for each proposed unit that recognizes the complexity of the decision-making process. The in-depth analysis proposes two or more recommendations and discusses the benefits and tradeoffs of all of the recommendations leading to the overall recommendation. Additionally, stakeholder engagement and feedback is provided for each unit along with any potential new degree programs. The unit recommendations below represent the view of the large majority of the taskforce members. Where there were differences in opinion, we noted them in the more in-depth analysis. It is important to note that clusters are at different stages of engagement. Some areas are more solidified than others.

### **1. COMMUNICATIVE SCIENCES & DISORDERS (CSD)**

**Recommendation:** Position CSD within CHS as a standalone department.

**Benefits:** Integration of research with clinics, growth of academic programs, quality of undergraduate and graduate student experiences due to clinical access and modeling team science, greater potential for collaborative NIH funding, interprofessional education with potential new programs in Physical Therapy and Occupational Therapy including enhanced training opportunities, increased student identity and services.

**Tradeoffs:** Relocation costs if the unit were to move to a new building due to lab infrastructure in ComArtSci; ComArtSci investment in labs and start-up packages; loss of 90-year “communication” identity if removed from current college; shared staff lines with other departments. Will require investment in clinical faculty hires. Impact on ComArtSci research rankings, reputation, and IDC portfolio.

## 2. FOOD SCIENCE & HUMAN NUTRITION (FSHN)

**Recommendation:** Move FSHN into CHS but as a shared department between CHS and CANR, with CHS designated as primary.

**Benefits:** Enhances access to a variety of health students, facilitates curricular and research collaboration and innovation, enhances interprofessional education and access to shared clinical settings. Preserves essential ties between agriculture, food, nutrition, and health; expands interprofessional opportunities in nutrition. Provides opportunities for growth of programs and potential new programs.

**Tradeoffs:** Shared departments have additional complexity for leaders and faculty; risk of weakening long-standing collaborations in CANR and the food science industry if FSHN were fully shifted to CHS and not shared with CANR. It is notable that FSHN historically has been jointly administered by multiple colleges from its inception in 1970 until 2002 (CANR and the College of Human Ecology) and 2002-2013 (CANR and College of Natural Sciences).

## 3. KINESIOLOGY (& REHABILITATION SCIENCES)

**Recommendation:** Move Kinesiology fully into CHS, with future growth into a School of Kinesiology & Rehabilitation Sciences (if Physical Therapy [PT]/Occupational Therapy [OT] is added as new programs).

**Benefits:** Alignment with health mission of CHS, opportunities to innovate curricula (e.g., new shared degree with FSHN) stronger research synergies, and benefits for clinical placements. If PT and OT were added, the benefit of keeping MSU student talent, making efficient less expensive pathways to PT/OT degrees and making MSU the “go to” place for movement and rehabilitation sciences.

**Tradeoffs:** Fiscal impact on the College of Education (CED) as Kinesiology makes up 44% of its UG enrollment. Transition fiscal planning required for CED. To add PT/OT there would need to be a significant infusion of resources.

## 4. PUBLIC HEALTH CLUSTER

### *a. Charles Stewart Mott Department of Public Health (CSMDPH):*

**Recommendation:** Remain in the College of Human Medicine (CHM/MSU Medicine) with collaborative ties to CHS.

**Benefits:** Preserves existing identity and community partnerships in Flint, faculty identity within a medical school, and CHM’s (MSU Medicine) research rankings. Strong integration of curriculum and research initiatives with MSU Medicine.

**Tradeoffs:** Limited integration and contributions to CHS curriculum and research initiatives.

***b. Epidemiology & Biostatistics:***

**Recommendation:** Shared department between CHS and College of Human Medicine (MSU Medicine) with CHS as primary.

**Benefits:** Serves both medical students and health sciences students; maintains MSU Medicine rankings, expands opportunities to increase graduate programs, could provide leadership to the public health cluster and a new undergraduate degree in Epidemiology/Public Health, could contribute to the undergraduate and graduate curriculum across clusters in CHS with core coursework, could contribute to graduate methods coursework. If an undergraduate degree in epidemiology were to be developed, being in a CHS would benefit undergraduate students as CHM is not well equipped for undergraduate students.

**Tradeoffs:** Shared departments have additional complexity for leaders and faculty; and balancing contributions to CHM (MSU Medicine) rankings with CHS growth.

***c. Biomedical Lab Diagnostics (BLD):***

**Recommendation:** Move into CHS, as a standalone program or School of Clinical Lab Sciences, or situate BLD within the Public Health cluster (being in PH least preferred by unit).

**Benefits:** Stronger student pathways, identity for faculty and students as a health profession, growth potential, interprofessional education and clinical placements.

**Tradeoffs:** Possible loss of alignment with NatSci lab sciences, concerns expressed about shared departments.

***d. Global Health (New department):***

**Recommendation:** Establish a new Department of Global Health within CHS shared with MSU Medicine and Veterinary Medicine with either COM or CHS as primary.

**Benefits:** Elevates MSU's existing strength in global health, gives faculty who conduct global health work a united home, enhances interdisciplinary collaboration, could result in creation of new programs (undergraduate and graduate) in Global Health, and could contribute strongly to the One Health initiative.

**Tradeoffs:** Requires new investment and faculty recruitment. May involve moving faculty from other units (such as the Global Health Institute in COM) which could cause disruption to collaborative research in those units. Shared departments have additional complexity for leaders and faculty.

## 5. Nursing

The taskforce had significant discussion about the College of Nursing and struggled to come up with a single recommendation. Thus, there are two recommendations listed below.

**Recommendations:** 1) Combine the College of Nursing with the proposed CHS and include Nursing in the title of the college, “College of Health Sciences and Nursing” with Nursing being allowed to function independently in line with accreditation standards. This will ensure nursing retains its strong identity within a new college while enhancing integration of pre-nursing students across health programs. OR 2) Leave Nursing as a standalone college with strong collaborations with CHS. Sharing operational resources may strengthen the development and initiation of a new college and be a creative way to be fiscally efficient.

**Benefits:** Embeds nursing at the center of interprofessional education and collaborative research; most importantly, this would create flexible UG student pathways for those pre-nursing students who do not advance to pursue a career as a Professional Nurse.

**Tradeoffs:** There are multiple concerns that have been expressed by faculty, staff, students, leadership, and alumni, some of which can be more generally categorized as the loss of independent college status and identity which include: moving to a CHS might negatively impact nursing Blue Ridge rankings due to loss of highly productive and funded researchers and/or inability to recruit nurse researchers, concerns and negative perceptions by disciplinary colleagues at competing institutions, concerns expressed by students regarding the perception that MSU devalued nursing and nursing education, and increased challenges regarding faculty, researcher, and leadership recruitment. These in the context of a nurse, nurse faculty, and nursing leader shortage are very concerning given the large potential for college growth.

**Note:** If Nursing were to be incorporated within a new CHS, maintaining its identity as a research-intensive discipline within an R1 university would be essential. Leadership with strong research experience would be critical to sustaining momentum and reputation. Without such leadership and structural safeguards, there is risk that Nursing could evolve into a primarily training-focused unit rather than one that advances nursing science. To mitigate these risks, intentional strategies such as clear identity preservation, proactive communication with alumni and donors, and early interventions to protect research capacity would be required throughout any transition process.

## 6. Integrated Behavioral Health (New Cluster or Department)

**Recommendation:** Establish a new cluster or department of Integrated Behavioral Health made up of existing programs at MSU (TBD) that are potentially shared with their existing colleges.

**Benefits:** Addresses urgent MSU and workforce needs, positions MSU as a leader in integrated behavioral health and wellbeing education and supports and provides leadership to a mental health focus across all cluster curricula. Can provide IPE and research leadership across campus with respect to mental health.

**Tradeoffs:** Requires further dialogue with existing mental health programs, significant new investment and cross-college negotiations for program realignment.

# **IN DEPTH SUMMARY OF RECOMMENDATIONS**

The in-depth recommendations are provided below and include a brief summary of the department degrees, student numbers, numbers of faculty, staff and GAs, and grant dollars to get a sense of the size of the unit being considered. Then an in-depth analysis of the benefits and trade-offs of the different options and recommendations are provided.

## **CLUSTER 1: DEPARTMENT OF COMMUNICATIVE SCIENCES & DISORDERS (CSD)**

The Department of Communicative Sciences & Disorders is a department within the College of Communication Arts and Sciences (ComArtSci).

### **Degrees and Student Numbers in 2025:**

- BS Communicative Sciences and Disorders (launched in 2021) – 227 majors – 21 minors
  - 1,230 UG SCH (3% of college)
- MA Communicative Sciences and Disorders – 42 students
- PhD in Communicative Sciences and Disorders – 13 students
  - 736 combined graduate SCH (30% of college)

**Personnel:** Total: 12 full-time faculty: 10 TS and 2 FT faculty; 3 part-time FT faculty; 3 AS; 4 full-time staff; 2 part-time staff; 2 GTAs and 10 GRAs

**Grant \$ in 2025:** Grants = \$3.2 million, Expenditures = \$2.8 million

### **Potential Recommendations:**

- **Option A** - Position CSD within CHS as a standalone department.
- **Option B** - CSD stays with the College of Communication Arts and Sciences (CAS) and becomes a CHS collaborator.
- **Option C** - CSD would be a shared department between CHS and College of Communication Arts and Sciences with CHS as primary or CAS as primary.

**Option A Benefits:** (CSD a standalone department under CHS) may provide opportunities for maximizing the benefits of creating the new CHS college. That is because the academic portion of the CSD department can be integrated with active clinics, which will help grow the academic and research programs, increase the capacity of professional clinical training (with new hires), further increase the opportunities for NIH research funding, optimize staff support, and create synergies between the two pillars of a typical CHS college - the CSD and Kinesiology departments, because of

opportunities for integrating the clinical setting of speech-language pathology with the future potential for physical and occupational therapy. Under Option A, the benefit of being a standalone department is that CSD would have a direct report to the CHS dean allowing greater disciplinary identity and independence while keeping the clinical, research and academic collaborations. Option A would allow CSD to be in its natural environment as a health science and profession.

**Option A Trade Offs:** If units within the proposed CHS would move to a new building in the future, Option A would create issues with some of the highly specialized CSD labs, which are physically located in the ComArtSci building and may be too expensive to recreate in a new setting. The other trade-off to Option A is that moving CSD to CHS would have a negative impact on ComArtSci research reputation, rankings and IDC portfolio. ComArtSci investments in labs and start-up packages would need to be addressed. CSD support staff are shared with other ComArtSci departments; given college enrollment growth dedicated CSD staff would need to be hired.

**Option B Benefits:** (CSD stays in ComArtSci and becomes CHS collaborator) has the advantages to keep CSD in its native environment where it has been for 90 years and helped build the ComArtSci college, as well as to maintain current lab infrastructure, and help support the research enterprise of ComArtSci while having a tie to CHS most likely by having a clinical presence through a speech-language pathology clinic. Option B could still provide growth of the clinical graduate program.

**Option B Trade Offs:** However, the trade-off to Option B is that it would limit the academic, IPE and research synergies for faculty and students with the other health sciences and professions.

**Option C Benefits:** (CSD as a joint department with CHS and ComArtSci) has the advantages of Option B of unit and faculty identity and having a speech-language pathology clinic on the CHS side, but would also provide the benefits of being engaged with the CHS curriculum and research.

**Option C Trade Offs:** While option C may also address some of the negative research ranking and reputation consequences for ComArtSci, there are unit leader and faculty concerns that it would create confusion with RPT for faculty, potential issues with alignment of bylaws and strategic plan, and concerns about the ability to secure resources, HR and staff support and a unified leadership. Option C may also impact lab infrastructure and support.

- **The overall recommendation is Option A, CSD becomes a standalone department under CHS.**

**Stakeholder Feedback:** Kim Dodd and Jackie Goodway met with CSD department leadership and all CSD department faculty and staff the week of September 15.

Overall, CSD faculty and staff are optimistic about the growth opportunities for CSD programs, including clinical opportunities for master's students which would allow the program to grow and new research collaborations. The main concern is interruption to research during a transition, including the expensive lab infrastructure in ComArtSci. Kim and Jackie also met with the ComArtSci College Advisory Council on October 10. Key concerns from non-CSD faculty include recouping significant investments in start-up packages and lab infrastructure, loss of IDC recovery to the College, and the potential for reputational harm.

**Potential New Programs:** Given appropriate resources, a new doctoral program in audiology could be added to the unit to elevate their impact. Doctoral degrees could consist of the clinical Au.D Doctor of Audiology or the more research-intensive Ph.D in Audiology.

## CLUSTER 2 - DEPARTMENT OF FOOD SCIENCE AND HUMAN NUTRITION

The department of Food Science and Human Nutrition (FSHN) is currently administered by the College of Agriculture and Natural Resources (CANR). Historically, it has also been dual-administered by the College of Natural Science and the (now defunct) College of Human Ecology.

### **Degrees and Student Numbers in 2024:**

- 3 BS Degrees in: Dietetics; Food Science (+Lyman Briggs), and; Nutritional Sciences (+Lyman Briggs) – 324 majors – 68 minors
  - In 2024, 4,846 SCH (12% of college)
  - FSHN also currently has 20 undergraduate students in Food Science in the MSU-Nanjing Agricultural University Joint Institute. It is anticipated that future annual cohorts will include 30 UG students. Under this partnership, each of these students has to option to apply for transfer to the MSU campus in East Lansing in the 6<sup>th</sup> semester to complete their UG degrees as “regular” MSU students.
- 2 Minors in Food Science area
- 4 MS Degrees in: Food Science, Human Nutrition, Nutrition and Dietetics, and; Food Regulatory Affairs – 50 students
  - FSHN also currently has 10 M.S. in Food Science students, based in China, in the MSU-Nanjing Agricultural University Joint Institute.
- PhD in: Food Science, and; Human Nutrition (+ dual degree with Integrative Toxicology) – 15 students
  - In 2024 577 combined graduate SCH (17% of college)

**Personnel:** Total 33 full time faculty: 17 TS and 5 FT faculty, 11 AS, 8 staff, 7 GTAs and 19 GRAs

**Grant \$S in 2024:** Grants = \$2.7 (2025=2.9) million, Expenditures = 2.9 (2025=3.0) million

**Potential Recommendations:**

**Overarching Principle: The unit leader and faculty highlight the FSHN department must remain a single unit, regardless of the ultimate decision regarding college alignment.**

- **Option A** – FSHN would be a shared department between CHS and College of Agriculture and Natural Resources (CANR) with CHS as primary.
- **Option B** - FSHN would be a standalone department under College of Agriculture and Natural Resources but becomes a CHS collaborator

**Background:** During the taskforce and planning discussions, one possible outcome discussed was to divide FSHN into separate Food Science (stay in CANR) and Human Nutrition (move to CHS) units that would be administered by different colleges. The FSHN faculty and leadership are unanimous in opposing such an outcome. The taskforce and FSHN leaders and faculty believe that separating the unit would be an enormous step backward in the integration of agriculture, food, nutrition and health teaching and research at MSU. This would be counter to the aims of the One Team One Health initiative. It would also diminish the inter-disciplinary research in FSHN.

**Option A Benefits:** (joint administration of FSHN by CANR and CHS with CHS as primary) seems to be the most viable, logical and potentially beneficial arrangement for FSHN. In this option, nutrition-related programs in FSHN would benefit from increased access to students and potential enhanced collaborative opportunities with faculty in other health-related units along with enhanced interprofessional education and shared clinical placements. Food Science-related faculty and programs as well as the Nutrition-related programs would continue their essential close linkages with CANR and the broader agriculture community in Michigan and abroad. Being a shared unit with CHS as primary would place FSHN centrally within CHS and enhance their contributions to the college mission.

**Option A Trade Offs:** Being a shared unit with CHS as primary may impact relationships with CANR which could impact collaborative research with CANR and the broader agriculture community. However, as a shared unit it may be possible to mitigate such a tradeoff by having certain faculty (e.g. those principally focused on Food Sciences) keep their primary appointments in CANR. Further, maintaining strong linkages of Food Science to CANR is important for the ongoing MSU-Nanjing Agricultural University partnership and its joint UG and M.S. programs in Food Science.

**Option B Benefits:** Should a decision be taken to base FSHN solely within a single college, the preference of the faculty would be Option B (stay in CANR and serve as a CHS collaborator). Shifting Food Science programs totally to CHS (not shared with CANR) would likely negatively impact Food Science program enrollments and might diminish decades-long collaborations with the food and agricultural industry in Michigan. In addition, some nutrition faculty in FSHN have long-standing research collaborations with faculty in other CANR units and have expressed a desire to maintain their

collaborations with CANR. This is possible with CHS as primary and CANR as secondary.

**Option B Trade Offs:** Having FSHN in only CANR would limit the ability of the FSHN to contribute to the mission of CHS. It would also impact the student experience, particularly those in the Dietetics and Nutritional Sciences majors, by not being exposed to other health sciences students and integrated clinical opportunities.

- **The overall recommendation is Option A, FSHN becomes a shared department between CHS and CANR with CHS as primary.**

### **Stakeholder Feedback:**

The Department of FSHN held a faculty and staff meeting on August 22, 2025 to discuss general updates on the One Team, One Health Initiative and planning activities. As part of this discussion, FSHN faculty and staff explored potential Opportunities and Trade-Offs for various hypothetical scenarios whereby FSHN might be engaged in a College of Health Sciences. On October 3<sup>rd</sup>, Jackie Goodway presented a new update to the faculty of FSHN and answered questions. The summary below represents feedback from the engagement.

**Scenario 1 – Status Quo** – FSHN remains together and fully in CANR. Collaborator status with new College of Health Sciences (CHP).

#### **Opportunities**

- Maintain existing collaborations.
- Maintain existing procedures and functions
- Strong existing graduate/alumni advocacy at the college level
- Maintains existing career pathways that are not obvious to outsiders (e.g. many dietetics graduates work in food companies)

#### **Trade-Offs**

- Access to collaborations with CHS may not be easily achieved (not there so not in plain sight). Missed opportunities.
- Continued lack of access to pre-health UG students

**Scenario 2 – Joint Administration** – FSHN remains together but jointly administered by CANR and CHS.

#### **Opportunities**

- Access to resources of two colleges?
- Improved access to pre-health UG students and increased opportunities for IPE.
- Increased visibility and engagement may help improve numbers in FSHN majors and numbers in FSHN elective courses for non-majors.
- Opportunities for increased clinical and community dietetic sites.

#### **Trade-Offs**

- Competition for limited resources at the college level between the two departmental components?
- Increased workload and reduced efficiency for Dept Chair and staff.
- Different colleges have different operational procedures (student hiring processes, file retention, onboarding etc).

- Done properly, joint administration maintains existing collaborations/connections for faculty, students and alumni.
- Increased opportunities for new curricular innovation with other units in CHS (e.g. shared programs with Kinesiology)
- Opportunity to plan FSHN mission and strategic objectives to capitalize on new synergistic opportunities with the two colleges.
- Staff learning two different procedures and adhering to the correct one situationally could be extremely difficult.
- Potential issues with different Graduate Program requirements for different colleges – may create confusion and/or lack of connection for FSHN grad students.
- Potential for dilution of FSHN vision and focus under dual administration.

**Scenario 3 – Move FSHN as a Whole** – FSHN remains together but is fully administered by CHS.

**Opportunities**

- Increased visibility and engagement may help improve numbers in some of the FSHN majors and also increase numbers of non-FSHN students taking elective courses administered by FSHN.
- Potential access to resources for tenure system faculty hires, simulation laboratories, and health-related partnerships via the new CHP.

**Trade-Offs**

- Potential loss of CANR, MSU Agbio research and MSU Extension collaborations and funding opportunities
- Loss of all progress made in FSHN for procedural efficiency – will our current procedures be allowed to continue (forms on website etc.)
- Leadership may not appreciate or understand the close collaboration between FS and HN faculty in teaching, research and outreach.
- Leadership may not appreciate the existing extensive engagement with ag-related stakeholders, especially for FS faculty
- Potential impact on FS agreement on graduate and undergraduate degree programs with Nanjing Agricultural University (MSU/NAU Joint Institute)

**Scenario 4 – Split FSHN** – FSHN breaks into separate “Food Science” and “Human Nutrition” units. Food Science remains in CANR. Human Nutrition programs/faculty move to CHP.

**Opportunities**

- While this option might help preserve the identities of the individual undergraduate degree programs currently in FSHN, dividing the

**Trade-Offs**

- Lack of sufficient faculty in component units to meet missions.

department into component parts would be devastating to collaborations in research, outreach, and graduate education programs.

- Loss of unique integrated One Health activity that has been developed in FSHN over decades.
- Loss of programs/faculty
- Different colleges have different operational procedures (student hiring processes, file retention, onboarding etc). Staff learning two different procedures and adhering to the correct one situationally could be extremely difficult.
- Offending and turning off alumni and other donors because they see us as part of the food and agriculture field, not healthcare.

**Student Engagement Feedback:** Additionally, Les Bourquin and Jackie Goodway met with the Nutritional Sciences Student Organization and the students shared the following feedback:

Overall, students were excited about the possibilities of joining a CHS and saw benefits for them. Clinical placements were identified as a major concern for students, and they saw value in being in a CHS where there may be more opportunities and support to secure clinical placements. Students highlighted how first-generation students are disadvantaged in securing clinical placements as many do not have the necessary networks to find a placement. Students also shared that MSU does not do well in advising pre-dental students (a number of FSHN students go into dentistry) and hoped that dedicated health sciences advising within the college would rectify this issue. Students asked how CHS was similar to FSHN programs within Lyman Briggs and how they might work together. We responded with explaining some of the similarities and differences but highlighted that Lyman Briggs would be a strong collaborator with CHS as they share many similar goals.

FSHN has three other student organizations (Food and Nutrition Association [Dietetics students], Food Science Club, and Graduate Student Association). Dr. Bourquin will engage with each of these groups to collect any additional feedback.

**Potential New Programs:** A combined program with Kinesiology: **Exercise Science, Human Nutrition and Wellbeing**

FSHN faculty affiliated with the dietetics and nutritional sciences programs clearly recognized and specifically mentioned that this new degree will definitely be resource dependent on teaching expectations, any new courses, etc. In quick summary, most faculty thought it is feasible and specifically indicated that it would likely be a popular new major given the current increase in sports nutrition interest. In addition, one

comment made was that “The interdisciplinary nature of the new proposed UG major is reasonable and makes sense in the spirit of One Health.”

**Overall Concerns (more from a logistics to be worked out later if this is what the president deems acceptable):**

1. How will the program be delivered?
2. There needs to be clear understanding (from Dietetics end) that this degree is not qualifying the individuals to assume the role of a sports registered dietitian
3. Suggestion of also a new “Nutrition degree” with two different nutrition concentrations (one NS and one Dietetics) plus Kin for each or two degrees, one NS+Kin and one Dietetics + Kin, as long as there are both nutrition options and it is clear that if goal is sports RD, the students are steered to the Dietetics one to get verification statement.
4. Where will the program/s be housed (administratively speaking – in both or one department—will some courses for example be jointly listed etc.)?
5. How this would impact numbers of Dietetics and NS majors.

**Potential Benefits**

1. Potential expansion of HNF classes for which students qualify (i.e. have pre-requisites for to more KIN students, i.e. more students in seats), whether through new enrollments in our majors or credit hours, which may be a positive depending on future funding models
2. Bring more attention to the nutritional sciences and/or dietetics programs, including potential students who migrate to NS/Dietetics depending on goals for future career
3. Aligns with the vision of One Health at MSU
4. Likely aligns with student interest

**Trade offs**

1. May lose nutritional science majors to a new program - especially if they do a better job marketing their program as a Pre-Med or Pre-Health professional track than we do
2. If we have to create new content, where do those resources come from (if, from already hired NS faculty, that may dilute other FSHN work and assignments)
3. If it is still designed for Pre-Health students, considering the comprehensive STEM requirements, would the rest of the content be too broad to provide enough expertise in any one content area (nutrition, exercise/kin, or wellness). How easy will it be to meet all the requirements if NS plus KIN and Dietetics plus KIN are also on the table—serious curriculum discussions will be needed moving forward to make it best case scenario for students and not “overload” or overwhelm them
4. If we don't move to a 'per credit hour' funding model, will we be teaching more students with fewer resources?

## CLUSTER 3: DEPARTMENT OF KINESIOLOGY (& REHABILITATION SCIENCES)

The department of Kinesiology is currently administered by the College of Education (CED). Historically, Kinesiology (under a different name) trained physical education and health teachers, hence the alignment with the CED. However, it has been a long time since that was true and Kinesiology primarily has a health-focused mission and faculty largely conduct health sciences scholarship.

### Degrees and Student Numbers in 2024:

- BS Degrees in Kinesiology – 1,503 majors – 534 minors
  - In 2024, 10,151 SCH (44% of college)
- 2 Minors in Coaching and Health Promotion
- 3 MS Degrees in: Kinesiology, Athletic Training, & Applied Sports Sciences (online) – 90 students
- PhD in Kinesiology – 43 students
  - In 2024 893 combined graduate SCH (12% of college)

**Personnel:** Total 31 full time faculty: 21 TS and 10 FT faculty, 1 AS, 6 staff, 35 GTAs and 19 GRAs

**Grant \$\$ in 2024:** Grants = \$1.4 million, Expenditures = 1.8 million

### Potential Recommendations:

- **Option A:** Kinesiology would be a standalone department within the CHS.
- **Option B:** Futuristically, Kinesiology would be a department under a School of Kinesiology and Rehabilitation Sciences that would include new programs in Physical Therapy and/or Occupational Therapy.
- **Option C:** Leave Kinesiology in the College of Education.

**Background:** Historically, Kinesiology departments (at that time called departments of Health, Physical Education, Recreation and Dance) resided in Colleges of Education due to the mission to train physical education and health teachers. However, MSU has not trained PE and health teachers for a long time and Kinesiology as a discipline and faculty research at MSU is very health focused. The MSU Department of Kinesiology shifted to a movement science, health and wellbeing focus at least three decades ago. Many of the UG students in the Department of Kinesiology go on to health careers, especially in Physical Therapy (PT) and Occupational Therapy (OT). Faculty and graduate students within Kinesiology largely engage in health-related research and when you view sport as part of the larger public health mission to keep our youth active, all faculty contribute from a scholarly standpoint.

**Option A Benefits:** As an initial decision, Option A (move Kinesiology to CHS as a department) is the most viable decision. Putting Kinesiology in CHS would enhance collaborative research, the opportunity to develop innovative curricula (e.g. a new integrated degree in Exercise Science, Human Nutrition and Wellbeing) and engage in shared laboratory and clinical experiences along with interprofessional education.

Additionally, the accredited area of Athletic Training (AT) sits within Kinesiology, and it would benefit AT to be alongside other licensed health professions. Moving into CHS could potentially increase interest in our graduate programs in Kinesiology.

**Option B Benefits:** The taskforce also saw futuristic value in Option B with a School of Kinesiology and Rehabilitation Sciences that included the addition of new programs in PT and OT. The University of Auburn recently added a PT program under Kinesiology. If we were to add PT and OT to MSU's portfolio of degrees, we could potentially create 3+3 programs decreasing the time and expense to the graduate degree/licensure in PT/OT. We could also recruit new graduate students and keep Kinesiology majors at MSU for their graduate work. The addition of PT and OT also makes sense from a research standpoint as there is significant overlap in the nature of Kinesiology and PT/OT labs, decreasing the potential start-up expenses of additional faculty. The addition of new programs in PT and OT would elevate MSU to be the "go to" place for movement and rehabilitation sciences.

The taskforce agreed that it did not make sense for Kinesiology to remain in or be shared with the College of Education (CED) from an alignment and mission standpoint. The historical alignment of the Departments of Kinesiology with Colleges of Education no longer holds true and MSU's Kinesiology department is not aligned with the mission of the CED. Additionally, there is no curricular overlap of Kinesiology with degree programs within CED other than some of our graduate students taking measurement courses in CED.

**Option C Benefits:** Leaving Kinesiology in the College of Education (CED) would minimize disruption to the CED budget, organizational structure and other departments in CED.

**Option A/B Trade Offs:** A major trade-off to moving Kinesiology to CHS is that Kinesiology is a significant contributor to the CEDs fiscal health. In 2024, Kinesiology made up 44% of CED UG enrollment and 12% of graduate enrollment, thus the removal of Kinesiology from CED would have a significant impact on the fiscal health of CED. A fiscal transition plan would need to be established and enacted to support the CED if Kinesiology were to be moved out of the college to the CHS.

**Option C Trade Offs:** Leaving Kinesiology in CED would limit their involvement in the CHS and Kinesiology is a common program in CHS's across the country. It would also leave Kinesiology as an outlier in the college as the primary focus of Kinesiology's research and curricula is health-related.

- **The overall recommendation is Option A, move Kinesiology fully into CHS, with future growth into a School of Kinesiology & Rehabilitation Sciences (if PT/OT are added as new programs).**

### **Stakeholder Feedback:**

The Kinesiology faculty have discussed the opportunities and tradeoffs of a potential move to the CHS. Additionally, Dr. Dodd presented to the Kinesiology faculty. The Kinesiology believes that the mission of Kinesiology is no longer in alignment with the

College of Education core goals and mission and that moving to a CHS would provide better alignment for students and faculty. Faculty shared the following:

### **Benefits to Moving to a CHS:**

- Better alignment of curriculum and research.
- Potential for more collaborative research.
- Support and infra-structure to support clinical and community placements for students – especially the Kin-Internship.
- Most UGs are heading to health-related careers like physical therapy and CHS will better support them on this journey.
- Potential for a budget model that better reflects the contribution that Kinesiology will make in student credit hour generation.
- Sharing interprofessional education with others in CHS.
- Potential for shared graduate coursework with other departments that is health-focused – e.g. research methods, social determinants of health.

### **Trade Offs to Moving to CHS:**

- If we were to move buildings there would be disruption to faculty research and significant costs associated with setting up labs.
- Potential disruption to students.
- Time and effort taken to create a new shared culture in CHS.
- Concerns that Kinesiology may be no better off in a CHS than they are in the CED.
- Faculty in the College of Education (CED) have expressed concerns about the fiscal impact to the CED if Kinesiology were to leave highlighting their reliance on the large numbers of majors that Kinesiology contributes to CED (44% of student credit hour generation in CED is Kinesiology). Faculty have also highlighted the CED fiscal reliance on Kinesiology. Other concerns expressed included potential impact on internal and external recognition of CED. A fiscal transition plan would need to be put in place for CED if Kinesiology were to leave CED.

### **College of Education Feedback from Faculty Senate Survey**

The College of Education comments from the Faculty Senate Survey were summarized into themes relative to faculty concerns about Kinesiology potentially moving to a College of Health Sciences. These themes consisted of:

- KIN's large undergraduate population and tuition revenue subsidize other departments within the College of Education (CED). Many faculty expressed concern about the potential fiscal impact of Kinesiology leaving the CED highlighting the impact on CED fiscal stability.
- With the College of Education having to take a 15% cut to their budget (not the university 9%), the fiscal impact of losing Kinesiology will be even more felt and may negatively impact other departments in significant ways.

- Kinesiology's success boosts CED's metrics and rankings: Respondents fear losing KIN's large enrollments, external visibility, and grant activity that contribute to CED's national ranking and perceived size.
- CED faculty fear losing influence, size and voice on campus if KIN leaves. There is a fear of diminishing influence and concerns expressed about the potential lack of support from central administration for CED.
- There was no argument made about Kinesiology's role in contributing to the CEDs mission and vision. Many CED faculty acknowledged that the alignment to Health Sciences made sense for Kinesiology.
- Kinesiology faculty indicated that a CHS was in better alignment with faculty research and teaching, Kinesiology undergraduate and graduate curriculum, and student career goals.

### **Potential New Programs:**

A combined program with FSHN: **Exercise Science, Human Nutrition and Wellbeing**. See description above under FSHN.

**Physical Therapy (PT) and Occupational Therapy (OT)** – A large number of Kinesiology majors go on to PT and OT programs. New potential programs in PT and OT would keep many Kinesiology students at MSU and allow students efficient pathways into these careers decreasing costs and time to graduation. (See full description under New Programs).

## **CLUSTER 4: PUBLIC HEALTH**

There is significant opportunity to elevate the presence and integration of public health education within MSU's academic portfolio, especially on the East Lansing campus. Establishing a Public Health cluster within a potential CHS could create new pathways for interdisciplinary research, student learning, and community engagement. In reviewing this concept, undergraduate and graduate programs, research institutes, and other scholarly activities related to public health across MSU were examined, regardless of departmental home.

It is important to note the distinction between the proposed Public Health cluster on the East Lansing campus and the Charles Stewart Mott Department of Public Health located in Flint. These are distinct entities and the proposed cluster is not intended to duplicate or replace the Flint-based department, but rather to expand MSU's overall public health capacity and visibility on the East Lansing campus.

This work is ongoing. Currently, two existing programs are being considered for potential inclusion within the CHS, with two additional areas identified for further exploration. In the future there will be opportunities to strengthen connections with related fields such as Health Administration and Health Communication and the

taskforce recommends continued dialogue with relevant academic units to assess future alignment.

The existing units under current consideration for the Public Health cluster are:

- Charles Stewart Mott Department of Public Health (CSMDPH)
- Department of Epidemiology and Biostatistics
- Biomedical Lab Diagnostics program

The potential additional units or new units for future consideration noting that these discussions require further dialogue and constituent feedback:

- New department of Global Health
- Potential new department of Environmental Health Sociology

### **Recommendation:**

- **Create a new cluster in public health under the CHS that could integrate existing programs and add new programs and departments in the future.**

**Benefits of a Public Health Cluster in CHS:** There is significant opportunity for students and faculty in elevating Public Health at MSU and especially increasing the presence of Public Health in a more formal and integrated way on MSU's East Lansing campus. These benefits include the development of flexible and efficient student pathways into potential new UG degrees in Public Health (e.g. Epidemiology and Global Health). While Public Health is under siege under the current political administration, workforce data project a need for future public health workforce. An UG degree in Public Health may also increase enrollment in the Charles Stewart Mott Department of Public Health (CSMDPH) online Master's in Public Health (MPH) which is based in Flint. There are opportunities to expand the existing MPH program to encompass an in-person (hybrid) MPH track on the East Lansing campus which could make a seamless pathway from an UG degree to a MPH degree and potentially create a 3+2 pathway decreasing costs to students. Graduate students and faculty would benefit from: greater opportunities for collaborative research; shared graduate coursework decreasing costs of graduate programs; interprofessional education, and; shared clinical placements. The addition of this cluster could elevate MSU's presence in public health on MSU's campus and expose undergraduate students to public health majors. Additionally, it could continue to develop the existing relationships between Henry Ford Health (and other health systems) and MSU.

**Trade Offs of Public Health Cluster:** There is some concern that creating a new cluster in Public Health in CHS might divide public health research and curriculum. Currently, the Charles Stewart Mott Department of Public Health [CSMDPH] and the department of Epidemiology and Biostatistics is housed in the College of Human Medicine (CHM). CSMDPH is proposed to remain under CHM with Epidemiology and Biostatistics potentially moving to CHS. These units provide instructional resources and research training to DOs and MDs in both CHM and the College of Osteopathic Medicine (COM). The CSMDPH has a strong medical affiliation and identity partnering with CHM with both being central to community engagement in Flint. The CHM counts

the funding from CSMDPH and Epidemiology and Biostatistics NIH grants in their Blue Ridge Rankings. If Epidemiology and Biostatistics were to move to CHS, consultation with the Office of Accreditation will be important to ensure rankings are not impacted. For example, many Epidemiology and Biostatistics faculty may maintain their CHM affiliation even if they are in CHS and thus rankings will not be impacted. An additional trade-off of a public health cluster is the need for additional investment of resources and the potential disruption to moving existing units.

An alternative perspective raised during taskforce discussions suggested that, given both medical schools already house major components of MSU's public health infrastructure, including global health research and environmental health (e.g., Toxicology), it may be less disruptive to move components not currently embedded within the medical schools (such as Biomedical Laboratory Diagnostics) into MSU Medicine rather than creating a separate CHS-based cluster. However, the vast majority of taskforce members believed that undergraduate education should not reside in the medical schools as it would isolate students from other undergraduate students and the medical schools are not well equipped to support undergraduate students in their academic journey.

It is important to note that when we think about Public Health, it is not just CSMDPH and Epidemiology and Biostatistics that conduct Public Health scholarship. Many colleges and units across campus engage in Public Health scholarship and programming. Thus, as this Public Health cluster is developed it will be important to reach out and collaborate with other units conducting work in Public Health.

## **A. CHARLES STEWART MOTT DEPARTMENT OF PUBLIC HEALTH (CSMDPH)**

The Charles Stewart Mott Department of Public Health is located in the College of Human Medicine's (CHM) and is the only academic Department in any discipline known to be co-developed and co-governed in partnership with those it seeks to serve, the Flint community.

### **Degrees and Student Numbers in 2024:**

- BS Degree – None
  - In 2024, one course PH101 generated 1,938 UG SCH (33% of college) – data provide by dept not IR
- Certificate in Public Health – 3 graduate certificates (generalist, rural health, public health data management and analytics),
- Master in Public Health (MPH: Specializations-Generalist, Data Management, Rural Health) – 138 majors
  - In 2024 600 graduate SCH were generated (3% of college credit hours generated)
- PhD - None

**Personnel:** Total 36 full time faculty: 13 TS and 13 FT faculty, 10 AS, 16 staff (non-research funded), 1 GA

**Grant \$\$ in 2024:** Grants = \$50.8 million, Expenditures = \$18.3 million (note 24 was a high year for \$\$s)

**Potential Recommendations:**

- **Option A:** CSMDPH stays a standalone department under the CHM (MSU Medicine) and becomes a CHS collaborator.
- **Option B:** CSMDPH would be a shared department between CHM (MSU Medicine) and CHS with CHM (MSU Medicine) as primary.

**Background:** The CSMDPH has a strong and successful history as part of the College of Human Medicine (CHM). CHM co-developed CSMDPH in partnership with the Flint community in 2012-2015 in response to the community's request for an expanded medical school presence in Flint. CSMDPH is the first academic department of any kind to be co-developed and co-governed with the communities it serves. Therefore, it is important that any decisions regarding the future of CSMDPH be made in partnership with the Flint community.

**Option A Benefits:** CSMDPH and the College of Human Medicine state a preference for Option A (remaining in CHM [MSU Medicine]) for simplicity and clarity. The benefits for CSMDPH to remain in CHM (MSU Medicine) include: (1) *Collaborations* - most CSMDPH collaborations are across the medical schools; (2) *Rankings* - CSMDPH significantly contributes to the Blue Ridge medical rankings of CHM and CHM may potentially lose its #11 national Blue Ridge ranking if not part of a medical school; (3) *Faculty identity* - many CSMDPH faculty are clinicians whose professional identity is tied to being in a medical school; (4) *Faculty recruitment* – with the upcoming new hires it may be easier to recruit new faculty if situated in a medical school as many of these potential new faculty are MDs or DOs; (5) *Faculty structure/workload* – tenure system faculty have a research-intensive (~80%) work load allocation that aligns with medical school norms. Such an approach allows the Department to recruit and retain top scholars as CSMDPH can offer them research intensive positions with more security than their often current purely soft money positions. Additionally, CSMDPH TS faculty have no teaching allocation allowing them to focus on research. As a collaborator to CHS, CSMDPH could potentially contribute to the development of the Public Health cluster in CHS with the instruction of PH101 which is already taught by CSMDPH sections (there are examples from several other strong institutions of this approach, including Stanford and Northwestern). PH102 and PH103 are already developed and approved, but are not currently being offered because of financial model challenges.

**Option A Trade Offs:** Option A would preserve CSMDPH's public health related medical school collaborations, IPE, and health identity within the medical schools but separate them from those of CHS. The placement of CSMDPH in CHM will limit their contributions to the Public Health cluster and CHS on the East Lansing campus.

**Option B Benefits:** Option B (be shared between CHM [MSU Medicine] and CHS) would allow CSMDPH to be more central and integral to the CHS mission. It would allow CSMDPH students to access the services of CHS and be part of the college's health identity.

**Option B Trade Offs:** However, the CSMDPH chair and faculty believe that shared departments are unnecessarily complex, that faculty would need to be appointed in CHM (MSU Medicine) to preserve the medical school and the Department's rankings, that a shared department is not what we promised the Flint community, and that our most important collaborations and identity are with the medical school/s. The taskforce decided that moving CSMDPH solely or primarily to CHS did not make sense given the strong affiliation and contributions of CSMDPH with CHM (MSU Medicine).

- **The overall recommendation is Option A that CSMDPH stays a standalone department under CHM (MSU Medicine) and becomes a CHS collaborator.**

#### **Stakeholder Engagement:**

- The overall One Team One Health link was circulated to Department faculty, staff, and community partners at least three times.
- Several discussions of a possible new College of Health Sciences occurred in faculty meetings, as well as one on one and small group meetings with faculty, staff, and community partners.
- The Department description and Departmental perspectives above were developed through close and ongoing collaboration among the chair, Associate Chair for Education, Associate Chair for Research, Associate Chair for Community-Partnered Institutional Administration, and departmental finance and HR leads.

## **B. DEPARTMENT OF EPIDEMIOLOGY AND BIOSTATISTICS**

The Department of Epidemiology and Biostatistics is located in the College of Human Medicine's (CHM) and contributes to the instructional and research missions of CHM (MSU Medicine).

#### **Degrees and Student Numbers in 2024:**

- BS Degree – None
- Minor in Global Health – 48
  - 147 UG SCH generated
- 2 MS in Epidemiology and Biostatistics – 10 majors
  - In 2024 600 graduate SCH were generated (3% of college credit hours generated)
- 2 PhDs - in Epidemiology and Biostatistics – 40 majors
  - In 2024 405 graduate SCH were generated

**Personnel:** Total 34 full time faculty: 22 TS and 2 FT faculty, 1 AS, 7 staff (non-research funded), 20 GRA and 5 GTA. Note: 25 Henry Ford Health faculty are dually appointed in the unit.

**Grant \$\$ in 2024:** Grants = \$50.8 million, Expenditures = 18.3 million (note 24 was a high year for \$\$)

## Potential Recommendations:

- **Option A:** Epidemiology and Biostatistics would be a shared department between CHS and CHM (MSU Medicine) with CHS as primary.
- **Option B:** Epidemiology and Biostatistics would be a shared department between CHS and CHM (MSU Medicine) with CHM as primary.

**Background:** The Epidemiology and Biostatistics department supports required areas of curriculum delivery within CHM (MSU Medicine) as well as serving as a source of research mentoring for medical students. Thus, some strong affiliation with CHM (MSU Medicine) makes sense in selecting the most appropriate option. Both Option A (shared department with CHS as primary, CHM [MSU Medicine] as secondary) and B (shared department with CHM [MSU Medicine] as primary, CHS as secondary) are the best opportunities to leverage the teaching and research missions of both CHS and CHM (MSU Medicine). Engagement with CHS (as primary or secondary shared unit) provides varying degrees of opportunities for the department to teach larger numbers of graduate and undergraduate students within CHS with Epidemiology and Biostatistics being critical areas in Public Health and within the college.

**Option A Benefits:** Option A (CHS as primary) provides the best opportunity to enhance curricular and growth opportunities more than Option B. Correspondingly, Graduate Teaching Assistantships would need to be added to the department's resources to support such teaching (as student numbers increase) and would have the benefit of providing a regular source of graduate student funding enhancing and growing our graduate program. Departments of Epidemiology and Biostatistics have historically been part of medical schools or schools of public health and rarely/recently CHS. However, Option A, involvement of Epidemiology and Biostatistics in a CHS with CHS as primary would enable this unit to provide leadership to the development of the Public Health cluster and an undergraduate degree in Public Health/Epidemiology. It would also benefit collaborations and growth in other public health sciences (e.g., environmental health) both in research collaborations and curricular opportunities for our students.

### Option A Trade Offs:

There would be a significant change in academic culture moving to CHS. Under CHM, faculty in Epidemiology and Biostatistics have limited teaching loads and no need to buy out courses in grants. All but one faculty member are tenure stream. Only a few faculty have experience teaching undergraduates (through the small cohorts of 25-30 students in the Global Health minor). Course size in their graduate programs are also small. Access to teaching assistantships to support teaching large courses would ease this transition as would the financial support and experience then provided to graduate students. There would need to be a period of adjustment if Epidemiology and Biostatistics were to move.

**Option B Benefits:** Option B, CHM (MSU Medicine) as primary would have the benefit of not disrupting the faculty and MSU Medicine.

The taskforce did not believe that keeping Epidemiology and Biostatistics only in CHM (MSU Medicine) was a reasonable option due to the importance of Epidemiology and Biostatistics leading the development of the Public Health cluster in CHS. If Epidemiology and Biostatistics would reside totally in CHM (MSU Medicine) and develop an UG program in public health, it would disadvantage UG students as CHM (MSU Medicine) is not well equipped for UGs. Additionally, these UGs would be in a silo where they would not benefit from flexible student pathways and CHS identity, support services and opportunities. Correspondingly, if Epidemiology & Biostatistics were only in CHS, it would disadvantage CHM (MSU Medicine) as Epidemiology & Biostatistics make substantial contributions to the teaching and research missions of CHM (MSU Medicine) by counting Epidemiology and Biostatistics NIH grants in their rankings.

**Option B Trade Offs:** Being solely in CHM would limit Epidemiology and Biostatistics ability to provide leadership to the Public Health cluster in CHS and would limit opportunities for it's students and the potential development of a new undergraduate degree in Public Health.

- **The overall recommendation for Epidemiology & Biostatistics is Option A to be a shared department between CHS and CHM (MSU Medicine) with CHS as primary.**

#### **Stakeholder Engagement:**

The department chair has regularly updated the faculty in the department about the potential for moving to a new college as primary or remaining as primary with CHM and secondary with CHS. The chair has also shared information about the potential changes during a lunch with the chair to which all graduate students were invited. Faculty are generally positive about the opportunities but need more detailed information about the scope and budget model of CHS. Furthermore, the proposed new university wide budget model's implications are not yet known overall and for the department specifically within CHM or within CHS.

#### **Potential New Programs:**

Epidemiology and Biostatistics could add new undergraduate majors in Public Health. However, a general public health major is not seen as competitive and likely to add value given that there are hundreds of universities with such programs. We suggest conducting a market analysis to determine the best areas of focus. Based on trends and areas of importance in epidemiology, we could envision the following possibilities: 1) women's health epidemiology; 2) environmental epidemiology; 3) health equity epidemiology. (We are not proposing biostatistics programs given the nearly complete overlap with STT programs already available to undergraduates.) These programs would meet the undergraduate interest in Public Health and could lead to the MS Epidemiology or the MS Biostatistics degrees in Epidemiology and Biostatistics. We already have approval for a combined bachelors-MS degree in Epidemiology but have struggled to resolve financial aid issues. These programs could also lead to the online

MPH program in the CSMDPH or a new MPH focused in epidemiology could be created jointly between CSMDPH and Epidemiology & Biostatistics.

### **C. PROGRAM: BIOMEDICAL LAB DIAGNOSTICS (BLD)**

The Biomedical Lab Diagnostics program currently serves as a stand-alone program within the College of Natural Sciences (NatSci).

#### **Degrees and Student Numbers in 2024:**

- 2 BS Degrees in Biomedical Laboratory Science (+ Lyman Briggs) and Medical Laboratory Science – 363 majors
  - In 2024, 1,845 SCH (1% of college)
- MA in Biomedical Lab Science, 2 MS in Biomedical Lab Science and Clinical Laboratory Science – 10 students
  - In 2024 55 combined graduate SCH (2% of college)
- PhD - None

**Personnel:** Total 6 full time faculty: 3 TS and 3 FT faculty, 4 AS, 4 staff, 0 GTAs and 0 GRAs. There is an open FT that has an ongoing search.

**Grant \$\$ in 2024:** Grants = \$0.6 million, Expenditures = \$0.2 million

#### **Potential Recommendations:**

- **Option A:** BLD moves under CHS either as a standalone program or School of Clinical Laboratory Science or situate BLD within the Public Health cluster of CHS (PH least preferred by unit).
- **Option B:** BLD is a shared program between the CHS and College of Natural Sciences.
- **Option C:** BLD stays within the College of Natural Sciences and becomes a collaborator with CHS.

**Background:** BLD is currently a relatively small program that has the potential to grow but serves a vital purpose to a wide variety of health professions. BLD programs are critical members of the health professions/sciences community and serve an important role in diagnostics. Including the BLD in a CHS would enable: flexible student pathways for students into and out of BLD, expose a greater number of CHS students to the potential for a career in BLD, potentially increase numbers in this major, encourage collaborative faculty research and provide opportunities for clinical and interprofessional education. Moving BLD would also allow the unit to grow and add a Professional Doctorate in Clinical Laboratory Science (DCLS). There was some discussion among the taskforce of where BLD might best fit within the six-cluster approach to the CHS. **It is important to note that conversations with BLD are in an early stage of development and further faculty input is needed from the unit to make a firm recommendation.**

**Option A Benefits and Trade Offs:** Option A would place BLD within CHS either as a School of Clinical Laboratory Science or stand alone Program within CHS or part of the

Public Health cluster of CHS. The taskforce recognized that the alignment of the BLD program under the Public Health cluster may not be the ideal fit, but at the time (before faculty input) it was thought to be the best option of all six clusters. Having the BLD program directly under CHS (either as a program as it currently is under NatSci or a school) would advantage the unit in terms of identity, alignment and growth but might disadvantage the unit in terms of opportunities to be part of a cluster and the shared activities and fiscal stability that might occur within a cluster. Additionally, the current relatively small size of the program might be a disadvantage as a separate program or School. In initial conversations, the leadership and faculty of the BLD believe that a School of Clinical Laboratory Science under CHS would serve the program best and allow the program to grow and support the other structures of the CHS. Being a school would provide better equity with other members of CHS that offer specialized accredited degree programs leading to a professional credential and allow for control over tenure of faculty.

**Option B Benefits and Trade Offs:** Option B (shared program between CHS and NatSci) would give the BLD the advantages of being part of CHS but also keep BLD connected to its current college and its identity as a laboratory science within NatSci. The trade-offs to this approach are the complexity of dual reporting and lack of identity across both colleges, concerns identified by the unit leader and faculty. Having a small faculty, BLD faculty may be overburdened with service to two colleges.

**Option C Benefits and Trade Offs:** Option C would minimize disruption to the BLD but would also minimize opportunities to be part of a health professions learning and scholarly community. It was noted that in the future, the CHS might consider a diagnostics cluster. If that were the case, then the BLD program would be a good fit to lead that cluster.

- **The overall recommendation was Option A that the BLD move into CHS as School of Clinical Laboratory Science or stand alone program, or be situated within the Public Health cluster, but not shared with NatSci..**

### **Stakeholder Engagement:**

The possibility of BLD joining the proposed CHS has been discussed within the unit's faculty and staff at a unit retreat and several faculty meetings.

There are perceived positives:

- Greater exposure of our degree programs to students wanting a career in a health profession
- Alignment with other academic units that understand clinical practice and scholarship more fully
- Potential for school status to have control of tenure
- Greater understanding and support for offering a professional doctorate degree (DCLS)
- Enhanced opportunities for interprofessional education
- Opportunities for research collaborations

There are also perceived trade-offs:

- The CHS proposal for a common core curriculum may increase the course requirements for our MLS major due to existing extensive science prerequisites that are required for accreditation/certification.
- Nursing dominating resources and driving decisions for all other units

Also, the discussion of the unit being shared by NatSci may put undue service requirements on the faculty. And the potential of being housed under a public health umbrella causes concern as there is not strong alignment on goals and purpose.

#### **Potential New Programs:**

There is the potential to create a Professional Doctorate in Clinical Laboratory Science (DCLS) within the BLD program. Currently the BLD has Master's degrees in Biomedical Lab Science and Clinical Laboratory Science. A DCLS degree would enable graduates to provide leadership to the professional practice and research in Laboratory Science which would serve market needs. There are currently only 4 DCLS degree programs in the U.S. The DCLS degree is akin to the proposed DPT and DOT degrees to be offered by the proposed School of Kinesiology.

#### **D. NEW DEPARTMENT OF GLOBAL HEALTH**

The taskforce discussed the importance and prevalence of the Global Health portfolio at MSU consisting of a variety of global health scholars across almost all colleges at MSU, a global health institute, global health coursework, and initiatives within this portfolio. It was noted that Global Health was uniquely positioned at MSU to make significant impact but the lack of central university fiscal support (the Institute for Global Health is supported by the College of Osteopathic Medicine [COM]), the current budget models, and the dispersed nature of Global Health scholars are barriers to potential growth in Global Health programs. As a result, the taskforce reached out to the COM Associate Dean for Global Health and Director of the Global Health Institute Rebecca Malouin. The taskforce requested and reviewed a proposal to consider a new Department of Global Health and concurred that creating a new Global Health department would elevate Global Health at MSU, provide a centralized structure to provide leadership to this area, and would contribute greatly to the One Team One Health mission and mission of CHS, enhance faculty collaborative research and interprofessional education, and provide innovative curricular for our students. A Department of Global Health would also provide a sustainable budget model to support Global Health programming and scholarship.

As this is not an existing unit, we do not have traditional data on this area. However, the current program in the Global Health Studies Program is administratively located within the Global Health Institute (and administratively in COM Dean's Office) and is unique in that One Health is foundational to all of the programs. Consequently, current faculty within the programs are from COM, CHM, CANR, CVM, Lyman Briggs, CAL, and CAS. Currently, the COM provides the fiscal support for Global Health initiatives. Table 1

provides an overview of the different courses within Global Health Studies that currently exist at MSU.

**Table 1. Continuum of Current Programs and Courses**

<b>Undergraduate</b>	<b>Education Abroad</b>	<b>Graduate MS in Global Health</b>	<b>Graduate GH Certificate</b>	<b>Professional DO/GH Certificate</b>
OST 450 – Intro to Global Health	OST 686: Global Health – Mexico Education Abroad	OST 821: One Health – Transdisciplinary Collaborations in Global Health	OST 822: Introduction to Global Health Practice*	<u>Leadership Experience:</u> Group implementation of webinar for global health speaker series
	OST 690: Global Health – Dominican Republic Education Abroad	OST 822: Introduction to Global Health Practice	*Required	<u>Clinical Experience:</u> Participation in one international clinical experience (e.g. education abroad course, FCM 660 International pre-clerkship international clerkship)
	OST 687: Global Health – Peru Education Abroad	OST 823: Global Burden of Disease	*Must take two of the following OST 821, OST 823, OST 831, OST 832	<u>Didactic/Research Experience:</u> Participation in one of the following OST 450, OST 822, OST 821 or FCM 590: Medical Spanish/ and research course or presentation at COM Research Day
	OST 694: Global Health – Nepal Education Abroad	OST 824: Emerging Topics in Global Health		
	OST 695: Global Health – Costa Rica Education Abroad	OST 825: Ethical Issues in Global Health		
	OST 696: Spain Education Abroad	OST 827: Global Health Management		
	OST 686: Global Health – Mexico	OST 828: Global Health Capstone		
	OST 688: Global Health – Cuba*	OST 829: Global Community Health Management		
	OST 689: Global Health – Haiti*	OST 831: Evidenced Based Practice in Global Health		
	OST 691: Global Health – Guatemala*	OST 830: Independent Study		
	OST 692: Global Health – Turkey*	OST 832: Independent Study in US Health Systems – only open to int'l residents		
	OST 693: Global Health – Korea*			
	OST 847: Public Health in Ghana: A One Health Perspective*			
	*Indicates programs that are not currently active			

There are currently two programs in Global Health:

- **MS and Graduate Certificate in Global Health** – 50 graduates in the last 4 years

- **DO Global Health Certificate** - In 2024, 32 DO students were accepted into the DO Global Health Certificate program. In 2025, 45 students began the program – over one fourth of the entering DO class.
- **Undergraduate Global Health Courses** - As a “ladder” into the graduate program from undergraduate majors, the program launched OST 450 Introduction to Global Health in 2024.
  - In spring semester 2024, 112 students enrolled, in Fall semester 2024, 187 students enrolled and in spring semester 2025, 236 students enrolled.  
**Growth has doubled over the past year.**
  - Several programs have listed the course as an elective. The College of Social Science Global and International Studies in Social Science has a global health concentration and it is the only required course in the concentration!
- **Study Abroad Courses** – Nine study abroad courses currently exist and were offered in 2024 and served 162 students. These were largely clinical study abroad courses where students were able to get both a global experience and clinical immersion. There is potential to expand on the global health study abroad courses to meet the needs of the broader CHS student community.

### **Value of Creating a Department of Global Health**

- The current program relies on 3.5 FTE fixed-term faculty, with the remainder of courses taught by part-time or adjunct faculty. Infusing resources into a Department of Global Health would enable the unit to provide research and curricular leadership to this area.
- The current faculty are from 6 different colleges and global health practice supporting the idea of One Health.
- The Global Health Institute strategic plan suggested a **cluster hire in a global health focal area** (e.g. infectious disease, vector-borne disease, chronic disease) to replace retiring expert faculty (e.g. Dr. Terrie Taylor). This cluster hire could become the research and teaching core of a new department.
- Faculty in other departments have requested affiliations with the Global Health Institute – many could also teach in an undergraduate program (from their existing college). For example, Dr. Annette O’Connor, Senior Associate Dean for Faculty and Administrative Affairs in the College of Veterinary Medicine has already agreed to develop and teach an undergraduate pre-veterinary course in global health.
- Staff (2.5 FTE) already exist and are trained in working with undergraduate, graduate, and professional academic programs.

### **Realizing the One Team, One Health Vision through a Department of Global Health**

Building on the existing infrastructure and strengths of the Global Health Studies Program, creating a department of Global Health will have the following benefits:

- Enable the university to maintain its research excellence in the area of global health through an investments in a cluster hire to address the global health challenges of now and the future by ensuring position replacement following retirements of key global health researchers
- Integrate MSU's unique expertise in agriculture, medicine, pre-/nursing, kinesiology, veterinary medicine, engineering, which would represent our distinctive ability to break down siloes to provide a new model of global health **interdisciplinary education** and **experiential learning** to prepare future leaders in global health., which would represent our distinctive ability to break down siloes to provide a new model of global health **interdisciplinary education** and **experiential learning** to prepare future leaders in global health.
- Provide a skill-based, internationally-engaged educational opportunity to students, allowing for multiple pathways within a major as well as certificates for those outside the department, to prepare students to engage in and address global health in the future.
- To enhance our **collaborative global partnerships** and international reputation through dedicated global health research and education

### **Potential Recommendations:**

As this unit does not currently exist, we have two recommendations for consideration but each recommendation will require further evaluation:

#### **Recommendation 1: Create a new department of Global Health that would be under the Public Health cluster and be shared among COM, CHS and CVM.**

At this point it is not clear which college would be primary. The feedback from Global Health faculty at MSU is that the vast majority of Global Health faculty have a strong affiliation with COM and much of their work is partnering with global medical facilities and scholars. Many of these faculty have shared they prefer to keep their faculty appointments within COM.

**Recommendation 1 Benefits:** Creating a new shared Department of Global Health, within CHS, but shared with COM (MSU Medicine) and CVM would be ideal. The current RBI model that funds Global Health initiatives does not support the further development of Global Health initiatives in the current context. With the RBI model planning to sunset in the near future, there would not be an efficient path to creating an undergraduate global health major, especially with the academic programs located in the COM Dean's office. Some of the programs, such as the DO Global Health Certificate program will likely survive the RBI cuts, but all other academic programs, including the MS and Graduate Certificate in Global Health and the undergraduate courses are at risk. This is not ideal given the overwhelming student interest in these program as evidenced by enrolment numbers. Thus, creating a new department of Global Health would provide a more stable and sustainable solution to the current problems.

If the goal of these new units are to exploit and advance MSU's unique positioning as a One Health global leader, developing units which are also unique and can work across or serve as integrators, rather than silos, is essential in the new structural models. As

the majority of global health focused education abroad programs for medical, nursing, veterinary medicine (in process!), and undergraduate students are located in this unit, having multiple reporting lines and faculty with joint appointments or faculty from multiple higher level units within the unit would be ideal. Being part of a CHS would help elevate the work of the Global Health Institute and could serve as the integrator between colleges and within One Team One Health. The Institute has been highly successful in forging partnerships with Henry Ford Health and international research universities due to its position within a medical school and this work could enhance the relationship with Henry Ford Health and CHS. Having a strong relationship with COM (MSU Medicine) will be essential to the success of the potential new Department of Global Health if located within CHS. However, faculty within the proposed department of Global Health could also contribute to graduate and undergraduate curriculum within CHS.

**Recommendation 1 Trade Offs:** The creation of a new Department of Global Health will require investment of additional resources (e.g. potential for a cluster hire), especially in TS faculty. Faculty within a new Global Health Department will most likely have split appointments and there will need to be agreements between colleges as to their roles within the respective colleges. Additionally, the complexity of running shared departments for leaders and faculty could be a tradeoff.

**Recommendation 2: Create a new undergraduate degree in Global Health within the proposed new department of Global Health and situated within CHS.**

**Recommendation 2 Benefits:** Creating a new undergraduate degree in Global Health would meet the interest of students. Currently, there is strong interest in Global Health by undergraduate students as evidenced by the numbers in some of the courses. An undergraduate degree in Global Health would contribute to the Public Health footprint on MSU's East Lansing campus and provide a gateway into Global Health and other graduate programs. Undergraduate students in Global Health would also be exposed to faculty research in this area enhancing their competitiveness for graduate education. The taskforce believed that the proposed undergraduate degree in Global Health should reside within CHS as CHS is better equipped to manage undergraduate students than COM. Additionally, keeping this program in CHS would enable students to gain interprofessional education and clinical opportunities with other health majors and provide opportunities for networking and identity as a health science student.

**Recommendation 2 Trade Offs:** The creation of a new undergraduate degree in Global Health will require investment of additional resources and significant curriculum revision.

## **OTHER POSSIBLE CONTRIBUTORS TO THE PUBLIC HEALTH CLUSTER**

The taskforce recognizes that there are other potential contributors to the Public Health cluster within CHS that currently exist on campus. However, it was not possible to communicate with all potential contributors given the timeframe and scope of the taskforce's work.

**The following units under the Public Health cluster are still in a developmental phase with much more dialogue and input from stakeholders required before formal decisions can be made.**

### **E. POTENTIAL NEW DEPARTMENT IN ENVIRONMENTAL HEALTH**

The taskforce agreed that some aspect of environmental health and toxicology could enhance the Public Health cluster but this area still needs further investigation as to whether this area would play a central (in CHS) or a more collaborative role with CHS. There are a lot of scholars across campus conducting work in this area and these faculty could potentially be affiliate faculty with CHS. Future committees need to explore this area more thoroughly and determine the role it could play in CHS. One potential key partner in this area is the Institute for Integrative Toxicology and members of the institute may be able to take a lead in this work. A brief description of the Institute for Integrative Toxicology is provided below:

- **Institute for Integrative Toxicology:** Michigan State University's Institute for Integrative Toxicology (IIT), established in 1978, is a multidisciplinary academic unit that coordinates toxicology research and graduate education. With over 70 affiliated faculty from 24 departments across campus, IIT-affiliated researchers investigate diverse environmental, occupational, food-borne, and pharmaceutical toxicants. Research by IIT faculty has been consistently funded by federal agencies like NIH, EPA, NSF, and USDA, as well as private industry partnerships.
- The Institute houses two major centers: the Superfund Research Program, focused on environmental contamination, and the Center for Research on Ingredient Safety (CRIS), which provides science-based information on consumer product ingredients. The institute also offers the Environmental and Integrative Toxicological Sciences (EITS) training program, a dual-major Ph.D. track with three specialized paths: Biomedical Toxicology, Food Toxicology and Ingredient Safety, and Environmental Toxicology. This program has produced over 200 graduates who now lead in academia, industry, and government. The joint Ph.D. currently has 38 students from 10 MSU academic departments
- IIT's longstanding commitment to interdisciplinary research and education has positioned MSU as a national leader in toxicology, with significant contributions to the Society of Toxicology, including nine presidents from MSU faculty and alumni. For nearly five decades, IIT has advanced research to reduce chemical threats to human and animal health. Most IIT-affiliated faculty conduct research at the interface of food and environmental exposures and human health. Several of these faculty are based

in academic units being considered for inclusion in the proposed College of Health Professions as a unit within the college or as a collaborating unit.

For additional information:

- IIT homepage: <https://iit.msu.edu/index.html>
- IIT-affiliated faculty and department affiliations: <https://iit.msu.edu/directory/index.html>
- EITS Doctoral program description and tracks: <https://iit.msu.edu/training/eits/index.html>
- Current EITS students and department affiliations: <https://iit.msu.edu/training/eits/current-students.html>

- **Recommendation: Further investigation needs to occur to determine if a new Department of Environmental Health in CHS would contribute to the Public Health cluster.**

## F. POTENTIAL ADDITION OF THE DEPARTMENT OF SOCIOLOGY

The taskforce chair met with the Chair of Sociology to discuss possible alignment with CHS. She shared the significant involvement of 12 faculty in the Department of Sociology who have a strong focus on the social determinants of health in their scholarship around two main themes: 1) Health Medicine and the Body, and 2) Environmental Migration and Social Movements. Both areas integrate public health through a sociological lens. A description of the Department of Sociology by unit leader Carla Pfeffer is provided below:

The MSU Department of Sociology is one of the longest-standing units in the College of Social Science, celebrating its centennial anniversary in 2024. The department is also ranked among the top 50 in the nation for its doctoral program. With three signature research areas, faculty and students focus on: health, medicine, and the body; environment, migration, and movements; and race, class, gender, and sexuality. The department's focus on health, medicine, and the body is driven by a social determinants of health approach that seeks to advance health equity and justice, particularly among minoritized communities. MSU Sociology's global, interdisciplinary, and diverse faculty includes American Association for the Advancement of Society (AAAS) fellows and some of the most highly-cited scholars in the world. MSU Sociology faculty have received research grants from NIH, NSF, NEH, USDA, EPA, ESRC, CIFAR, and many additional foundation funders. They are also nationally and internationally recognized, receiving awards for their excellence in teaching and scholarship, much of which is applied. Faculty are engaged in research projects to improve individual and public health and wellbeing both locally and globally—from Flint, Detroit, Lansing, and Dearborn, Michigan to across the United States, Thailand, Pakistan, United Kingdom, Australia, Italy, Canada, China, India, Malawi, Cambodia, Myanmar, Thailand, Turkey, Laos, Palestine, Peru, Vietnam, Tanzania, Jamaica, and beyond. MSU Sociology has

established and actively participates in research clusters, labs, and consortia in the area of society and health that are open to broad participation at MSU. With a 100% placement rate for 2024 Sociology BA/BS graduates, MSU Sociology offers undergraduates world-class education emphasizing rigorous methods training that includes qualitative, quantitative, mixed-methods, community-engaged, ethics-based, and applied research approaches. MSU Sociology faculty frequently co-publish research with both undergraduate and graduate students in their team science collaborative approach. MSU Sociology has the desire, infrastructure, and capacity to join forces with the One Team, One Health initiative, and the College of Health Sciences in particular. Best positioned to provide education around Sociology questions on the MCAT, MSU Sociology is also interested in building an undergraduate health-focused student pipeline program for graduate education and training (e.g., public health, health and medicine workforce education) that is grounded in social determinants of health and health equity approaches.

- **Recommendation: Further discussion with the Department of Sociology needs to occur to determine the potential alignment of the department with the CHS or Sociology as a key collaborator with CHS.**

#### **Stakeholder Engagement:**

The chair of the department has spoken to faculty about the potential of being part of the Public Health cluster within CHS and found enthusiasm from the faculty for the idea. A large number of the faculty in sociology work in broad area of social determinants of health and would contribute to a CHS mission. Further dialogue is needed with the unit faculty to continue to evaluate this idea.

## CLUSTER 5 - COLLEGE OF NURSING

The College of Nursing trains nurses at both the undergraduate and graduate levels. Founded in 1950 as a Department of Nursing Education, we then became a school from 1957-1980, and advanced in complexity and degrees to be named a College for the last 45 years. This strong 75-year reputation is recognized within the university and external to the university. This distinguished 75-year history has resulted in MSU Nursing to be known for the excellence of our graduates within Michigan and beyond. This history and distinguished reputation draw many students to MSU for nursing (many are from Michigan and remain in Michigan following graduation, approximating 80%). The college cannot admit all the pre-nursing students who come due in large part to the current budget model; thus, nursing requires a second admission process in the undergraduate space at MSU. This is important to note because many students who initially self-identify as a pre-nursing major will change to another health major and so deliberate exposure to other health discipline educators/researchers with other health focused students would be critical for pre-nursing students to make informed decisions regarding changing to another professional academic programs. Several students who graduate with a different health degree return to the CON to become a Nurse. For example, 17% of Kinesiology students enroll in the accelerated BSN nursing program. And of the many self-identified pre-nursing students who come to MSU seeking a degree only 20% leave MSU.

- **3 BSN Degrees in Nursing** – Grand Total of 1,140 pre-nursing and admitted nursing students
  - 494 Undergraduate Nursing majors and 647 pre-nursing majors
  - 4,209 student credit hours generated
  - The three BSN degrees encompass the Traditional BSN program (TBSN – 408 majors); an Accelerated Second-Degree BSN program (ABSBN – 68 majors), and; the Registered Nurse to BSN program (RN to BSN – 17 majors who are post-RN licensure).
  
- **4 MSN Degrees for Advanced Practice Registered Nursing (APRN)** - 1) Adult-gerontology clinical nurse specialist (AG CNS - 15). There are 3 Nurse Practitioner Programs that total 52 students and include 2) Adult-gerontology/primary care nurse practitioner (AGPCNP); and 3) Family nurse practitioner (FNP), and; 4) Psychiatric mental health nurse practitioner (PMHNP).
  
- **5 Post-Graduate Certificates in Nursing** – There are a total of 22 post-master's Psychiatric Mental Health NP students; although, we intermittently admit some post-MSN students who want to change the focus of their practice making this number highly variable. Of note: all graduate nursing students must have a BS degree in nursing. Non-nurses are not eligible for these graduate nursing programs.
  - All together there are post-graduate certificates offered for 1) Adult-gerontology clinical nurse specialist (AG CNS); 2) Adult-gerontology/primary care nurse practitioner (AGPCNP); 3) Family nurse

practitioner (FNP), and; 4) Psychiatric mental health nurse practitioner (PMHNP), and; 5) nine-credit Teaching in Nursing certificate.

➤ **5 Doctor of Nursing Practice (DNP) degrees (N=160) and 1 PhD degree (N=17)**

- Clinical Nurse Specialist (CNS; N=9); Nurse Practitioner (with 3 tracks FNP, AGPCNP, PMH; N=74); Nurse Anesthesiology (NA; N=60); and a post-MSN DNP (N=17)
- PhD in Nursing (N=17)

The combination of MSN, post-graduate, DNP and PhD students results in 2,000 combined graduate SCH. In 2024 there were 266 total graduate students (MSN, DNP, post-grad, and PhD).

**Personnel:** \*70 full-time faculty (16 TS and 54 FT faculty), 1 AS, \*\*44 staff, 1 GTA and 6 GRAs

\* National accreditation and state standards dictate faculty to student ratios in several clinically-associated courses.

\*\* As a college, we are required by state standards and national accreditation criteria to have HR, IT, finances, marketing and communications, clinical placements, student affairs, and other services we have a high number of staff.

When looking at the faculty-to-student ratios, there are important and unique differences in nursing education compared with other undergraduate and graduate programs. National accreditation and state standards dictate faculty-to-student ratios in all clinical courses. UG student: faculty ratio for clinical education groups is required to be 8:1 and graduate student oversight in the clinical environment is required to be 6:1.

Additionally, there are 44 staff, 1 GTAs and 6 GRAs which appear to be very different than other units being considered to integrate into a new College of Health Sciences. As a college, we are required by state standards and national accreditation criteria to have HR, IT, finances, marketing and communications, clinical placements, student affairs, and other services; therefore, we appear to have a high number of staff in comparison to other units.

**Grant \$\$ in 2024:** Grants = \$2.7 million; Expenditures = 1.9 million. The growing trend of increasing NIH funding over the last 4 years has propelled the college ranking to increase by 34 points, leading to our current national ranking of 35. We anticipate that this will continue to increase given our current longitudinal funding and grant submission rate.

**Potential Options for Nursing with respect to a new CHS:**

There was extensive discussion among taskforce members regarding the potential placement of Nursing. Members acknowledged that Nursing differs in important ways from other academic units under consideration, given its strong clinical orientation,

rigorous accreditation requirements, large number of full-time faculty, and comparatively smaller proportion of tenure-system, research-active faculty.

Perspectives varied on whether Nursing would be best positioned within a potential College of Health Sciences or should remain a standalone college. Some members noted potential benefits to inclusion within a broader health sciences framework, while others emphasized the value of maintaining independence to support leadership transition and continued growth. As such, the taskforce did not reach a single consensus recommendation. The descriptions below reflect the complexity of the data and considerations that informed the discussion.

- **Option A:** Combine the College of Nursing with the proposed College of Health Sciences and include Nursing in the title of the college, “College of Health Sciences and Nursing” with Nursing being a School of Nursing that functions autonomously in line with accreditation standards. It will be critical to ensure its strong identity is maintained within the college while enhancing integration of pre-nursing students across health programs coursework.
- **Option B:** Nursing would stay as a standalone college, with the potential of pre-nursing students being included within the CHS, and the college would become a strong collaborator.
- **Option C:** Nursing would remain a separate college, with the potential of pre-nursing students included within CHS. Operational resources would be shared with the new CHS to increase the efficient use of resources and ‘jump start’ the development/ implementation of a new college. There is a strong opportunity for the College of Nursing to grow in student enrollment in both undergraduate and graduate programs to become a larger MSU MAU through the HFH+MSU feasibility study to create a larger MSU educational campus and a new financial model. In this recommendation, the College of Nursing would be given the time to seek a new leader, and given the time to grow with a decision about the potential to combine with the CHS being made 2-3 years in the future.

**Benefits of Option A:** Provides multiple benefits for pre-nursing students. The College of Nursing can only admit 30% of the qualified second admission applicants to the traditional BSN and a large number of students move from pre-nursing to a wide variety of majors at MSU including Kinesiology and FSHN. Thus, being in a CHS would provide pre-nursing students with flexible and efficient pathways between health-related majors, allow early opportunities for IPE and cross disciplinary immersion, and give them a broad landscape of health careers. Integration of first year undergraduate students may result in a transformative core, first year shared curriculum. Both UG and graduate students would benefit from close collaborations with other health disciplines. Additionally, there is an opportunity to have more interprofessional education at both undergraduate and graduate levels, and in a limited number of situations there may be shared clinical placements. PhD nursing students could benefit from shared methodology, measurement, and core research coursework provided at the CHS level, which would result in a greater number of students in classes and may increase

opportunities for collaborative cross disciplinary foundational research. Faculty may benefit from closer approximation that could increase collaborative health research efforts.

Sharing operational resources from the College of Nursing (i.e., HR, IT, educational IT, finance system, marketing and communication, advancement, and alumni affairs) with CHS would help jump start a new college to implementation. This would also result in efficiency of operations.

**Trade Offs for Option A:** The nursing curriculum of Undergraduate and Graduate educational programs are very prescribed by state standards and national accreditation. There is limited flexibility to take additional courses or share courses beyond the first 1-2 years of an undergraduate program, perhaps some core courses in the MSN/DNP program and the PhD program. While early undergraduate IPE would be a benefit, IPE is required in the later nursing program as well, in the graduate program. This cannot be achieved through shared coursework but may be some shared activities such as simulation, or a threaded IPE program of learning events. This does not require the college to be integrated within a new college; but close collaboration will be very important.

The greatest tradeoffs are noted in the faculty, staff, and student feedback. Students have clearly indicated that they would not apply to MSU if we were not a College of Nursing. They see a change to becoming a school within a larger college as MSU devaluing nursing education. Some faculty have indicated that they will seek new employment if we do not remain a college. Most concerning is that several researchers, some being the most productive and successful, have indicated that they will leave or shift to MSU public health. This would devastate our research and research rankings.

Finding a new leader of the college will be greatly hampered by changing the college status to that of a school within a larger college. There is a significant national shortage of nursing leaders, particularly ones that have research experience. This change will complicate the search for college leadership positions and may result in finding leaders that have no experience or limited understanding of how to move a college research agenda forward to achieve top national research rankings, important in an R1 University. Currently, we are organized to have a Dean of the college. Through the definitive agreement with HFH+MSU, the Dean of Nursing is on the Board of the partnership. -- the only nurse even though nurses are the largest sector of the healthcare workforce. The Dean of Nursing is also on the board of HCI. If there is no dean of nursing, we will not continue to have prominence and influence on important decisions that impact nurses and the healthcare systems. It remains unclear if MSU Nursing does not have a dean if the nursing leader would be a member of MACN (Michigan Association of Colleges of Nursing), a highly influential group of nursing leaders in the state, and the BTAA Nursing Deans group, a group that has influence with accreditors and state BONs. Additionally, the Dean of the College of Nursing currently reports directly to the Provost, which would be significantly impacted by the change to be a school within a larger college.

The College is at a pivotal time, with great opportunity to grow, not having strong leadership will signal a change in the perception by others about the value of nursing

education at MSU during a critical shortage of nurses, particularly felt by our Henry Ford Health Partners. This could be significantly detrimental to the Spartan Nursing tradition that has been built and cultivated for 75 years.

**Option B&C Benefits:** (have Nursing remain a College) The College of Nursing has significant opportunity to grow to be a much larger MAU within MSU through the HFH+MSU feasibility study for a larger Detroit Campus and increasing the number of undergraduate nursing students by a significant amount (~100-200), an incentive-based financial model, and growing the number of graduate programs. Henry Ford Health is experiencing a critical shortage of nurses. By increasing the number of undergraduate students at a larger Detroit Campus who have HFH clinical experiences (MSU nursing students have been prioritized by HFH for clinical placements) will strengthen our HFH+MSU partnership. This combined with a new incentive-based financial model has the potential to be an even greater draw of students to MSU.

Nursing is in a unique position at MSU compared with other educational units. Our ability to grow and contribute to closing the critical nursing shortage is strengthened by the large number of pre-nursing students we attract, increased available clinical placements through the 13-acute care HFH system, and great healthcare workforce need. Other educational units at MSU are facing the 'demographic cliff' with declining enrollments and less employment demand during a time of economic challenge.

The HFH+MSU education committee also holds a focus on increasing the number of clinicians to scientists. This will enhance student enrollments into our PhD program by HFH nurses, which in turn will grow our NIH rankings (HFH nursing research [required to maintain hospital Magnet status] and MSU nursing research are combined and contribute to our NIH rankings). Furthermore, all DNP students are required to complete Quality Improvement or Evidence-based Practice projects for graduation (an accreditation and national professional requirement). Such projects completed with our HFH partners will forward the strategic goals of HFH and may be increased in rigor and impact, gaining national attention.

Sharing the established operational resources of the College of Nursing (Option C) will contribute to overall financial efficiencies while 'jump starting' a new CHS into implementation. We have established policies and processes that would not need to be developed. For example, our recently restructured financial system has been closely aligned with the MSU financial system and could be grown to include the other college's needs. Once the potential for growth has been determined and realized, a later decision regarding nursing being a standalone college, like the majority of its BTAA institutional peers, can be made.

Close collaborations can be further developed when operational resources are shared, which will contribute to an increase in collaborative research to address the nation's most challenging health issues. The CHS workgroup expressed interest in having a focus on mental health and wellness for the students and developing an integrated health clinic. The College of Nursing has an existent mental health and wellness curriculum threaded throughout our academic programming to address the high rates of nursing burn out nationally and high rates of exposure to workplace violence. This is exemplified by our McLaren Endowed Chair for Behavioral Health and Wellness.

Additionally, we have an established integrated health clinic and would like to grow the number of interdisciplinary providers to increase access to high quality healthcare in the mid-Michigan area, particularly for those who struggle with the most pressing healthcare needs of Americans.

**Option B&C Tradeoffs:** The greatest tradeoffs for MSU Nursing to remain a standalone college include continuing to be a small MAU within the MSU system, requiring operational resources to remain a standalone college. If the current or envisioned future MSU budget model does not support incentivized student growth appropriate for a college with required clinical education, this would also impinge the college's future growth potential.

The taskforce struggled to come to a final conclusion for Nursing and ended up coming up with two potential recommendations. They are:

- **Recommendation 1:** Combine the College of Nursing with the proposed College of Health Sciences and include Nursing in the title of the college, "College of Health Sciences and Nursing" with Nursing being a School of Nursing that functions autonomously in line with accreditation standards.
- OR**
- **Recommendation 2:** Nursing remains a standalone College with CHS as a close collaborator and the potential for pre-nursing students to be members of the new CHS college. In this recommendation, the College of Nursing would be given the time to seek a new leader, and given the time to grow with a decision about the potential to combine with the CHS being made 2-3 years in the future.

### **Stakeholder Engagement:**

There are three sources of information that have been compiled for this summary of stakeholder engagement; the One Team One Health (OTOH) University-Wide Faculty Survey, information provided to me by the faculty of the undergraduate class that had a One Team One Health informational meeting, and anecdotal feedback from faculty, staff, students, and alumni. Overwhelmingly the vast majority of faculty data from the One Team One Health University-Wide Survey clearly demonstrated that faculty of the College of Nursing do not support being united within a College of Health Sciences with greater than 45% of eligible faculty participating in the survey. Faculty comments emphasized strong pride in the College's independent identity and mission and expressed concern that such a move could diminish its national reputation and the distinctiveness of the nursing profession. There were also comments about the lack of trust in the leadership of OHS to make such a decision and feel that such a move would harm the unique identity and mission of the college and impact alumni relations.

These sentiments were mirrored in a separate meeting held by OTOH leadership with a group of undergraduate students who highlighted their professional identity as a nurse

and being in a College of Nursing as central to applying to MSU. These students also expressed concern that going from a College of Nursing to a School of Nursing would minimize how important and prestigious becoming a bachelors prepared nurse is”. The other theme mentioned several times was how important those first semesters are in developing friendships with fellow nursing students that carry with them throughout their degree and career. A meeting with Dr. Goodway with four final year nursing students who were part of the nursing student organization re-iterated the themes of how a College of Nursing reinforced their professional identity as a nurse and how their coursework was very targeted towards national accreditation standards. However, these students did see value in shared freshman curriculum in a College of Health Sciences and Nursing. All spoke to how hard it was for pre-nursing students who did not get into nursing in finding another major and agreed that a College of Health Sciences and Nursing would be advantageous to these students.

During the Homecoming weekend the CON engaged in many activities with alumni, students, and faculty, thus providing a wonderful venue to ask people about their feedback associated with a potential integration of the CON into a CHS as a school. Responses to this question resulted in the overwhelming opinion that this would not benefit the college for many of the same forementioned reasons. Alumni indicated that they planned to submit feedback to the OTON survey on the OTOH website.

## **CLUSTER 6 – POTENTIAL NEW DEPARTMENT OF INTEGRATED BEHAVIORAL HEALTH**

The taskforce discussions highlighted the importance of mental health in the overall health of an individual and as a part of the One Team One Health mission. A dedicated Integrated Behavioral Health focus in a College of Health Sciences was considered strategically essential. The core rationales are grounded in current evidence, workforce trends, and the expectations of contemporary health-profession education:

- **Mental health competence is now a baseline requirement across all health professions** – Across many health professions such as medicine, nursing, PT/OT, public health, kinesiology, and biomedical sciences, frontline practitioners increasingly encounter patients whose physical conditions are intertwined with psychological stress, depression, anxiety, trauma, or social determinants of mental health. A centralized unit ensures that every student, regardless of discipline, develops foundational literacy in behavioral health, integrated care models, communication, and trauma-informed practice.
- **An Integrated care model is the national direction of health systems** - U.S. health systems are moving toward *whole-person* care models that combine physical, behavioral, and social health. This is in line with One Team One Health. Training programs that silo mental and physical health no longer match real-world practice. An Integrated Behavioral Health unit could become the academic

hub for: interprofessional education; collaborative care models; cross-disciplinary clinical simulation, and; team-based practice competencies. This directly enhances graduates' employability and readiness for contemporary care teams.

- **Pre-professional students themselves face high rates of stress, burnout risk, and emotional strain** - Students preparing for health professions have some of the highest rates of psychological distress in higher education. Supporting their wellbeing is both an ethical responsibility and a retention strategy. A dedicated unit provides: proactive well-being programming; early identification and support; stress-management and resilience development, and; evidence-based approaches that reduce academic attrition. Healthy students should develop into healthier practitioners that are resilient and will stay in health professions longer. This also reflects a focus increasingly emphasized in accreditation standards.
- **Workforce shortages demand that institutions protect and sustain the pipeline of skilled health workers** - Burnout and mental fatigue are major drivers of early exit from fields like nursing, medicine, public health, and allied health. Developing mental health and wellbeing skills through professional training signals that these skills matter for long-term career sustainability. This is critical for workforce stabilization in an era of unprecedented shortages.
- **Mental health is core to population health, research priorities, and public health preparedness and the One Team One Health approach** - Mental health shapes individuals: adherence to medical treatment; response to interventions and health-seeking behavior; recovery trajectories; physiological responses and overall resilience. A wellbeing unit strengthens research capacity in these emerging intersections and supports grant competitiveness in NIH, CDC, and state-level initiatives.
- **Interprofessional collaboration improves outcomes** - A mental health and wellbeing unit can become a bridge connecting disciplines. It facilitates faculty collaboration, joint curricula, and shared research, creating a cohesive health sciences culture that mirrors modern practice settings.
- **Signals institutional leadership and social responsibility** - Embedding mental health within a health sciences college demonstrates a forward-thinking commitment to: health equity; student, faculty and staff success; reducing stigma, and preparing graduates who understand whole-person care. This aligns with national calls for universities to be active leaders in improving behavioral health systems.
- **Mental health clinicians are in short supply and the need is greater than the number of professionals available** – There are significant shortages of mental health clinicians with often long wait lists for an individual to secure mental health support. This gap needs addressing systematically.

Noting the above rationale, taskforce members agreed that CHS should prioritize resiliency and mental health skill development as a core focus of the college.

## The Context of Integrated Behavioral Health Programs at MSU

Currently, at MSU, academic programs that involve training for a career in mental health (direct service and/or research) are scattered across colleges with no centralized academic home. Some type of coordinated structure under CHS would strengthen student and faculty identity, research collaboration, interprofessional education, and shared clinical training. The first step in the process the taskforce undertook was to identify the mental health units and programs across MSU. Table 2 below provides an overview of the mental health programs that were identified at MSU. In addition, some potentially new mental health programs were identified but the taskforce noted this was not a comprehensive list.

It is important to note that this is not the list of programs the taskforce is proposing to move to CHS. Table 2 shows the programs and units that require further engagement to more closely understand their perspectives about how their program might collaborate with CHS (or not). This area is very much at an initial conceptual stage and needs much more input and engagement with stakeholders.

**Table 2: Potential Mental Health Programs for CHS**

<b>Program</b>	<b>Degree</b>	<b>Department</b>	<b>College</b>	<b>Existing/New</b>
Clinical Science	PhD	Psychology	Social Science	Existing
Couple and Family Therapy	PhD	Human Development and Family Studies	Social Science	Existing
Clinical Social Work	MSW	School of Social Work	Social Science	Existing
School Psychology	EdS/ PhD	Counseling, Educational Psychology, and Special Education	Education	Existing
Educational Psychology/ Educational Technology	PhD	Counseling, Educational Psychology, and Special Education	Education	Existing
Counselor Education and Supervision (formally Rehabilitation Counselor Education)	PhD	Counseling, Educational Psychology, and Special Education	Education	Existing
Rehabilitation Counseling	MA	Counseling, Educational Psychology, and Special Education	Education	Existing

Clinical Mental Health Counseling	MA	Counseling, Educational Psychology, and Special Education	Education	Existing
Applied Behavior Analysis	MA	Counseling, Educational Psychology, and Special Education	Education	Existing
<b>Potential New Programs:</b>				
Clinical Health Psychology	MA	Mental Health and Wellbeing	CHS	New
Medical Social Work	MSW	Mental Health and Wellbeing	CHS	New
Music Therapy	MA	Mental Health and Wellbeing	CHS	New

**The Challenge**

It is important to note that the development of this cluster is still in its infancy with much more stakeholder engagement needed from potential mental health programs and faculty. The taskforce recognized the complexity of this cluster as the vast majority of the degrees in mental health are embedded strongly in their departments and the entire department is not health focused. Mental health programs are different than the other units like Kinesiology, Food Science and Human Nutrition, Nursing and Communicative Science Disorders where the entire unit is more singularly focused. Many of the faculty in the mental health programs also contribute across the entire department curriculum and shifting them to another college may cause cascading issues.

Based on the above rationale the taskforce made the following recommendation:

- **Recommendation One: Pull faculty from mental health units across campus together to discuss how a cluster or department of Integrated Behavioral Health might operate in CHS and how existing units could collaborate to elevate Integrated Behavioral Health at MSU.**

**Horizontal Approach to Mental Health and Wellbeing:**

In addition to a cluster or potential department of Integrated Behavioral Health, the taskforce believed that the CHS should also develop a horizontal approach to mental health and wellbeing that integrates mental health and wellbeing education across all of the clusters in CHS.

The taskforce believes a core premise of CHS should be that we focus on developing the mental health and wellbeing skills of all CHS’s constituents (faculty, staff, students) and that this focus is paramount to the uniqueness of the college. Through UG and graduate programs and interprofessional education, CHS could build the mental skills and resiliency of the students, staff and faculty who would work in CHS. This horizontal

approach to mental health and wellbeing could result in more resilient health care professionals and CHS graduates who have the necessary skills to thrive in their careers and life.

- **Recommendation Two: Develop core mental health skills training and curriculum across all CHS clusters to ensure we develop mentally resilient health professionals and graduates who have the necessary skills to thrive in their careers and life.**

## **MSU Consortium on Mental Health and Wellbeing**

In addition to the graduate programs listed above, the Integrated Behavioral Health cluster could host the **MSU Consortium on Mental Health and Wellbeing**. While the MSU Consortium on Mental Health and Wellbeing would be part of the Integrated Behavioral Health cluster, it would also cut horizontally across the entire college, as well engaging units across campus who work in the Integrated Behavioral Health area. This consortium would have two arms to it: Research and Interprofessional Education.

**Research Arm:** The research arm of the MSU Consortium on Mental Health and Wellbeing is intended to elevate and expand collaborative research opportunities across campus in mental health. Researchers within and outside of the CHS, with mental health focused research, could be represented in the Consortium working together around Grand Challenges or research focus areas. Ideas for the Consortium may include organizing internal symposiums, offering listservs and other virtual connection opportunities, and orientating new faculty with mental health research interests to collaborators and ongoing projects. The MSU Consortium on Mental Health and Wellbeing could have a faculty affiliate status.

**Interprofessional Education Arm:** The other arm of the MSU Consortium on Mental Health and Wellbeing could be around interprofessional education. The MSU Consortium on Mental Health and Wellbeing could lead cross campus efforts to provide interprofessional education both within and outside of CHS. These efforts would be focused on mental health skills training and supporting and advising the work of faculty and staff in this area. This arm of the MSU Consortium on Mental Health and Wellbeing would also connect to existing campus programs and resources such as those in the portfolio of the University Health and Wellbeing.

The following recommendations emerged:

- **Recommendation Three: Create a MSU Consortium on Mental Health and Wellbeing to provide leadership to CHS and across campus on mental health research and interprofessional education.**

## Development of a One Health Integrated Clinic

The CHS taskforce also believed that there was value in developing a **One Health Integrated Clinic**. On-campus, community-facing mental health clinics (e.g., [The MSU Psychological Clinic](#), [MSU Couple and Family Therapy Clinic](#)) that currently operate separately could join together, with the addition of newly offered services (e.g. nutrition, physical activity, speech). Some current mental health graduate programs (e.g., MSW, School Psychology) seek practicum experiences from external/community-based sources, which offers opportunities to build and strengthen relationships with healthcare systems in the State of Michigan. Therefore, internal and external training are both important. The benefits of the One Health Integrated Clinic include integrated healthcare training, which is more akin to real-world practice, resource reduction in combining existing training clinics, and space for clinical research. In serving the greater Lansing community, the One Health Integrated Clinic will serve equally important missions, to train MSU health profession students in integrated, evidence-based health professions while offering accessible and state-of-the-art health services to our community. Additionally, the One Health Integrated Clinic could provide a site for collaborative research.

This led to:

- **Recommendation Four: Create a One Health Integrated Clinic that includes mental health services and other health services to the community and enhances student's interprofessional education and shared clinical placements (as part of a broader clinic).**

### Summary:

**Benefits:** By developing a cluster/department within CHS dedicated to behavioral health/mental health/wellness, the University is clearly recognizing the value of this discipline, and concurrently helping to reduce stigma for the public, increase mental health care professionals in our community, and offer students a coordinated landing spot to explore the many options that MSU has to advance training and education in mental health. By bringing these programs together under one leadership and one name, the University has the potential to elevate mental health research and training. The already existing successful programs may be even stronger when collaborating together.

**Trade Offs:** Many programs in the mental health area are closely embedded in their respective departments and hold identities related to their individual units/colleges. Thus, it will be challenging to pull a specialization or sub-program out of an existing department. Meeting individual program accreditations standards, as well as local and national regulations required for training, will involve coordinated efforts. Further engagement is needed to determine how to elevate Integrated Behavioral Health through the CHS.

**Conclusion:** There is still significant discussions that need to occur as to how we might integrate mental health and wellbeing into CHS. The CHS taskforce recommend a

taskforce consisting of faculty from mental health programs around campus be convened to discuss these recommendations further.

## POTENTIAL SCOPE & ORGANIZATION OF CHS

Table 3 provides an overview of cluster data in order to get a sense of the potential scope of the proposed CHS relative to faculty, students, credit hour generation and grants. It is important to note that the table only includes Epidemiology and Biostatistics and Biomedical Lab Diagnostics (BLD) data in the Public Health cluster and no data in the Mental Health and Wellbeing (MHW) cluster, all of which are to be determined. With the potential addition of these areas the college would be larger in scope. Figure 1 provides a potential organization structure for the CHS.

**Table 3: Overview of the Proposed College of Health Sciences**

CLUSTER								
Metric	CSD	FSH N	KIN	PH: Epi & Bio	PH: BLD	NURSIN G	MHW	TOTAL
UG Student #s	204	324	1,516	0	363	1,140 total 494 majors	TBD	3,547 Includes all of nursing
# Minor Students	12	68	534	48	0	647 pre-nursing majors	TBD	662
UG SCH	1,230	4,846	10,151	NA	1,845	4,209	TBD	22,281
Master Student #s	50	39	90	10	10	89	TBD	288
Doctoral Student #s	15	24	43	40	NA	177	TBD	299
Graduate SCH	736	577	893	1,005	55	2,000	TBD	5,266
# TS Faculty	9	17	20	22	3	16	TBD	87
# Fulltime FT Faculty	1	4	11	2	3	40*	TBD	61
# AS	1	11	1	0	4	11	TBD	28

<b># Fulltime Instructors</b>	0	1	2	0	0	14	TBD	17
<b># Staff</b>	7	8	6	7	4	44**	TBD	76
<b># GTAs</b>	4	7	35	5	0	1	TBD	52
<b># GRAs</b>	12	19	19	20	0	6	TBD	76
<b>Total Grant \$ (million)</b>	3.2	2.7	1.4	13.97	.6	2.7	TBD	\$24.57 million
<b>Total Grant Expenditure (million)</b>	3.0	2.9	1.8	9.5	.2	1.9	TBD	\$19.3 million

\* The number of nursing faculty is a direct result of the national accreditation and state requirements.

\*\* The staff numbers encompass the multiple support staff necessary to run a college (HR, IT, Educational IT, Marketing and Communications, finance, development), Nurse Practitioners full time in the clinical practice, and several research-related positions.

Table 4 provides an overview of the potential degree programs in a proposed CHS. The overall curricular scope of the CHS is 7 undergraduate degrees and 19 graduate degrees with the core group of units and with the potential inclusion of additional units it is 10 undergraduate degrees and 29 graduate degrees. This does not include inclusion of new degree programs proposed.

**Table 4: Potential Undergraduate and Graduate Degree Programs in the Proposed CHS**

<b># UG Degrees</b>	<b>Bachelors Degrees</b>	<b># Grad Degrees</b>	<b>Masters Degrees</b>	<b>Doctoral Degrees</b>
<b>Initial Recommendations for Units in CHS</b>				
<b>Department of Communicative Science Disorders from College of Communication Arts &amp; Sciences</b>				
1	Communicative Science Disorders	2	Communicative Science Disorders	Communicative Science Disorders; New Doctor of Audiology
<b>Department of Food Science &amp; Human Nutrition (FSHN) shared with College of College of Agriculture &amp; Natural Resources (CANR)</b>				
3	Dietetics; Food Science (+Lyman	6	Food Science; Human Nutrition; Nutrition and	Food Science; Human Nutrition

	Briggs), Nutritional Sciences		Dietetics; Food Regulatory Affairs	
<b>Department of Kinesiology (&amp; new Rehabilitation Sciences) from College of Education</b>				
1	Kinesiology New (shared FSHN) Exercise Science, Human Nutrition & Wellbeing	4	Kinesiology; Athletic Training; Applied Sports Sciences	Kinesiology New: Doctor of Physical Therapy, Doctor Occupational Therapy
<b>PUBLIC HEALTH CLUSTER</b>				
<b>Department of Epidemiology &amp; Biostatistics Shared with College of Human Medicine</b>				
0	No undergraduate New Epidemiology	4	Epidemiology; Biostatistics	Epidemiology; Biostatistics
<b>Biomedical Lab Diagnostics Program from College of Natural Science</b>				
2	Biomedical Laboratory Science (+ Lyman Briggs); Medical Laboratory Science	3	Biomedical Lab Science (MA); Biomedical Lab Science (MS); Clinical Laboratory Science	New Ph.D. in Clinical Laboratory Science
7	<b>Undergraduate Degrees</b>	<b>19</b>	<b>Graduate Degrees</b>	
<b>Potential Inclusion in CHS</b>				
3	Nursing; TBSN; ABSN; RN to BSN	10	Adult-gerontology clinical nurse specialist; 3 NPs -Adult gerontology/ primary care nurse practitioner/Family nurse practitioner; Psychiatric mental health nurse practitioner	5 Doctor of Nursing Practice, 1 PhD
	New: B.S. in Global Health	1	Global Health	New: Ph.D. in Global Health
10	<b>Undergraduate Degrees</b>	<b>29</b>	<b>Graduate Degrees</b>	
<b>Other Units Under Considerations Needing Further Dialogue</b>				
2	Sociology (BA) Sociology (BS)	1		Sociology
1	Social Work	2	Social Work	Social Work
TBD	Integrated Behavioral Health	TBD	Integrated Behavioral Health	Integrated Behavioral Health
TBD	Environmental Health	TBD	Environmental Health	

# COLLEGE OF HEALTH SCIENCES POTENTIAL NEW PROGRAMS

The taskforce discussed potential new programs that could come under a CHS. In addition, unit leaders from units under consideration also generated ideas for new programs. In identifying the potential for new program recommendations a number of considerations were discussed. These considerations included:

- Contribute to One Team One Health mission and CHS mission
- Elevate existing programs at MSU
- Be a professional area that has current and future work force needs in Michigan and across the USA
- Contribute to the land grant mission of MSU
- Would enhance the scholarly profile at MSU by adding new disciplinary knowledge and skills
- Would be desirable to students

The potential new programs are listed alphabetically in no order of priority below. A brief rationale for why they might contribute to the One Team One Health mission and the CHS missions are provided.

- 1. AI and Health Care/Health Systems/ Medicine** (potential undergraduate and graduate degrees) - AI and Health Sciences programs would add strong value to a new College of Health Sciences by preparing graduates to use advanced analytics and technology to improve patient care, health systems, and population health. They expand the college's research portfolio, attract federal and industry funding, and meet workforce demand for expertise at the intersection of health and technology. These programs also enhance recruitment, foster industry and hospital partnerships, and position the college as a leader in health innovation. This would be a highly attractive area for students and contribute to the portfolio of health professions in CHS. This area is also essential to core training and skills for all students across CHS and critical to graduating students who are ready to utilize AI and ML in their new careers.
- 2. Audiology** (Doctoral program) - Adding a Doctor of Audiology (AuD) and potentially a PhD in audiology program under CSD would expand faculty, student enrollment, and research opportunities, positioning the department for major funding and stronger undergraduate growth in hearing sciences. However, the program requires heavy investment in faculty, clinical space, and equipment, while remaining small in scale. The absence of an ENT department on MSU's East Lansing campus poses a major challenge for training and patient access, and reliance on external clinical placements would place added strain on community partners. While the program could significantly enhance CSD's profile, these structural and financial barriers must be carefully weighed. There are four other Audiology PhD programs across the State of Michigan with the vast majority in non-research-intensive universities.

- 3. Biomedical/Health Informatics** - Biomedical informatics is a rapidly evolving interdisciplinary field that integrates computer science, data science, medicine, biology, and statistics to enhance healthcare delivery and biomedical research. It encompasses key areas such as data acquisition, storage, and analysis of electronic health records, genomic sequences, and clinical images; knowledge discovery and integration to better understand diseases; decision support systems to improve clinical workflows; and personalized medicine that tailor interventions based on individual data. As access to large-scale health data from sources like EHRs, claims, mobile devices, and wearables continues to grow, the demand for professionals trained in biomedical informatics is accelerating. Establishing a dedicated program at MSU within the CHS would not only help meet this workforce need but also support the university's own research initiatives and collaborations. Importantly, biomedical informatics aligns with two of the NIH's current top priorities—real-world data platforms and advancing AI—making it a strategic area for growth despite broader funding cuts. While MSU currently has limited capacity through the Biomedical Research Informatics Core (BRIC) and a few scattered experts across MSU and Henry Ford Health, a formal program—whether undergraduate or graduate—would consolidate and expand this expertise, positioning MSU as a leader in this critical domain.
- 4. Clinical Laboratory Science (PhD)** – A new Professional Doctorate in Clinical Laboratory Science (DCLS) builds on the strength of existing degrees in the Biomedical Laboratory Diagnostics program and responds to the growing demand for doctoral-trained professionals in diagnostics, translational research, and precision medicine. This program could prepare graduates for leadership roles as faculty, researchers, and laboratory directors, addressing national workforce shortages and advancing innovation in laboratory medicine. A new DCLS would promote interdisciplinary collaboration across CHS, expand research and funding opportunities, and position the college as a leader in training the next generation of scholars and practitioners in clinical laboratory science. There are currently only 4 DCLS degree programs in the U.S. and as such there should be market demand.
- 5. Exercise Science, Human Nutrition and Wellbeing** – In line with the One Team One Health approach a new undergraduate program could be developed that integrates knowledge and expertise from across CHS including: FSHN, Kinesiology, Nursing, Public Health and Integrated Behavioral Health and Wellbeing. Such a degree that integrates knowledge across these areas would be valuable for those going into Workforce Wellness, Coaching, or Community Health programming as well as serving as a good pre-health/medical undergraduate major for entrance into graduate programs. This program would be shared between FSHN and Kinesiology.
- 6. Genetic Counseling** - A Genetic Counseling program would add strong value to a new College of Health Sciences under a Mental Health and Wellbeing structure by preparing professionals who integrate genetic knowledge with psychosocial support. Genetic counselors help patients and families understand risks, cope with

uncertainty, and make informed health decisions, directly supporting mental health. The program would expand the college's clinical and research portfolio under the Mental Health and Wellbeing area, foster collaboration across disciplines, attract external funding, and meet regional workforce needs—positioning the college as a leader in holistic, patient-centered care at the intersection of genetics and mental wellbeing. While the current market demand for this job is more limited, with the expansion of precision medicine, it is anticipated more genetic counselors will be needed. It would be wise to do a market analysis of this area before any decisions are made.

**7. Integrated Behavioral Health and Wellbeing** – A number of new Master's degrees in the Integrated Behavioral Health cluster/department could add to MSU's and potentially CHS's portfolio of mental health degrees. The proposed Masters programs in Clinical Health Psychology, Medical Social Work, and Music Therapy would significantly advance MSU's mission to improve health outcomes through interdisciplinary education, research, and service. These programs would directly support the university's One Health initiative, which emphasizes the interconnectedness of human, animal, and environmental health, and they complement existing strengths at MSU:

- **Clinical Health Psychology (MA/MS)** would expand MSU's capacity to train licensed mental health professionals, addressing a national shortage and growing demand for behavioral health services in medical settings. These professionals are essential in integrated care teams, supporting chronic disease management, pain, and trauma recovery—areas where psychology intersects with physical health.
- **Medical Social Work (MSW)** would build on MSU's strong foundation in social work and health, preparing graduates to work in hospitals, clinics, and community health organizations. These professionals are critical in addressing social determinants of health, care coordination, and patient advocacy. The program would foster interprofessional collaboration with Nursing and Medicine, enhancing team-based care and health equity.
- **Music Therapy (MA/MS)** would formalize and expand MSU's existing community-based offerings, training therapists who use music to support emotional, neurological, and physical healing. Music therapy is increasingly recognized as a valuable tool in mental health, rehabilitation, and palliative care, and aligns with One Health by addressing holistic well-being across populations.

Together, these programs would:

- Address urgent workforce shortages in behavioral health, social services, and therapeutic care.
- Promote interprofessional education and shared clinical experiences across disciplines.
- Strengthen MSU's leadership in integrated, person-centered care.

- Align with and complement the missions of the Colleges of Nursing and Medicine by preparing professionals who work alongside physicians and nurses in diverse healthcare environments.
- 8. Occupational Therapy and Physical Therapy** - Establishing Occupational Therapy (OT) and Physical Therapy (PT) programs within a new College of Health Sciences would significantly strengthen its academic and clinical mission. This area would consist of programs leading to a Doctor of Physical Therapy (DPT) or Physical Therapy Assistant, Doctor of Occupational Therapy (ODT) and Occupational Therapy Assistant would enhance the profile of CHS and in combination with Kinesiology could create strengths in rehabilitation sciences. Both professions are in high demand nationally, with workforce shortages projected to grow, creating strong career pathways for graduates. These programs would enhance interprofessional education and collaboration across health disciplines, aligning with priorities in rehabilitation, mental health, and wellbeing. OT and PT also bring opportunities for research and external funding in areas such as neurorehabilitation, movement science, aging, and assistive technology. By housing OT and PT together in a new college, the institution could develop a nationally recognized hub for rehabilitation science, advance clinical partnerships, and meet critical community health needs while elevating the college's visibility and impact. There are four other PT (DPT) and 8 other OT (both MS and OTD) programs across the State of Michigan. However, the vast majority are in non-research-intensive universities. Thus, adding a DPT and/or OTD program would enable MSU to provide a strong scholar-clinician experience that is unique and may not be present in the other programs.
  - 9. Doctor of Pharmacy (PharmD), Master of Science (MS), and Doctor of Philosophy (PhD) in Pharmaceutical Sciences** - The addition of PharmD, MS, and PhD programs in Pharmaceutical Sciences would strengthen MSU's capacity to meet growing healthcare and research demands while advancing its One Health mission. Pharmacists and pharmaceutical scientists play a critical role in addressing medication safety, antimicrobial resistance, and the environmental impact of pharmaceuticals—key intersections of human, animal, and ecosystem health. These programs would help fill national workforce gaps in clinical pharmacy, drug development, and regulatory science, while fostering interdisciplinary collaboration with Nursing and Medicine through shared clinical training and research initiatives. They would support MSU's commitment to integrated, team-based care and innovation in health solutions along with addressing critical workforce needs, advance drug discovery and development, and strengthen clinical and translational research that directly impacts patient care. There are currently 3 (University of Michigan, Ferris State, and Wayne State University) PharmD programs in the State of Michigan. It appears only the UM program offers an intensive research-clinician program.
  - 10. Public Health** (undergraduate and potentially an in person (hybrid) MPH) - Launching an undergraduate degree in Public Health/Epidemiology at MSU would address strong statewide demand and align with CEPH accreditation expectations for universities with graduate programs. Most Michigan universities now offer public

health majors, making this essential for MSU to remain competitive. Current models often require two years of general coursework before entry, but MSU could create a more accessible pathway while ensuring rigor. Joint BA/BS–MS options, like the approved Epidemiology program, and potentially an in person MPH, could provide students cost savings and accelerated training, though MSU has not yet fully realized this benefit. Draft plans from Epidemiology & Biostatistics and the CS Mott Public Health Department show momentum for distinctive programs, from environmental and social epidemiology to global health and online delivery. An undergraduate degree would serve both as preparation for advanced study and as a terminal pathway for public health careers, strengthening pipelines, expanding research connections, and enhancing MSU’s role in public health education.

**11. Global Health** - An undergraduate degree in Global Health situated within a potential new Department of Global Health would meet strong student demand, particularly among pre-med, pre-health, and human biology majors, while also serving as a terminal degree option. Housed within a College of Health Sciences, but shared with the College of Osteopathic Medicine (MSU Medicine), the program could offer specializations such as global health research, epidemiology, and management, as well as certificate options for students in fields like business, agriculture, and engineering. A centralized department could coordinate education abroad programs with the Office of Education Abroad, reducing costs and fostering interdisciplinary collaboration, while also supporting initiatives like the One Health Challenge and offering Collaborative Online International Learning (COIL) opportunities. With a market analysis already underway, a Global Health major would be both highly attractive to students and strategically aligned with MSU’s global, interdisciplinary, and health-focused mission.

**12. Respiratory Therapy** – A new BS degree in Respiratory Care would address growing shortage of respiratory therapists nationwide which is driven by retirements, declining program enrollment, and rising demand. As a result, this is an urgent area for workforce development. Respiratory therapists play a vital role in managing chronic and acute respiratory conditions, supporting critical care, and contributing to public health and emergency response. Their expertise also aligns with MSU’s One Health mission, addressing respiratory impacts of environmental and zoonotic factors. Establishing a Respiratory Therapy program within the proposed College of Health Sciences would help meet regional and national healthcare needs, support interdisciplinary research, and position MSU as a leader in training the next generation of respiratory care professionals. Although community colleges provide courses leading to an Associate’s degree in respiratory therapy, most health systems prefer someone with a Bachelors degree. Respiratory therapists are accredited by the [Commission on Accreditation for Respiratory Care \(CoARC\)](#) and graduates must pass the Certified Respiratory Therapist (CRT) and Registered Respiratory Therapist (RRT) exams to be licensed in the field. There are currently 2 BS degree programs (UM-Flint & Grand Valley State University) in Respiratory Care in the State of Michigan.

# ADDITIONAL CONSIDERATIONS FOR CHS

## Academic Advising in the College of Health Sciences

A dedicated academic advising system within CHS would be designed to guide students in exploring and pursuing healthcare-related pathways while ensuring alignment with existing advising resources at MSU. This advising system would recruit, welcome, and support students as exploring healthcare- and health-sciences majors and careers. Advising in CHS could be centralized in the college rather than decentralized in CHS's departments or major clusters. Potentially, a two-tiered advising system would help students explore and engage, then dive deeply into a major and a career path:

- 1) **Health Sciences and Professions Exploratory Advising:** These advisors are major-agnostic and could help lower-division students who may be interested in the health sciences or health professions develop their interests and learn more about their major and career options. Advisors would guide students as they explore the breadth of health careers—from pre/nursing and rehabilitation sciences to public health and allied health professions—so they can select programs that best match their interests, aptitudes, and long-term goals. CHS's exploratory advisors would provide expertise on the requirements, curricula, and professional expectations of programs housed in the college, supporting students as they select their majors and begin to prepare for their careers.
- 2) **Major Specific Advising the College of the Health Sciences:** Upper division advisors would be grouped by related majors to help students explore co-curricular, internship, clinical and work experiences and to graduate prepared to succeed in a health career.

To ensure students receive the best guidance, both lower and upper division CHS advisors would collaborate closely with advisors across campus (e.g. NatSci pre-health advising), sharing information, coordinating workshops, and establishing referral protocols so students can move seamlessly between advising resources depending on their evolving academic and career goals. Recognizing that transitions into a new college can be complex, CHS advising would also provide proactive outreach, mentoring, and supplemental advising to support all students regardless of their background and preparation to succeed in the health sciences and health professions.

**Staffing and Its Relation to Existing Advising Teams:** Structural and personnel shifts that may occur in the advising space with the development of a CHS could easily exacerbate existing challenges with student:advisor ratios. Undertaken with thought, care, and some new resources, the shifts could solve many of the challenges that currently exist across campus with student:advisor ratios and the alignment of advisors with student needs. Student:advisor ratio of no more than 300:1 (NACADA's current recommended maximum ratio) is recommended which most likely will necessitate investment in additional advising positions.

- **Recommendation:** Create a taskforce consisting of leaders associated with MSU's health advising community be convened to carefully examine the specific issues and concerns in all of the impacted colleges and departments and make recommendations for appropriately augmenting the staffing of advising across campus as these shifts are made. It would be important that there is strong representation from the leadership and advising community in NatSCi who currently deliver pre-health advising across MSU.

By situating CHS advising as a partner to existing advising networks, MSU would strengthen its ability to prepare students across the full spectrum of health careers, while avoiding duplication or fragmentation of services.

### **Office of Clinical and Community Outreach**

An Office of Clinical and Community Outreach in CHS would serve as a vital bridge between the university and the broader community by partnering with the One Health Office and MSU Medicine to coordinate clinical and community placements for students, foster strong partnerships with local organizations and health care systems, and collaborate with communities to address pressing health challenges. This office would support community-engaged research of faculty ensuring that academic expertise directly benefits local needs while advancing scholarship. It could also provide centralized support for partnership development, MOUs with community partners, streamline clinical and community agreements and placements, enhance student preparedness, and strengthen trust with community stakeholders. Additionally, it would expand the university's visibility and impact by offering evidence-based services, supporting interprofessional education, and cultivating sustainable collaborations that improve health outcomes across the region. This office would position the College as both a leader in engaged scholarship and a trusted community partner dedicated to translating knowledge into meaningful health solutions.

## **OTHER POTENTIAL ELEMENTS OF THE CHS**

1. **One Health Integrated Clinic** – A One Health Integrated Clinic at MSU would provide a unique community resource by delivering comprehensive services that span mental health, physical activity, communication sciences, nutrition and dietetics, and biomedical lab diagnostics while also serving as a training ground for students through clinical placements. By connecting with both Lansing and broader Michigan communities, the clinic would expand access to evidence-based care and create pathways for interdisciplinary collaboration with other campus units (e.g. specialized services for children and adults with autism) and help address University Outreach and Engagement's goal to increase outreach and interaction with the Lansing community. The clinic would function as both a **service hub** and a **center for research**, fostering faculty and graduate student research grounded in community-driven participatory research. This model would not only improve

community health outcomes but also advance MSU's land grant mission and the One Team One Health mission by integrating education, clinical practice, and research in a way that reflects the interconnectedness of human, animal, and environmental health.

2. **Green Health Hub** – A Green Health Hub at MSU would harness the therapeutic power of nature and the human–animal bond to promote mental and physical health, drawing on strong evidence that green spaces and animal-assisted interventions reduce stress, enhance mood, improve recovery, and foster overall wellbeing. Research shows that structured outdoor activities, horticultural therapy, nature-based exercise, and interactions with animals can lower anxiety and depression, reduce cardiovascular risk, and support cognitive functioning. A partnership between the College of Agriculture and Natural Resources, the College of Health Sciences, and the College of Veterinary Medicine could uniquely integrate expertise in land use, horticulture, environmental stewardship, health sciences, and veterinary medicine to provide innovative clinical care and community services. The Hub could also serve as a central point for partnerships with Lansing-area health systems, schools, community organizations, parks, and animal shelters, creating new opportunities for outreach and expanding access to holistic care. In addition, the Hub could provide rich opportunities for clinical placements, experiential learning, and collaborative research for faculty, graduate students, and community partners, advancing knowledge on how natural environments and animal companionship support healthier communities. By situating health care within both nature and human–animal connections the Green Health Hub could model One Team One Health principles. MSU could become a national leader in evidence-based, sustainable, and community-engaged models of health.
3. **Office of Interprofessional Education and Continuing Education** – The CHS places interprofessional education (IPE) at its core, fostering a collaborative, team-based approach to health and wellness that reflects the complex needs of individuals and communities. This office would provide leadership to IPE by engaging in shared learning experiences across faculty, students and health professionals from fields such as nursing, public health, kinesiology, speech and communication sciences, nutrition, biomedical lab diagnostics, and mental health promoting mutual respect, shared knowledge, and integrated care. Through academic, clinical, and community-based experiences, the Office of IPE and Continuing Education would prepare resilient health professionals who can communicate effectively, work across disciplines, and deliver culturally responsive, evidence-informed, and person-centered care. In doing so, CHS reduces silos in care, strengthens community partnerships, and advances equitable health outcomes. Additionally, this office would support ongoing education and professional development of in service health professions enhancing the quality of local and global health care.
4. **Shared Foundational Curriculum for Freshman Students in CHS** - A central premise of CHS is that freshman will undertake a shared foundational curriculum

regardless of their major in order to provide them with a broad landscape of health professions and sciences. This ensures that all students begin their academic journey with a common grounding in the scientific, social, mental health, communication, and ethical principles, and content essential to health-related fields. By establishing a unified base of knowledge and skills, students develop a shared language and framework for understanding health and wellness across disciplines, which strengthens interprofessional collaboration as they progress in their studies. This approach reduces educational silos, models Team Science, fosters mutual respect among different professions, and introduces students early to evidence-based practice, cultural competence, and community engagement. It also helps students explore multiple health career pathways before specializing, ensuring they are well-informed and aligned with their chosen field and find their passion. Ultimately, a shared curriculum prepares, adaptable, and team-oriented graduates equipped to address the complex, interconnected health challenges of individuals and communities. As part of this shared curriculum students would be exposed to ongoing opportunities to build their own mental health and wellbeing skills across their academic journey ensuring resilient graduates.

5. **Center for African Health** - A Center for African Health (see Appendix 7 for more detail) within the new College of Health Sciences would serve as a transformative hub for research, education, and community engagement focused on pressing health issues across the African continent. By addressing challenges such as infectious disease, reproductive health, non-communicable diseases, and climate-linked health stressors, the Center would advance culturally grounded, collaborative, and ethical approaches to global health. Leveraging MSU's considerable strengths in health sciences, African Studies, and One Health, it would foster interdisciplinary partnerships, expand education abroad and research opportunities, and position the College as a national leader in equitable, community-embedded global health scholarship, especially in Africa.

## SUMMARY

The creation of a College of Health Sciences at Michigan State University remains an emerging and dynamic process. While the taskforce has provided extensive analysis and recommendations, many important decisions are still ahead. Several units across MSU already contribute to the health space in meaningful ways, yet deeper engagement, and in some cases, initial engagement, will be essential to shaping the college's future. The conversations and collaborations that unfold over the coming months could help refine how CHS is organized, governed, and aligned with MSU's broader mission.

The Integrated Behavioral Health cluster is still in active development and represents one of the most innovative and complex dimensions of the CHS concept. Determining how best to incorporate and operationalize this cluster within the college will require careful planning, partnership, and investment. Similarly, decisions on the College of Nursing remains one of the most consequential decisions. Two distinct yet viable recommendations are on the table: integrating Nursing within the new college as the “College of Health Sciences and Nursing” or maintaining Nursing as a standalone college with strong collaborations with CHS. Each approach brings both opportunities and challenges, and ongoing dialogue with Nursing faculty, staff, students, and alumni will be critical to achieving a decision that preserves excellence and identity while advancing integration and growth. The Public Health cluster is also under continued development. The potential for new units like Global Health and Environmental Health will need to be explored in more detail and with greater stakeholder feedback. It is clear that as part of the One Team One Health initiative, the CHS will have strong relationships with MSU Medicine. Many of the units under consideration already have strong connections into MSU Medicine and protecting and enhancing these relationships will be important to achieve the One Team One Health vision. Additionally, ways in which Veterinary Medicine programs and scholarship can be incorporated into CHS need to be explored. Perhaps some of the foundational CHS freshman curriculum could also be taken by undergraduate students in Veterinary Medicine.

It is equally important to note that not every program or discipline associated with health professions or sciences will reside within the new CHS. The health ecosystem at MSU is broad and vibrant, and the CHS will not exist in isolation. Rather, it will depend on and cultivate a strong network of collaborators across the university, including units in medicine, veterinary medicine, social science, engineering, education, and natural science. These partnerships will ensure that CHS students experience the full breadth of MSU’s health-related scholarship and curriculum and that the college serves as a catalyst for innovation and interdisciplinary learning.

The potential of a College of Health Sciences at Michigan State University is extraordinary. By bringing together the university’s strengths in education, research, and engagement, CHS can transform how we prepare health professionals and scientists for the future. MSU has the opportunity to become a national model—a cutting-edge, integrated College of Health Sciences that embodies One Team, One Health and positions the university as the destination for health sciences education and careers. With vision, collaboration, and commitment, MSU can set the standard for what a modern land-grant university can achieve in advancing health for all.