

One Health Council

Report to the President

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Submitted by the One Health Council

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Executive Summary

Michigan State University (MSU) has a unique opportunity to lead nationally in **One Health** - the integration of human, animal, plant, and environmental health - by aligning the strengths of its colleges, statewide partnerships, and land-grant mission. MSU's broad disciplinary excellence, longstanding community engagement, and unique shared departmental structures position the university to model an integrated and forward-looking health ecosystem.

To explore this potential, President Kevin Guskiewicz established the **One Health Council (OHC)** in spring 2025. Building on recommendations of the 2024 Health Sciences Council, the OHC was charged with examining three bold ideas:

1. Establishing an innovative, cross-disciplinary biomedical institute.
2. Exploring a unified College of Medicine, bringing together the Colleges of Human and Osteopathic Medicine.
3. Creating a new College of Health Professions.

Between April and November 2025, the Council and four Task Forces met weekly, reviewed extensive data, and engaged more than 3500 faculty, staff, students, donors, alumni, and partners through town halls, listening sessions, focus groups, and college meetings. In addition, two university-wide surveys {the Share Your Voice Survey (758 responses) and the One Health Council Survey (5,958 responses)} provided insights into the MSU community's hopes, concerns, and priorities.

Why One Team, One Health?

One Health is grounded in the recognition that human health is inseparable from the health of animals, plants, and the environment. MSU's ecosystem positions it to become a leader in One Health: world-class programs in plant, microbial, and environmental sciences; the state's only College of Veterinary Medicine; MSU Extension's presence in every county; and decades of community-based medical education through the Colleges of Human and Osteopathic Medicine. Additional strengths in nursing, engineering, social sciences, communication, nutrition, data science, and the arts amplify MSU's capacity to address complex health challenges.

The One Team concept reinforces this foundation. Complex health problems rarely fall neatly within a single discipline, and lasting solutions require coordinated action. *One Team* emphasizes collaboration across colleges, units, and community partners by aligning expertise, sharing insights, and working together from discovery to implementation. By uniting under One Team, One Health, MSU advances an approach where integrated knowledge becomes integrated impact: resilient ecosystems, healthier communities, and sustainable solutions delivered through collective effort.

The Council's Charge and Process

The Council's role was to develop a unified One Health vision. This required:

- Assessing academic and administrative structures
- Evaluating accreditation requirements (particularly for MD, DO, and Nursing)
- Understanding cultural and identity considerations
- Recognizing financial and operational impacts
- Soliciting and integrating stakeholder perspectives
- Identifying opportunities, risks, and feasible pathways

Task Force reports were submitted to the Council in September 2025, followed by extensive campus engagement. Council deliberations evolved as feedback, accreditation guidance, and financial and operational considerations became clearer.

Council Realities and Reflections

Through its work, the Council affirms the following realities:

- These concepts are independent opportunities; MSU may pursue any, all, or none.
- Accreditation stability is essential and non-negotiable.
- The proposals touch deeply held professional and cultural identities, especially among the Nursing, MD, and DO communities.
- Culture, trust, and institutional history shape stakeholder perspectives.
- Community feedback paired an enthusiasm for collaboration with concerns about identity, resources, and disruption.
- Feasible pathways exist, but require careful sequencing, investment, and leadership.
- Colleges that may lose units (e.g., Education, ComArtSci) require plans for stability and future identity.
- Full fiscal impacts cannot yet be known; continuous modeling and consultation will be needed if MSU proceeds.

Findings Across the Three Initiatives

One Health Research Network

The Research Network received the strongest support. Stakeholders view it as a low-risk, high-impact way to strengthen interdisciplinary research, streamline external engagement, enhance visibility, and leverage MSU's statewide footprint. The Council recommends advancing the Research Network housed in the Office of Research & Innovation (OR&I), serving as a coordinating framework that connects research in human, animal, plant, and environmental health and as a "front door" for external partners, and supported by foundational funding and inclusive governance.

MSU Medicine (Federated Model)

The Council's recommendation is to consider a federated model - MSU Medicine, as opposed to a fully integrated and unified College of Medicine. A federated model - two accredited Schools (MD and DO) within a shared administrative structure - could strengthen statewide partnerships, research strategy, and operational coordination while preserving accreditation and identity.

Stakeholders voiced significant concerns about accreditation risk, identity loss, governance clarity, adequacy of facilities, and financial modeling. The Council recommends moving this concept into a structured design and validation phase to conduct financial modeling, evaluate operational impacts, develop detailed governance and implementation strategies, and continually evaluate these specifics with accreditors. MSU should continue robust stakeholder engagement and communication for this effort.

College of Health Sciences (CHS)

The Council's recommendation is to support the Task Force's vision of a College of Health Sciences (CHS), uniting many of MSU's health-related programs to expand interprofessional education, workforce development, and health science research. CHS could improve student pathways, build more clinical and community placements, enable new high-need programs {physical therapy (PT) and occupational therapy (OT)}, expand public health, and strengthen applied research. Stakeholders expressed enthusiasm for clearer undergraduate pathways and interprofessional education, while also raising serious concerns about identity (especially for Nursing), accreditation, fiscal transitions, and space needs. The Council recommends moving this concept into a structured design and validation phase to conduct financial modeling, evaluate operational impacts, and develop detailed governance and implementation strategies.

Student Perspectives

Student feedback was strongly affirmative, reflecting both students' familiarity with One Health and their recognition of MSU's distinctive potential to lead nationally in interprofessional health education. Students across undergraduate, graduate, and professional programs emphasized interdisciplinary, team-based learning that mirrors real-world health practice and connects medicine, nursing, public health, nutrition, rehabilitation sciences, and community partners. Students were particularly enthusiastic about expanded undergraduate and graduate pathways in public health and the development of high-demand programs such as Physical Therapy (PT) and Occupational Therapy (OT). While students underscored the importance of preserving accreditation and program identity—especially for MD/DO programs and Nursing—they consistently reinforced that clearer pathways, coordinated advising, and shared access to clinical, research, and community placements would enhance career readiness and position MSU Medicine and the College of Health Sciences as national leaders in interprofessional education.

Integrating the Health Sciences Enterprise

Stakeholders strongly recommended restructuring the Office of Health Sciences (OHS). Administrative and academic functions should return to colleges wherever possible, while a smaller central office maintains key systemwide partnerships, especially Henry Ford Health. There are opportunities to strengthen coordination of research efforts with OR&I and the One Health Research Network.

Community Vision for One Team, One Health

Across thousands of comments, the MSU community articulated a bold, hopeful, and pragmatic vision for One Health. They hope MSU will gain:

- **Greater coordination and collaboration**, breaking down silos and enabling holistic approaches to health.
- **A stronger, more visible identity in health sciences**—one that reflects MSU's excellence and positions it as a national leader.
- **Improved student recruitment, pathways, and experiences**, including clearer routes into health careers, more clinical opportunities, coordinated advising, and modern facilities.
- **Expanded interdisciplinary research and innovation**, connecting human, animal, environmental, agricultural, behavioral, and data sciences.
- **Coordinated training, shared learning experiences, and visible One Health programming**, e.g. MSU One Health Symposia; One Health Training Academy (Certificates & Microcredentials); a statewide One Health Experiential Network in partnership with extension.
- **Greater stability and support for faculty and staff**, with transparent decisions, thoughtful planning, and protection of disciplinary identities.
- **More efficient use of resources**, reducing duplication, and allowing reinvestment in student success, research, and statewide impact.
- **Stronger alignment with MSU's land-grant mission**, enhancing service to communities across Michigan, especially rural and underserved populations.
- **A unified sense of purpose**, grounded in collaboration, shared values, and a commitment to improving health outcomes for all.

Path Forward

The Council concludes that:

- The **One Health Research Network** is ready for early planning and represents a broadly supported, meaningful step forward.
- **MSU Medicine** and the **College of Health Sciences** should continue to be explored through a careful, phased design process focused on accreditation, governance, financial modeling, facilities, culture, and institutional readiness.
- The role of the **Office of Health Sciences** could shift toward a small, strategic unit focused on systemwide partnerships, while operational and academic functions return to colleges.

Above all, MSU should proceed deliberately, transparently, and collaboratively. If thoughtfully designed, adequately resourced, and grounded in One Health principles, MSU can build a health sciences enterprise that is more connected, more impactful, and more aligned with its land-grant mission - delivering lasting benefit to Michigan's communities and elevating MSU's national leadership in health and innovation.

One Health Research Network

Overview

The Council reviewed findings from the Research Task Force, stakeholder feedback, and survey analyses regarding the establishment of a One Health Research Network. The proposed Network represents a coordinated, university-wide framework designed to position Michigan State University as an international leader in One Health research, integrating human, animal, plant, and environmental health disciplines to advance discovery, innovation, and societal impact.

This initiative was viewed across the university as a practical, low-risk, high-impact opportunity to demonstrate early success under the One Health framework while strengthening MSU's global reputation for interdisciplinary collaboration. The Network would operate within the Office of Research and Innovation (OR&I), leveraging existing infrastructure and serving as an outward-facing hub for partnerships with government, industry, and philanthropy.

The One Health Research Network seeks to integrate discovery, learning, and outreach across disciplines to improve human, animal, plant, and environmental health outcomes.

The Model

Organizational Structure

The Network would be housed within the Office of Research and Innovation (OR&I) to ensure visibility, integration, and alignment with MSU's research enterprise.

Leadership:

- A dedicated leadership team would oversee strategic direction, reporting to the Vice President for Research and Innovation.
- Membership would include representatives from across campus, with rotating appointments.
- Responsibilities include strategic planning, partnership development, cross-college coordination, and accountability for measurable impact.

Relationships to Existing Structures:

- Operate within OR&I to maximize efficiency and leverage shared research services.
- Coordinate closely with University Advancement to align fundraising with interdisciplinary research themes.
- Connect existing centers and institutes under a cohesive One Health umbrella, emphasizing coordination rather than duplication.
- Collaborate with academic units to expand educational and research opportunities related to One Health.

What Did the MSU Community Say?

Key Themes from Stakeholder Feedback

- **Strong Support:** Faculty, staff, and students across all colleges identified the Research Network as a visible, achievable step to demonstrate One Health in action.
- **Broad Participation:** Respondents from agriculture, engineering, veterinary medicine, social science, education, Extension, and communication emphasized that their disciplines are essential to One Health and must be meaningfully included.
- **Caveats:** Although faculty and staff expressed broad and enthusiastic support for the Research Network, they also highlighted the importance of establishing stable funding, transparent governance, and coordination with existing centers and institutes to prevent redundancy and ensure long-term impact.

Perceived Benefits

Faculty, staff, and students across all colleges consistently described the Network as a “clear win” for MSU. Benefits identified include:

- **National Leadership Potential:** MSU’s broad disciplinary base and land-grant mission uniquely position MSU to lead in integrated One Health research.
- **Collaborative Synergy:** Faculty across colleges expressed strong enthusiasm for a coordinated structure that fosters interdisciplinary teams and simplifies engagement with external partners.
- **Alignment with MSU Mission:** The Network advances MSU’s land-grant purpose through community-engaged research, statewide health impact, and student participation in translational discovery.
- **Administrative Efficiency:** Housing the Network within OR&I capitalizes on existing administrative and research infrastructure.
- **Educational Integration:** Including trainees from undergraduate to postdoctoral anchors One Health within MSU’s academic fabric and creates new experiential pathways.
- **Sustainability Needs:** Stakeholders emphasized the importance of dedicated leadership, base funding, and transparent governance to ensure long-term viability.
- **Advance a unified One Health research strategy** that connects researchers university-wide.
- **Serve as the primary access point** for external research collaborations.
- **Engage learners at all levels** through mentorship, coursework, and field experiences.
- **Leverage MSU’s statewide presence** and partnerships to expand applied and translational research.
- Promote **transparency, inclusion, and shared governance** across all participating units.

Perceived Challenges & Mitigation Strategies

- Funding sustainability
Mitigation: Establish recurring base funding through OR&I, supplemented by targeted fundraising and grant development with University Advancement.
- Leadership transparency and equitable representation
Mitigation: Use rotating faculty representation, transparent selection processes, and inclusive governance.
- Avoiding redundancy with existing centers and institutes
Mitigation: Conduct an inventory of current centers; coordinate rather than duplicate.
- Focus and prioritization
Mitigation: Identify 3–5 signature research themes to maintain clarity and impact.

Implementation and Phasing Considerations

The council suggests three broad phases for implementation. The task force report provides detailed suggestions for phase 1 activities.

Phase 1: Foundational Development (Build and Identify)

- Building the Network and Define the Focus
- Positioning MSU for Thought Leadership
- Creating the External "Front Door"

Phase 2: Strategic Visioning and Expansion (Launch and Grow)

- Strengthening Research Themes and Partnerships
- Mobilizing Resources and Expanding Capacity
- Demonstrating Impact and Community Value

Phase 3: Long-Term Integration (Evaluate, Refine, & Sustain)

- Evaluating Performance and Evolving Strategy
- Achieving Financial Sustainability and Institutional Integration
- Amplifying Impact and National Leadership

Measuring Success

- Measurable impacts on environmental, community, and population health, including sustained partnerships and health equity progress.
- Growth in philanthropic support, major gifts, and endowment for One Health initiatives.
- Growth in external research funding, interdisciplinary grants and publications, and strategic partnerships.
- Student and trainee participation in One Health research and educational programs.
- Enhanced visibility through national leadership, media recognition, and policy influence.

Summary of Findings and Recommendations

The Council finds that establishing a One Health Research Network is both an achievable step and a transformative opportunity for Michigan State University. Such a network would provide the connective infrastructure needed to bring together researchers and practitioners working directly and indirectly across human, animal, agricultural, and environmental health, advancing MSU's vision for an integrated One Health ecosystem. By strengthening collaboration, accelerating scientific discovery, and elevating MSU's national and global leadership, the Network has the potential to become a defining element of the university's health-related mission.

To realize this vision, the Council recommends launching the Network within the Office of Research & Innovation, supported by immediate planning and foundational funding. Its success will depend on inclusive leadership structures and broad faculty participation, as well as close coordination with College and University Advancement to align One Health fundraising efforts. Above all, the Network should be built on principles of collaboration, transparency, and a clear focus on measurable societal impact.

With sustained commitment and shared purpose, the One Health Research Network can become the engine that propels MSU's integrated health mission forward, linking disciplines, strengthening partnerships, and improving the well-being of people and communities across Michigan and beyond.

College of Medicine (MSU Medicine)

Overview

The Council reviewed findings from the College of Medicine Task Force, the Accreditation Task Force, and extensive stakeholder feedback to evaluate potential restructuring of medical school functions under a unified MSU Medicine framework. The original charge asked the Council to explore the feasibility of a single College of Medicine. Based on task force deliberations, community input, and guidance from the Accreditation Task Force, the Council focused its analysis on a federated model.

A federated model would integrate shared administrative, research, and clinical functions while maintaining two accredited Schools - the School of Human Medicine (MD) and the School of Osteopathic Medicine (DO) - each led by its own dean with authority over accreditation-required domains. Consideration of this model will require careful planning related to accreditation, governance, identity, financial modeling, and the student, staff, and faculty experience.

The Model

The Medicine Task Force presented two structural pathways in its report, termed “one college” and “two college” models, the distinctions of which would be resolved primarily through reporting relationships and leadership roles and responsibilities, and provided a detailed analysis of the potential advantages and trade-offs associated with each. The Task Force did not reach consensus that either option is necessary or preferable to achieve MSU’s goals. Their report emphasizes that the intended outcomes, including greater coordination, reduced duplication, and more substantial research and clinical alignment, could be pursued within either model, provided governance and resource structures are properly designed. The Task Force also proposed a model termed “MSU Institute of Medicine” viewed as an accreditation-ready medical school training structure for both MD and DO students that could be readily developed with interested partners.

Based on input from the Medicine and Accreditation Task Forces, the Council considers that a federated model for MSU Medicine, structured to integrate significant components of the current two colleges while leaving critical medical education functions to distinct MD and DO schools, would achieve the desired intent while mitigating accreditation risks.

Organizational Structure

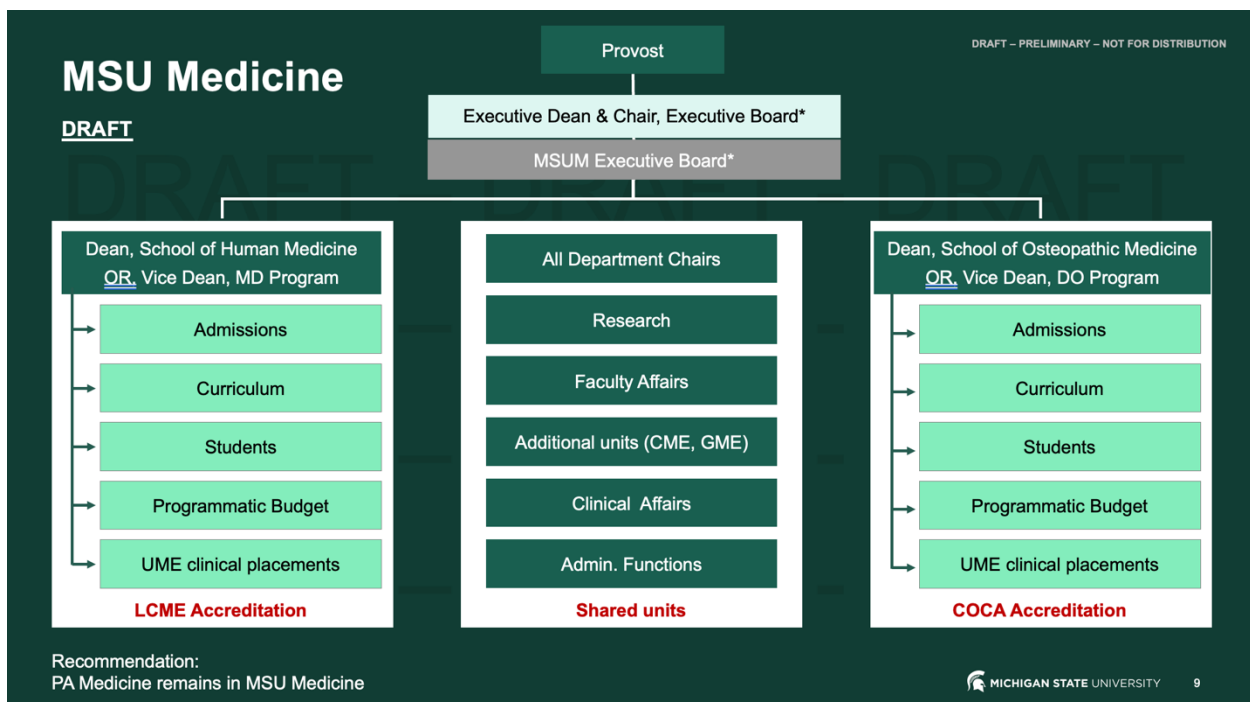
A federated MSU Medicine would operate as a single academic college comprising **two accredited Schools**, each retaining program-specific authority and accreditation pathways (LCME for MD; COCA for DO). Key structural features include:

- **Two School Deans**, each with full authority over accreditation, academic governance, budgeting for their program, and faculty appointment processes.
- **An Executive Dean of MSU Medicine** leading shared functions (e.g., research administration, advancement, communications, clinical affairs), chairing the MSU

Medicine Executive Board, and providing a single, coordinated academic voice for statewide health partners while ensuring aligned planning and equitable representation across both the MD and DO Schools.

- **MSU Medicine Executive Board** to coordinate strategic and academic alignment across the two accredited Schools. Chaired by the Executive Dean, the Board would include the MD and DO Deans and other College representatives. It would guide shared planning, oversee joint operations, strengthen statewide partnerships, and ensure balanced representation while preserving each School’s accreditation authority.
- **Extending the MSU shared department model** wherever possible, with reporting lines still to be determined to ensure accreditation compliance and appropriate strategic oversight.
- **Program autonomy** maintained through separate curriculum committees, accreditation processes, and degree-granting authority. The Task Force and Council recommend retaining both the PA Medicine program and the C.S. Mott Department of Public Health within MSU Medicine.
- **Shared services** for selected functions where accreditation allows (e.g., finance, HR, advancement, communications, inclusivity, facilities).
- **Reporting structure** aligned with accreditor expectations: the MD and DO Deans reporting to the Provost through an Executive Dean, consistent with historic MSU practice.

This model preserves accreditation integrity and program identity while addressing partner concerns about fragmented communication and improving opportunities for coordinated planning.



Why consider unifying the medical colleges?

A unified MSU Medicine would create a streamlined, academically strong medical enterprise that meets Michigan's needs and strengthens MSU's statewide partnerships. If implemented as envisioned, it would enhance MSU's national stature in medical education, research, and clinical collaboration.

A unified MSU Medicine directly supports the One Team One Health vision by anchoring the human-health pillar of the enterprise and enabling coherent collaboration across human, animal, and environmental health. A coordinated medical education structure strengthens connections with Nursing, Veterinary Medicine, Public Health, Agriculture and Natural Resources, Social Science, Engineering, and others, better positioning MSU to address statewide challenges such as chronic disease, rural access, behavioral health, zoonotic disease, and environmental exposures.

What did the MSU Community Say?

Among all initiatives, the proposal to unify the Colleges of Human Medicine (CHM) and Osteopathic Medicine (COM) under a single College of Medicine (MSU Medicine) produced the widest range of perspectives and the most complex discussion. Task Force members held similarly varied viewpoints. Stakeholders recognized the potential for a unified medical enterprise to elevate MSU's national standing in biomedical research and medical education, streamline statewide partnerships, and strengthen research strategy and collaboration. Students expressed enthusiasm for new interprofessional learning opportunities under MSU Medicine. Faculty voiced concern about cultural disruption, accreditation risk, loss of professional identity, and financial uncertainties, and staff raised concerns about job security.

Perceived Benefits

- **Expanded research collaboration** through more seamless collaboration and interdisciplinary research teams.
- **More equitable opportunities for medical students** by improving access across programs to electives, research mentors, statewide placements, and facilities.
- **Potential for greater national recognition of MSU's medical mission** by presenting a coordinated academic and research identity, which could strengthen MSU's national visibility and competitiveness in the biomedical and medical education landscape.
- **More coordinated and sustainable clinical footprint** through shared planning to address statewide clinical placement shortages and enhance MSU's consistency with partners such as Henry Ford, Corewell, McLaren, and Munson.
- **A unified strategic research vision** to present a clearer, more competitive biomedical research strategy to federal agencies, funders, and industry partners. This was highlighted by survey respondents in Natural Science, Engineering, and Veterinary Medicine.
- **A clearer, single academic voice for statewide partners** addressing feedback from health system partners that working with two separate medical colleges creates confusion,

duplicated processes, and inconsistent messaging; a unified structure could strengthen MSU's presence, reliability, and strategic alignment across the state.

- **Stronger institutional stability and continuity** through a shared structure could provide greater coherence and long-term planning capacity across the medical enterprise, provided implementation is deliberate and well-managed.
- **Opportunity to regain operational efficiencies** by returning administrative functions from OHS to the college: Many stakeholders noted that reuniting functions such as finance, HR, communications, and advancement within the academic home could reduce duplication, streamline decision-making, and improve alignment with faculty, curriculum, and research priorities.
- **Responsiveness to national changes in medical education** through a coordinated approach to better support competency-based models, interprofessional education, and AI-enabled learning.
- **MSU's unique shared departmental model** fosters interdisciplinary collaboration and administrative efficiency. The federated medical school model would increase the number of shared departments.
- **Curricular innovation** to support interprofessional learning and curricular modernization.
- **Greater education integration could strengthen student outcomes** and preparation for residency, which is already merged into a single accreditation framework.
- **A minority of survey respondents expressed skepticism**, selecting "None of these are benefits," emphasizing that any structural change must have a clearly articulated rationale that is understood by faculty, staff, and students.

Perceived Challenges & Realities

- **Identity & culture:** M.D./D.O. professional identities are deeply rooted
Mitigation: A federated model explicitly preserves two deans, two distinct accreditation lines, and separate alumni/brand identities. Embed cultural stewardship into governance structure.
- **Accreditation complexity:** LCME/COCA standards differ in six significant ways.
Mitigation: The model upholds independent authority for each School and maintains separate accreditation; early and ongoing consultations with LCME and COCA are assumed.
- **Fiscal differences:** CHM and COM have distinct revenue and cost structures
Mitigation: Transparent cost allocation and multi-year investment plans may be necessary to balance needs
- **Governance & representation:** Transition may reshuffle senate and committee representation.
Mitigation: Shared-governance charters and representation safeguards need thoughtful consideration in future planning.
- **Partnership continuity & rankings:** Integration must not disrupt clinical partnerships or research-ranking metrics.
Mitigation: Formal MOUs, joint operating committees, and metric stewardship ensure continuity and stability.

- **Job security & role changes:** Faculty and staff expressed concern about potential job loss, reclassification, or role consolidation, particularly for administrative staff whose functions overlap across CHM and COM. It is noted that the relatively fewer numbers of DOs with qualifications for high-level academic leadership could lead to a federated medical school where leadership roles are predominantly filled with MDs.
Mitigation: Planning should commit to no involuntary reductions tied to reorganization; rely on attrition/redeployment and role-mapping with clear job families; provide leadership development opportunities within the federated model; and ensure transparent HR communication and transition support through training and upskilling.
- **Faculty success and RPT alignment:** Concerns about how research, teaching, and service expectations—and related evaluation and promotion processes—will align under a unified college. Also to be addressed is the appointment structure of faculty currently shared within the two colleges.
Mitigation: Establish a MSU Medicine RPT task group to harmonize criteria where appropriate while respecting program distinctions, ensure grandfathering of current agreements, and involve faculty governance in shaping any unified RPT policies

Health System and Clinical Leadership Perspectives

Engagement with MSU clinical chairs and health system partners emphasized the need for structures that strengthen clinical care delivery, partnership clarity, and MSU’s external voice in a rapidly evolving healthcare environment. Clinical leaders support the idea of a stronger, more unified voice for Michigan State University Medicine, both internally and externally. They highlighted challenges associated with fragmented organizational models, noting that partners often encounter multiple points of contact and unclear lines of authority, resulting in duplicative conversations and slower decision-making. Chairs stressed the importance of being meaningfully included in any “single voice” approach, expressing concern that decisions affecting clinical programs, partnerships, and patient care should not be made by entities not involved with day-to-day clinical operations. Many expressed support for greater alignment across MD, DO, PA, Nursing, and related pathways if it results in clearer governance, operational efficiency, and a more coherent strategy for engaging health system partners - particularly through HCI and major affiliations such as Henry Ford Health. Like other stakeholders, some clinical chairs emphasized the need to ensure accreditation integrity, program identity, and continuity of patient care.

Additional Themes Identified Through Survey Analysis

In addition to the themes summarized above, the One Health Council survey surfaced several cross-cutting priorities that stakeholders emphasized should guide any evaluation of MSU Medicine:

- **Clear articulation of rationale and goals.** Many respondents stated they need a better understanding of *why* MSU is considering a structural change, not just *how* it might occur.

- **Strong communication and change management structures.** Stakeholders stressed that transparent communication, predictable timelines, and robust change-management planning are essential for maintaining trust and stability.
- **Job security, especially for staff.** A significant number of comments expressed concern about job loss, role consolidation, and uncertainty about reporting lines during and after a transition.
- **Existing relationship challenges between CHM and COM.** Many participants noted that collaboration is uneven today and expressed skepticism that structure alone would resolve long-standing differences in culture, processes, or expectations.
- **Need for modern, dedicated instructional and student spaces.** Stakeholders highlighted the lack of adequate educational and clinical skills facilities, particularly on the East Lansing campus, as a barrier to quality and equity.
- **Inclusive representation in planning and governance.** Respondents emphasized the importance of ensuring broad faculty, staff, and student participation in planning teams and governance structures.
- **Connection to One Health.** Some stakeholders stressed that MSU Medicine should be tightly integrated with MSU's strengths in public health, veterinary medicine, environmental health, and community health to reflect the One Health vision.

Signature Features of MSU Medicine:

- **Academic Autonomy:** The proposed School of Human Medicine (SHM) and School of Osteopathic Medicine (SOM) retain authority over their accredited programs.
- **Shared Governance:** The Executive Dean leads strategic alignment and shared operations but does not replace program deans in their role in COCA and LCME accreditation.
- **Collaborative Decision-Making:** Joint committees and the Executive Board ensure coordination and alignment across strategy, research, and statewide partnerships.
- **Shared Services:** Finance, advancement, communications, facilities, HR, and inclusivity functions operate jointly for efficiency and alignment.

This model allows MSU Medicine to function as a college composed of two accredited Schools, preserving compliance and identity while enabling shared direction, and led by an Executive Dean who can be a single voice with partners internal and external.

If MSU Proceeds with MSU Medicine, What Would Need to Be Considered?

Any future work on a federated MSU Medicine requires careful evaluation of accreditation implications, program identity (MD and DO), governance, finances, shared services, and operational impacts. The following areas represent possible components of a future planning process, not prescribed steps or a commitment to implementation.

Exploratory Planning Phase If MSU elects to explore a federated MSU Medicine, the next phase should include:

- **A comprehensive financial and operational analysis**, including impacts on CHM and COM, shared services, facilities requirements, and implications for supporting colleges and statewide campuses. Task force appendices provide a starting point for looking at overlapping functions.
- **Clarification of LCME and COCA accreditation pathways**, including program authority, dean reporting lines, curriculum committees, budget control, and faculty appointment processes.
- **Development of governance and organizational models** that preserve distinct MD and DO identities, ensure dedicated academic governance, and maintain compliance with accreditation requirements, while creating a department and leadership structure consistent with the federated model. Identifying an Executive Dean to help lead and coordinate this process should be a priority.
- **Assessment of facilities and infrastructure needs**, including simulation, clinical skills, research, and administrative space across all campuses.
- **Review of statewide partnerships**, including expectations for a unified academic voice and coordination with Henry Ford Health, McLaren, Corewell, Munson, and others.
- **Identification of opportunities for early alignment**, such as shared operational efficiencies, unified research office, or selected joint initiatives.
- **A communication and change-management framework** to support transparency, stability, and engagement across both colleges.
- **An evaluation plan** to track early indicators of academic, operational, cultural, and accreditation-related outcomes.

Measuring Success

- **Accreditation Stability:** The new model meets LCME and COCA standards.
- **Operational Efficiency:** Measurable reduction in administrative duplication with evidence of greater cross-college cooperation in shared areas.
- **Faculty Engagement:** Improved satisfaction and retention of faculty metrics.
- **Student Success:** Comparable or improved USMLE and COMLEX; increased residency match rates; successful integration of M.D./Ph.D. trainees into the MSTP; sharing training opportunities currently available to one or the other cohort only
- **Partnership Strength and Satisfaction:** Expansion of clinical training sites statewide; greater sense of a single medical education mission by Partners; collaborative relationships across the mission as opposed to one or the other program.
- **Philanthropic Growth:** Increased participation and campaign outcomes.

Summary of Findings and Recommendations

The Council's review indicates that a unified College of Medicine, MSU Medicine, organized as a federated structure with two accredited Schools, could strengthen Michigan State University's medical education, research enterprise, and statewide impact if implementation is deliberate, built on trust, and aligned with LCME and COCA accreditation requirements. Stakeholders see

clear opportunity in a coordinated medical education framework that strengthens strategic partnerships, deepens research integration and alignment, and improves operational efficiency. They also note that for the clinical enterprise to be sustainable, a more coordinated structure will be essential to strengthening its long-term viability. At the same time, stakeholders emphasize the importance of preserving the distinct identities and accreditation authority of the MD and DO programs. Concerns about culture, accreditation risk, governance, and financial alignment underscore the need for careful planning and sustained communication.

The Council recommends that the university adopt a phased integration strategy focused first on shared administrative structures and early accreditation consultations, followed by programmatic alignment and rigorous evaluation of academic, cultural, and operational outcomes. Success will require robust shared-governance mechanisms, commitments to job stability and faculty support, and strong stewardship of clinical partnerships and statewide relationships. If executed thoughtfully, MSU Medicine could provide a unified voice for the university's medical enterprise and enhance MSU's ability to advance health across Michigan.

College of Health Sciences

Overview

The Council reviewed findings from the Health Professions Task Force, the Accreditation Task Force, and extensive stakeholder feedback to evaluate the potential establishment of a College of Health Sciences (CHS). The original charge asked the Council to consider a College of Health Professions; however, based on task force deliberations and broad community feedback, the Council focused its analysis on a broader College of Health Sciences model.

CHS is envisioned as a predominantly undergraduate-focused college with complementary graduate and professional programs, centered on preparing students for licensed and certified health professions. However, it is not intended to function as a pre-medical college or as a primary pathway to medical school. Foundational biomedical science, pre-medical preparation, and discovery-oriented undergraduate education would remain anchored in the Colleges of Natural Science, Lyman Briggs, and related units.

CHS would unify select health-focused programs currently dispersed across multiple colleges into a cohesive academic structure designed to strengthen undergraduate recruitment and retention, enhance interdisciplinary education, clarify undergraduate-to-professional pathways, expand graduate and professional health workforce pathways, enhance applied and translational research, and extend MSU's land-grant and One Health missions across Michigan's communities. Programs within CHS would primarily function as clearly defined undergraduate and post-baccalaureate pathways into professional and licensure-based degrees, rather than as general pre-health or pre-med majors.

Exploration of CHS would require careful attention to accreditation, program identity, governance clarity, advising and student success, facilities and space needs, career services, and fiscal impacts for both participating colleges and those that may lose units.

The Model

To evaluate whether MSU should establish a College of Health Sciences (CHS), the Health Professions Task Force undertook a systematic review of health-aligned programs across the university. The goal was to identify academic units whose missions, accreditation structures, student pathways, workforce relevance, and research strengths would benefit from being brought together under a unified health sciences college with particular attention to majors that serve as direct pathways into health professions, as well as programs requiring professional accreditation, clinical or community-based training, and licensure or certification for practice.

The Task Force examined comparable national models, reviewed program accreditation requirements, analyzed workforce demand data for Michigan and beyond, and engaged faculty and academic staff to understand the educational and research needs of current and prospective students across undergraduate, graduate, and professional programs.

Guiding Principles Used to Identify Programs

The Task Force used seven guiding principles to determine which programs were strong candidates for inclusion in CHS. Programs were considered aligned with the CHS model if they:

- **Lead to professional licensure or certification** in health-related fields, including undergraduate majors that intentionally prepare students for entry into accredited or licensed professions.
- **Align with academic units** commonly found in Colleges of Health Sciences at peer and aspirational institutions.
- **Correspond with existing major pathways** such that the health-related majors in which students enroll when they start at MSU coexist in a single college with the majors from which the majority of these students graduate from MSU, recognizing that CHS would house the completion-stage majors rather than foundational pre-health or pre-med preparation.
- **Require practical or clinical training** that benefits from proximity to related health sciences faculty, students, and shared simulation or skills-training resources.
- **Engage clinical or community health partners**, where streamlined coordination could expand experiential learning, applied research, and outreach.
- **Elevate health sciences research and create the potential for new graduate programs that advance health sciences** and the One Health mission, including interdisciplinary and community-embedded research.
- **Address areas of high market demand**, particularly in fields facing statewide or national workforce shortages where MSU can expand its impact.

Organizational Structure

If pursued, CHS would be established as a new academic college reporting to the provost, with leadership and administrative capacity intentionally designed to support undergraduate education at scale, accreditation compliance, clinical partnerships, and professional placement outcomes.

The College of Health Sciences would be led by a dean and supported by associate and assistant deans responsible for academic affairs, research, student success, advising, career services, communications, and community partnerships. Selected functions such as finance, HR, advancement, communications, inclusivity, and facilities would operate through shared services where accreditation permits.

Academic Clusters & Program Alignment

The Task Force identified **six clusters** of programs aligned with CHS based on workforce demand, accreditation structure, research strengths, and national benchmarking. More detailed analyses of each cluster are found in the Task Force report.

Communication Sciences & Disorders (CSD)

CSD aligns naturally with health sciences due to its clinical training requirements, interprofessional collaboration, and shared research interests. CHS would also support

potential program expansion, including a Doctor of Audiology.

Note: ComArtSci would require support to reimagine its academic future if CSD relocated.

Food Science & Human Nutrition (FSHN) (shared with CANR and CHS)

FSHN sits at the intersection of food, nutrition, and human health, and is recommended as a shared department between CANR and CHS. CHS would strengthen curricular partnerships, support clinical/community placements, and advance One Health–aligned research. A joint Exercise Science/Human Nutrition/Dietetics major with Kinesiology is under consideration.

Kinesiology & Rehabilitation Sciences

Nationally, Kinesiology is typically situated within health sciences. CHS alignment would strengthen research connections, expand interprofessional education (IPE), and support future degree programs such as Physical Therapy and Occupational Therapy.

Note: The College of Education would need support to reimagine its future if Kinesiology relocated.

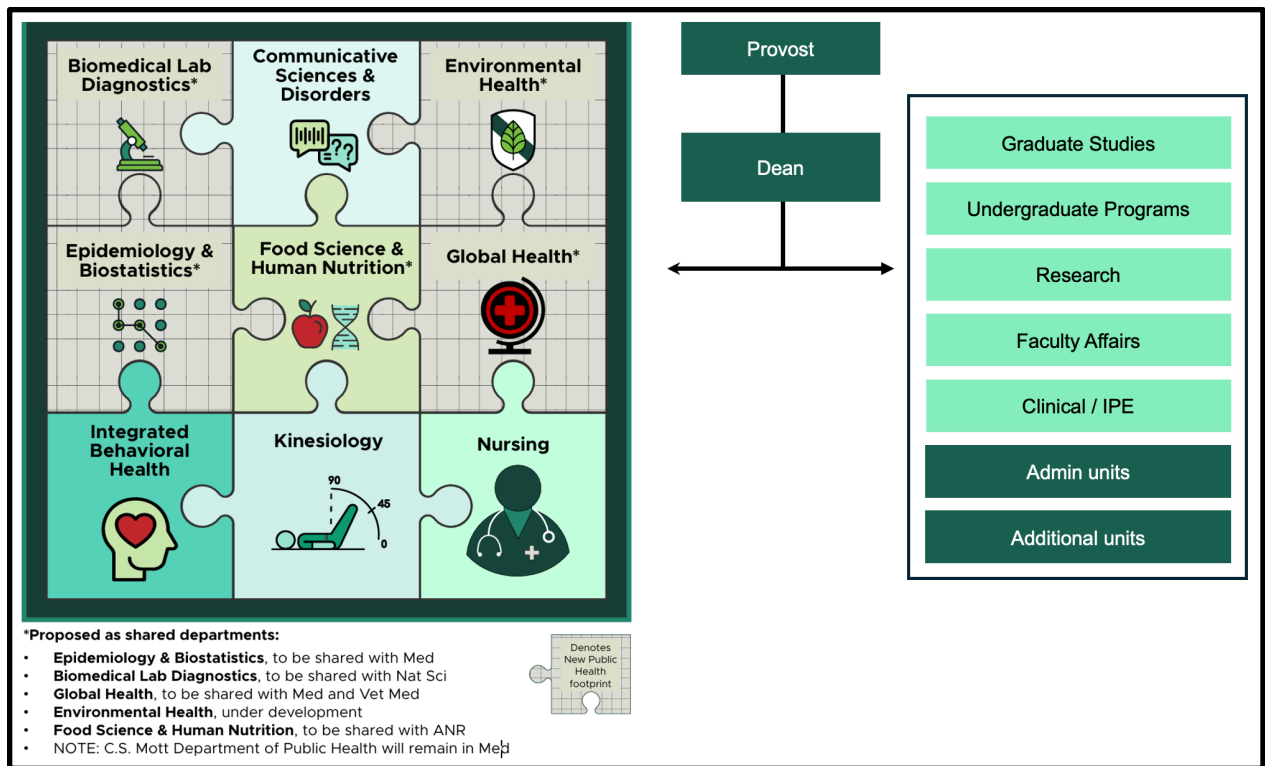
Nursing

Nursing could benefit from stronger pre-nursing pathways, alignment with the majors from which most pre-nursing students eventually graduate, IPE, expanded placements, and shared infrastructure. At the same time, Nursing faculty, staff, and alumni expressed significant concerns regarding professional identity, governance voice, accreditation visibility, and national positioning. These concerns must be addressed transparently and deliberately in any future planning.

Public Health

CHS could provide a stronger platform for Public Health on the East Lansing campus, expanding undergraduate and graduate pathways and supporting interdisciplinary research. CHS's public health programs would complement, rather than duplicate, the work of the Charles Stewart Mott Department of Public Health in Flint, which would remain within MSU Medicine. Physician Assistant Medicine would also remain within MSU Medicine. Units proposed for alignment include:

- Epidemiology & Biostatistics (shared with MSU Medicine – potential to be shared with NatSci)
- Biomedical Laboratory Diagnostics (shared with Natural Science)
- Global Health (currently an institute; exploratory)
- Environmental Health (distributed expertise; exploratory)
- Sociology (health-focused areas; early-stage and stakeholder-driven)
- Integrated Behavioral Health (proposed cluster; in early development)



Signature Features of a College of Health Sciences:

In addition to the six clusters, both the Task Force and Council support the following signature elements of CHS.

- **High Visibility to Prospective Students** – Positioning MSU to better recruit undergraduate students with an interest in health or medicine (fastest growing major nationally) will be necessary if MSU intends to maintain or grow the size of its undergraduate student body.
- **Shared Foundational Curriculum** – A partially shared freshman curriculum to gain a broad landscape of health careers & sciences.
- **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 a One Health Integrated Community 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 CHS Advising**: Coordinated academic and career guidance for all health-focused students supporting personalized academic and career pathways helping students find their passion. Recommendation for an Advising Implementation Team to be established with health advisors from across campus to determine best approaches.
- **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 technological health landscape. Emphasis on current and future health care and science technologies.
- **Shared Health Identity and Culture:** CHS will provide a home to many of the health professions and health sciences through engagement activities and culture building.

What did the MSU Community say?

Perceived Benefits

- **Significantly expanded clinical and community placement capacity.** A unified CHS would allow MSU to coordinate relationships with statewide health systems, rehabilitation providers, public health agencies, schools, and community partners. This would increase access to clinical sites for existing programs, reduce competition among units, and enable MSU to launch new programs (e.g., Physical Therapy, Occupational Therapy, Speech Language Pathology) that currently lack sufficient placement infrastructure.
- **Unified identity for dispersed health sciences.** Consolidating key health programs under CHS would give MSU a clearer, more visible academic home for allied health-focused students and strengthen MSU's national standing in applied and interdisciplinary health education.
- **Improved student recruitment and pathways.** Nearly 20% of incoming MSU students identify as health focused. A unified CHS would offer coherent pre-health pathways, shared foundational coursework, and clear entry points, improving recruitment and early retention.
- **Enhanced student success.** Integrated and flexible pathways, centralized advising, and earlier exposure to clinical and community experiences could accelerate time-to-degree, broaden career options, and support a more adaptable and resilient future workforce.
- **Stronger interdisciplinary research.** CHS would elevate MSU's impact in applied health sciences, particularly in prevention, community health, behavioral health, rehabilitation, food and nutrition science, and health-technology innovation.
- **Expanded workforce development.** CHS strengthens MSU's ability to meet Michigan's demand for professionals in high-need fields, including nursing, rehabilitation sciences, behavioral health, community health, and emerging health professions.
- **Distinctive educational model.** CHS offers an opportunity to define MSU's integrated approach to health sciences education: early clinical and community engagement, interprofessional education (IPE), wellbeing-focused curricula, and AI-enabled learning.
- **Deeper community and industry partnerships.** A unified structure simplifies collaboration with health systems and community organizations, enabling broader, more coordinated applied learning and research initiatives statewide.
- **Potential operational efficiencies.** Consolidation may reduce administrative duplication, align resources with enrollment and workforce needs, and support long-term planning for shared facilities, including simulation centers.
- **Strengthened land-grant impact.** CHS would expand MSU's statewide presence, preparing more health professionals, supporting community health initiatives, and enabling integrated One Health programming.

Perceived Challenges & Realities

- **Organizational and structural disruption.** Moving units between colleges may create temporary disruption for faculty, staff, students, and academic programs.
Mitigation: Careful transition planning, student choice in teach-outs, and a CHS curriculum implementation team.
- **Fiscal implications.** Colleges losing units will face financial restructuring; Nursing requires stabilization; the new budget model creates uncertainty.
Mitigation: A CHS Fiscal Implementation Team to model impacts and create transition plans.
- **Identity and cultural concerns.** Units such as Nursing, Kinesiology, FSHN, and CSD worry about loss of identity, cultural misalignment, and reduced visibility.
Mitigation: Identity-preserving communication, culture-building strategies, and discipline-specific leadership roles.
- **Academic governance and maintaining a dedicated Nursing voice.** Nursing faculty and staff expressed strong concern that joining CHS could dilute Nursing's representation in academic governance, including losing direct access to college-level leadership, reduced influence over curriculum, and diminished visibility of nursing.
Mitigation: Establish clear governance structures that preserve Nursing's dedicated voice; maintain a Nursing-specific academic unit led by a discipline-appropriate chair/director; ensure representation on CHS governing bodies; and explicitly protect authority for all program-specific accreditation requirements.
- **Leadership complexity.** Shared departments may face unclear reporting lines or conflicting expectations.
Mitigation: A CHS organizational structure implementation team to define roles and agreements.
- **Advising transitions.** Changing advising structures may disrupt student pathways and draw on resources in other colleges.
Mitigation: A CHS Advising Implementation Team with representation from all colleges advising health students.
- **Faculty, alumni, and disciplinary identity.** Long-standing academic homes shape professional identity, alumni loyalty, and morale.
Mitigation: Inclusive planning and organizational change support.
- **Resource needs.** New facilities, labs, start-up packages, and faculty lines may be required, especially if CHS grows high-demand programs.
Mitigation: Coordinated planning with the Provost and OR&I; advancement support for CHS fundraising.
- **Handling existing investments.** Colleges have invested heavily in faculty hires, labs, and infrastructure tied to units that may move.
Mitigation: Review past investments and address implications through centralized planning
- **Research structures and funding models.** Consolidating units with different research support systems and indirect cost models will require re-alignment.
Mitigation: A CHS Research Implementation Team to build a unified framework.
- **Rankings considerations.** Movement of research-active units requires coordination to avoid unintended impacts on MSU Medicine rankings.
Mitigation: Joint planning with MSU Medicine and the accreditation office.

Other Themes from Stakeholder Feedback

- **Interdisciplinary alignment** across Nursing, Kinesiology, FSHN, and CSD was described as “long overdue.”
- **Stronger, more efficient pre-health pathways** would improve advising and major mobility.
- **Opportunity for new programs** (PT, OT, Public Health) was widely supported to meet statewide workforce needs and retain MSU students.
- **Improved visibility and relevance** for applied and clinical health programs.
- **Expanded support for clinical and community placements** emerged as a key factor driving strong support from units proposed for inclusion in CHS.
- **Momentum in applied health research**, especially data-driven, prevention-focused, and AI-supported work.
- **Commitment to wellness and professional resilience** for the future health workforce.
- **Persistent concerns about fiscal impact** on colleges potentially losing units, requiring thoughtful planning and institutional support.

Health Pathway and Program Identity Considerations

Because the term *College of Health Sciences* may be interpreted by students and families as encompassing all pre-health and pre-medical preparation, there is a risk of confusion about the role of foundational science majors, such as Biological Sciences (e.g., Human Biology), Chemistry, Biochemistry, Physiology, and related fields, that are essential to pre-med education but not intended to move into CHS. Without intentional communication, students and prospective students may assume that all pre-health pathways will reside within the new college, creating uncertainty about where core scientific preparation occurs.

Reality: CHS is not designed to replace or restructure existing foundational science pathways. These majors remain central to pre-health and pre-med preparation and will continue to be offered in their current colleges. CHS’s purpose is to strengthen applied health disciplines, promote interdisciplinary education, and expand community-engaged health programming - not to alter prerequisite science curricula or relocate core pre-health degree programs.

Mitigation:

- Implement a coordinated, proactive communication strategy across CHS, foundational science colleges, advising units, admissions, and campus partners to clearly differentiate CHS’s focus from foundational science degree pathways that prepare students for medical and health-professional school.
- Maintain current pre-med and pre-health advising structures while enhancing collaboration with CHS to enrich student support without shifting degree homes.
- Use explicit, outward-facing language (websites, recruitment materials, advising guides) to reinforce continuity in pre-health preparation and clarify that the CHS name reflects a focus on applied health professions rather than ownership of all health-related academic trajectories.

- Manage transition-period messaging carefully to avoid misunderstandings about changes in program identity, perceived admissions advantages, or the visibility and value of foundational science majors.

In addition to pathway-related concerns, the CHS Task Force report highlights broader program identity issues, particularly among Nursing faculty, staff, and students. Many expressed concern that moving into CHS could dilute Nursing’s long-established identity, national reputation, and historical standing. Some expressed concern that the restructuring could imply reduced institutional support or diminished visibility for the BSN program. They suggested that enhanced centralized advising and clinical placement services might serve as alternatives to establishing a new college. At the same time, some feedback noted potential benefits for pre-nursing students, including clearer pathways for moving between majors. While some respondents suggested that retaining “Nursing” in the new college name might ease identity concerns, fewer than 1% of all survey respondents (and fewer than 10% of Nursing respondents) recommended adding “Nursing” to the proposed college title.

If MSU Proceeds with CHS, What Would Need to Be Considered?

Any future work on a College of Health Sciences would require careful evaluation of institutional readiness, accreditation implications, program identity, facilities, and fiscal considerations. The following areas represent possible components of a future planning process — not prescribed steps or an implementation plan.

Exploratory Planning Phase

If MSU moves forward with CHS, the following should be completed early in the next phase:

- **A comprehensive financial and operational analysis**, including impacts on participating units, shared services, facilities requirements, and implications for colleges that may lose or gain departments.
- **Finalize accreditation pathways** and requirements for each program.
- **Establish governance models and organizational structure** that preserve program identities and maintain participation in academic governance (e.g., Nursing).
- **Assess facilities** and simulation needs, including shared teaching and community engagement spaces.
- **Develop strategies** to support colleges (including ComArtSci, Nat Sci, Education, Nursing) in reimagining their academic futures.
- **Identify opportunities for early alignment** such as advising coordination, shared foundational coursework, or interprofessional learning pilots.
- **A communication and change-management framework** to sustain transparency, stability, and community engagement.
- **An evaluation plan to track** early indicators of academic, operational, and cultural outcomes.

Measuring Success:

- **Accreditation assurance** and continued good standing for all programs.

- **Operational effectiveness** through streamlined administrative services.
- **Faculty and staff engagement**, stability, and sense of belonging.
- **Student success**, including retention, graduation, licensure, pre-health navigation, and high-quality clinical and community placements.
- **Workforce impact**, measured by increased graduates in high-need health fields.
- **Amplified research and scholarly activity**, especially interdisciplinary collaborations.
- **Strengthened partnerships** with statewide health systems and community organizations.
- **Facilities modernization** aligned with simulation and community engagement needs.
- **Resource alignment**, reflecting sustainable operations for CHS and realigned colleges.

Summary of Findings and Recommendations

The Council finds that a College of Health Sciences presents a meaningful opportunity to unify dispersed health-focused programs into a coherent structure that strengthens student pathways, expands clinical and community placements, elevates applied research, and advances MSU's land-grant and One Health missions. Stakeholder feedback highlighted strong enthusiasm for CHS, balanced by concerns about identity, fiscal impact, and change-readiness.

Given these considerations, the Council recommends that the university undertake a structured design and process focused on governance, accreditation, facilities, cultural readiness, and support for colleges experiencing transitions. All future steps should be inclusive, transparent, and grounded in careful analysis rather than predetermined assumptions.

If thoughtfully designed and adequately supported, a College of Health Sciences could position MSU as a national leader in interdisciplinary health education and applied research and expand Michigan's health workforce capacity in alignment with MSU's One Team One Health vision.

Collaboration with MSU Medicine and the College of Health Sciences

MSU Medicine and the College of Health Sciences would have distinct missions, governance structures, and accreditation requirements, yet they share responsibility for educating the health workforce, advancing interdisciplinary research, and serving communities across Michigan.

The Council emphasizes that collaboration between MSU Medicine and CHS must be intentional and structured, while fully respecting professional identity and accreditation boundaries. Collaboration is not intended to blur lines of authority or dilute disciplinary cultures. Rather, it is meant to strengthen each college by focusing shared effort where integration adds value and independence remains essential.

In education, collaboration will center on interprofessional learning and shared foundational content. MSU Medicine and CHS will work together to expand team-based learning experiences, simulation, and clinical or community-based training that reflect real-world models of care. Where appropriate, students may share introductory coursework in areas such as population health, social determinants of health, health equity, and emerging competencies including data literacy and artificial intelligence in health. These shared experiences are designed to improve student pathways and prepare graduates for collaborative practice, not to standardize or homogenize professional training.

MSU Medicine and CHS will also collaborate in their engagement with external partners when interests overlap. This includes coordination around major health system relationships, community and statewide health initiatives, workforce development, and philanthropy. Partnerships that span both colleges will be coordinated centrally, under the Provost or President, to ensure clarity, neutrality, and shared accountability. College-specific partnerships will remain under the authority of the respective dean.

To support this collaboration, the Council recommends regular coordination between the Deans of MSU Medicine and CHS, selective joint committees for shared priorities such as interprofessional education or workforce initiatives, and clear mechanisms for alignment and issue resolution through the Provost's Office.

Integrating the Health Sciences Enterprise

The Council's deliberations necessarily included an examination of the future role of the Office of Health Sciences (OHS). OHS was created to provide coordination across MSU's human health-related colleges (College of Human Medicine, the College of Osteopathic Medicine, and the College of Nursing) to support shared initiatives, systemwide partnerships (including Henry Ford Health, Corewell, McLaren, among others), communications, and selected administrative and research functions. As the One Health vision has evolved, and as structural options for MSU Medicine and a College of Health Sciences (CHS) have taken shape, so too have

questions about the long-term purpose, scope, and placement of OHS within MSU's broader health ecosystem.

Across Council discussions and stakeholder engagement, a clear theme emerged: MSU needs a more focused and strategically aligned model for coordinating health activities, one that clarifies the roles of academic colleges, strengthens university-level partnerships, and aligns research coordination with MSU's broader research enterprise.

If MSU were to pursue integration under MSU Medicine and CHS, many operational and administrative functions currently housed in OHS—including finance, HR, communications, and advancement—should return to the academic colleges, where they can be more closely aligned with faculty, curriculum, research support, and student-facing work. Devolving these functions would reduce duplication, improve accountability, and ensure that resources are aligned with academic mission.

At the same time, certain responsibilities would need to remain centrally coordinated to provide coherence and consistency across the health sciences enterprise. In particular, the Henry Ford Health (HFH) partnership is a cornerstone relationship that spans MSU Medicine, CHS, Veterinary Medicine, Agriculture and Natural Resources, Natural Sciences, Engineering, Social Science, and other units. This partnership transcends any single college and therefore requires central stewardship that is closely connected to university leadership.

In addition, the Council suggests that the research coordination functions currently located within OHS may better coordinate into the Office of Research & Innovation (OR&I), allowing interdisciplinary campus-wide research structure and ensuring intellectual synergy, administrative consistency, and enhanced grant development support.

To maintain strong academic engagement in these university-level relationships, the Executive Dean of MSU Medicine and the Dean of the College of Health Sciences should serve as members of the HCI Governing Board and the HFH + MSU Joint Operating Committee ensuring shared accountability for educational, research, and service outcomes across the partnership.

One Health Council Summary

Taken together, the Council finds that Michigan State University has a significant opportunity to strengthen its academic, research, and workforce leadership by advancing a more integrated and future-focused health sciences enterprise. The Council recommends that the president consider moving forward systematically with two academic health colleges reporting to the provost - MSU Medicine and the College of Health Sciences (CHS). The Council further recommends considering the establishment of a university-wide One Health Research Network housed in the Office of Research & Innovation (OR&I).

To support implementation of this vision, the Council also recommends establishing governance structures to maintain coherence and accountability across MSU Medicine, CHS, and the Research Network. Specifically, a **One Health Executive Sponsor** should be designated to champion the One Health strategy, coordinate cross-college initiatives, and strengthen alignment with statewide partners. In addition, a **One Health Advisory Board** should be convened to provide interdisciplinary guidance, review educational and research initiatives, and ensure broad faculty, student, and partner representation from across the university.

Together, these three new structures provide a cohesive academic and research backbone for MSU's human-health mission while linking medical and health sciences with the Colleges of Veterinary Medicine, Agriculture and Natural Resources (including Extension and AgBioResearch), Natural Science, Engineering, Social Science, and other partners across campus. This system reflects MSU's land-grant mission, extensive statewide partnerships, and growing ambitions in health innovation.

Across all engagement, the Council heard both enthusiasm and concern. Stakeholders strongly affirmed MSU's potential to lead in One Health, expand interdisciplinary medical and health sciences education, strengthen research impact, and modernize student pathways into health professions. At the same time, they raised substantive questions about culture and identity (particularly for MD/DO communities and Nursing), accreditation complexity, financial disparities, impact on existing colleges, and organizational readiness. These insights shaped the Council's conviction that any transition must proceed deliberately and transparently, supported by strong transformational leadership, faculty governance, robust communication, and intentional change-management practices.

The Council's findings emphasize that while the vision is bold, it is also feasible if approached through phased, evidence-based implementation. For MSU Medicine, success will require careful stewardship of accreditation, preservation of MD and DO program autonomy, clear bylaws, shared governance, and protection of faculty and staff roles. For CHS, success will depend on clear identity-building, fiscal transition planning for affected colleges, thoughtful support for student pathways, and intentional integration of advising, research, and interprofessional learning. For the One Health Research Network, success hinges on transparent governance, sustainable funding, and strong coordination with existing institutes.

To prepare MSU for these potential transitions, the Council recommends targeted institutional reviews, including assessments of the Office of Health Sciences, the Colleges of Human and

Osteopathic Medicine, and other affected units, to provide detailed guidance for future planning teams. These analyses should evaluate financial models (including noted differences in cost structures between CHM and COM), accreditation requirements, shared services, facility needs, and partnership alignment. Parallel transition planning is recommended for systemwide partnerships, particularly Henry Ford Health, to ensure continuity as academic units reorganize.

Ultimately, the recommendations in this report present a pathway that could strengthen MSU's historic health strengths, respond to Michigan's workforce and public health needs, and position the university for long-term success in an increasingly interdisciplinary global landscape. By advancing MSU Medicine, CHS, and the One Health Research Network in a phased and inclusive manner - and by investing in the culture, communication, and governance structures needed to support this work - MSU could build a more integrated, collaborative, and forward-looking health sciences ecosystem that advances its land-grant mission and enhances health outcomes for communities across Michigan and beyond.