UNIVERSITY OF MINNESOTA
Driven to Discover℠

Center for Global Health and Social Responsibility

2015 Strategic plan

February 12, 2015

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Executive Summary

Who We Are: The CGHSR is a unit of the Academic Health Center established to advance global health research and education.

Excellence and impact in addressing the world's grand challenges are key priorities for the University of Minnesota (U of M). The mission of the U of M Center for Global Health and Social Responsibility (CGHSR), in turn, is to focus and strengthen the impact of the U of M's global land grant mission with regard to health issues at the interface of humans, animals and ecosystems. We accomplish this by facilitating transdisciplinary partnerships and collaborations across the U of M and worldwide. CGHSR is at an exciting and expansive stage of development as we move into the second year since our Fall 2013 reinvigoration by the Academic Health Center: College of Pharmacy, College of Veterinary Medicine, Medical School, School of Dentistry, School of Nursing, and School of Public Health. To guide this next stage of growth, we conducted a major planning process. We engaged strategic planning firm the Prouty Project, solicited input from a broad range of faculty, staff, learners, and external stakeholders, collected environmental data, and reviewed internal measures of success and opportunity.

Based on this process, we have developed strategies for guiding and expanding the impact of our work. This strategic plan provides a blueprint for CGHSR's future in the portfolios of Network, Education, Research, and Capacity. At its core, the plan shows the way toward building strong global health relationships, enhancing commitments to transdisciplinary education and research, and convening champions for global health across the AHC and U of M. The plan leads to ten-year vision statements for each portfolio:

- **Network:** The AHC has six hubs of innovation to focus transdisciplinary global health education, research, and engagement.
- **Education:** Global health knowledge and skills are integrated into AHC curriculum and transdisciplinary experiences, resulting in globally competent health professionals.
- **Research:** The U of M is a recognized research leader in transdisciplinary approaches to global health issues and grand challenges.
- **Capacity:** AHC systems and infrastructure are integrated for effective and efficient global health education, research, and engagement.

Additionally, we have defined the **guiding principles** in line with our mission and vision which have informed our strategic planning and will steer our decision-making and day-to-day work moving forward: Collaborative Leadership; Effectiveness; Transparency; Meaningful Work; and Quality Relationships.

The design and development work with the Prouty Project leading up to the Fall Strategic Planning Retreat was aimed at informing, engaging and leveraging our wonderfully diverse group of participants. The facilitation process utilized tools and approaches based on foundational work (Environmental Scan, SWOT Analysis and Leadership Council Interviews) and the opportunity to provide input to the 10-year vision statement and 1-3 year priority initiatives for each portfolio.

We thank all participants for their support and commitment to the Center for Global Health and Social Responsibility and the vision of One Health One Science One World.

Strategic Plan Overview

Who We Are

The CGHSR is a unit of the Academic Health Center established to advance global health research and education.

Mission

Focus and strengthen the impact of the University of Minnesota's (U of M) global land grant mission with regard to health issues at the interface of humans, animals and ecosystems. We accomplish this by facilitating transdisciplinary partnerships and collaborations across the U of M and worldwide.

Vision

One Health One Science One World

Guiding Principles

Promote **collaborative leadership** deriving value from difference, influencing through partnership and assuming shared responsibility for outcomes.

Pursue **effectiveness** through reliable systems and efficient goal completion.

Advance **transparency** through openness, honesty and accountability in our relationships.

Champion **meaningful work** by adding value of a transdisciplinary nature to existing AHC activities and strategically pursuing new foci for sustainable, impactful and locally appropriate outcomes.

Foster **quality relationships** built on respect, mutual benefit, and shared risk.

Key terms:

- Transdisciplinary: using a shared conceptual framework to work across, beyond and over disciplinary boundaries
- Hub of innovation: Key partner that meets these criteria:
  1. Long-relationship with AHC;
  2. Sustainable organization
  3. Interdisciplinary potential;
  4. Research and education opportunities;
  5. Stable environment.

Network	Education	Research	Capacity
Purpose Advance networks of affiliated sites focused on global health to support transdisciplinary education, research, and engagement.	**Purpose** Champion transdisciplinary opportunities to exchange knowledge and expand abilities of teachers and learners for the advancement of global health.	**Purpose** Catalyze effective global health research at the U of M, as well as in CGHSR networks and hubs.	**Purpose** Strengthen the systems and infrastructure supporting global health research and education at the U of M AHC.
10-Year Vision *The AHC has six hubs of innovation to focus transdisciplinary global health education, research, and engagement.*	**10-Year Vision** *Global health knowledge and skills are integrated into AHC curriculum and transdisciplinary experiences, resulting in globally competent health professionals.*	**10-Year Vision** *The U of M is a recognized research leader in transdisciplinary approaches to global health issues and grand challenges.*	**10-Year Vision** *AHC systems and infrastructure are integrated for effective and efficient global health education, research, and engagement.*
↓ 1-3 years ↓	↓ 1-3 years ↓	↓ 1-3years ↓	↓ 1-3 years ↓
Priority Initiatives	**Priority Initiatives**	**Priority Initiatives**	**Priority Initiatives**
Establish criteria, values, and expectations for development of strategic alliances.	Create an identity for AHC as a leader in transdisciplinary global health education.	Facilitate communication about and development of interdisciplinary global health research across the AHC.	In collaboration with AHC schools and colleges, administer database and map of faculty-led global health activities to document and facilitate communication and coordination.
Assess current AHC affiliates for strategic alliance.	Develop, coordinate and promote transdisciplinary global health educational experiences.	Secure funding to seed research activity in the hubs.	Enhance global health. communications at the U of M and with strategic partners.
Establish and develop transdisciplinary hubs of innovation and cultivate networks of affiliated sites.	In collaboration with the AHC schools/colleges, administer International Travel Experience Management System (ITEMS) to track and support learner activities in the field.	Cultivate and pursue external research partnerships and funding opportunities.	Solidify governance structure that supports collaborative leadership in global health across the AHC.
Establish evaluation and continuous quality improvement (CQI) for hubs and network affiliates.	Secure scholarships to seed learner participation in hub activities.	Promote development of faculty, staff, and learners' global health research expertise and capacity.	

Strategic Plan Alignment

U of M 2015 Global Strategic Vision	**Network**	**Education**	**Research**	**Capacity**
• The U of M Twin Cities will be preeminent in solving the **grand challenges** of a diverse and changing **world**. • 1st area of focus: Capitalizing on the breadth and quality of our research and our curricular strengths to address **the world's grand challenges**. • 2nd area of focus: Recruiting, retaining, and promoting **field-shaping researchers and teachers.** • 3rd area of focus: Fostering **reciprocal engagement with our various communities** and capitalizing on our specific location, even as we extend our **global impact**.	**CGHSR Purpose** Advance networks of affiliated sites focused on global health to support transdisciplinary education, research, and engagement.	**CGHSR Purpose** Champion transdisciplinary opportunities to exchange knowledge and expand abilities of teachers and learners for the advancement of global health.	**CGHSR Purpose** Catalyze effective global health research at the U of M, as well as in CGHSR networks and hubs.	**CGHSR Purpose** Strengthen the systems and infrastructure supporting global health research and education at the U of M AHC.
	10-Year Vision *The AHC has six hubs of innovation to focus transdisciplinary global health education, research, and engagement.*	**10-Year Vision** *Global health knowledge and skills are integrated into AHC curriculum and transdisciplinary experiences, resulting in globally competent health professionals.*	**10-Year Vision** *The U of M is a recognized research leader in transdisciplinary approaches to global health issues and grand challenges.*	**10-Year Vision** *AHC systems and infrastructure are integrated for effective and efficient global health education, research, and engagement.*
	U of M 2015 International Research 5-Year Goals Recommendation 3: Prepare a position statement on how international partners are chosen for strategic alliances and broadly communicate which alliances have already been formed. Recommendation 7: Develop new strategic alliances, possibly with regional hubs, considering the position statement in recommendation 3.	**U of M 2015 International Research 5-Year Goal** N/A	**U of M 2015 International Research 5-Year Goals** Recommendation 1: Clearly articulate a vision and mission statement for international research by University faculty. Recommendation 4: Provide grants to faculty and senior research staff for outstanding international research projects that will enhance and elevate international research at the University. Recommendation 5: With central support, organize the funding and human resources necessary to facilitate and nurture the growth of international research at the University. Recommendation 10: Recruit junior, mid-level, and senior faculty who have international research experience or who conduct research that has international potential.	**U of M 2015 International Research 5-Year Goals** Recommendation 2: Establish a database of international research at the University that can be used by faculty, staff and students to identify potential collaborators/field experiences and be used by University leadership to describe how international research has benefited Minnesota. Recommendation 6: After the database is built use it to determine what makes the University unique or strong in international research and invest more strongly in those areas. Recommendation 8: Increase University investment in international research infrastructure. Recommendation 9: Develop a sustainable funding model for international research that includes external funding, internal funding, and philanthropic gifts.
	AHC 2015 Draft Goal 5. Expand our community outreach and partnerships Expand our research partnerships with other Universities and Institutions regionally, nationally and internationally Expand our global initiatives in education and research and integrate/focus our global programs to more effectively support our faculty and students	**AHC 2015 Draft Goal** 3. Enhance educational programs while minimizing debt load of students/trainees Expand number and quality of international education and research opportunities	**AHC 2015 Draft Goal** 2. Increase level and quality of research Increase seed grants for innovative models of care projects and patient outcomes research Strengthen partnerships with industry	**AHC 2015 Draft Goal** 6. Increase financial resources and control costs to achieve overall improved financial operating margin for the AHC Establish more industry collaborations/funding Increase philanthropy by 10% over 2013 base funding

Portfolios detail

Network

Purpose: Advance networks of affiliated sites focused on global health to support transdisciplinary education, research, and engagement.

SWOT analysis

Internal Strengths	**Internal Weaknesses**
• Land grant university with comprehensive AHC and other colleges that support the work of global health. • Strong leadership with high priority on global health. • Strong existing global relationships (e.g. Uganda, Thailand, India, Ecuador). • Faculty from across the AHC have contacts throughout the world with academic institutions, governmental agencies, NGOs, and industry. • Interdisciplinary commitment. • Local-global, including large number of recent immigrant populations in MN. • Strong learning abroad center that may support program delivery. • Significant momentum to increase communication about global health across the U. of M. • Broad, deep bench of expertise. • Many global industries in Minnesota. • CGHSR has a sound model for developing hub sites. • U of M reputation with institutions in China will allow expansion as a potential hub site.	• Lack of communication resources to spread message to media about global health activities within the U. of M. • We (CGHSR and AHC) need to define core values which guide our global work. • Need to reinvest U. of M. indirect F&A from global health grants back into global health activities (e.g. funding and housing). • Inconsistent language and intercultural learning. • Tracking and evaluating global relationships and renewing affiliations is not consistent across the AHC or other U of M schools and units. • Current University of Minnesota drive to cut "administration." • Limited involvement of agriculture school, environment, civil engineering (clean H_2O) (not just AHC) with CGHSR. • Silos resulting in insufficient coordination, communication, and exchange of ideas, including between units that work at same global sites. • Limited AHC/U of M funding for hub operations. • Lack of on-the-ground staff in most potential hub sites.
External Opportunities	**External Threats**
• Emerging opportunities at new global sites – like Myanmar. • Creating hubs through collaborations and strengthening relationships with current partners. • Collaborating with established hubs to maximize impact. • Learning from successes of other universities. • Access to local private foundations with global health commitment, e.g. Cargill, ADM, General Mills, HealthPartners, Medtronic. • Training international students.	• Health and safety threats to faculty, staff, and students. • Being too dispersed, i.e. lacking focus on areas of expertise, locations, and available resources. • Language barriers with sites. • Balance of education and research goals not in keeping with site and of U of M priorities. • Competition for funding and activities with other universities that work in the same hub.

10-Year Vision

The AHC has six hubs of innovation to focus transdisciplinary global health education, research, and engagement.

Priority Initiatives for Next 1-3 Years

- Priority 1: Establish criteria, values, and expectations for development of strategic alliances.
- Priority 2: Assess current AHC affiliates for strategic alliance.
- Priority 3: Establish and develop transdisciplinary hubs of innovation and cultivate networks of affiliated sites.
- Priority 4: Establish evaluation and continuous quality improvement (CQI) for hubs and network affiliates.

Actions

- Priority 1: Establish criteria, values, and expectations for development of strategic alliances:
  - 1a. Define the terms: network, hub (of innovation), non-hub, capacity, portfolio, country collaborator, mutually beneficial. Refer to terminology others have used.
  - 1b. Create criteria for determinations of hub status, renewal, and continuation.
  - 1c. Establish cross-cutting mutually beneficial values and expectations for collaborations within focal countries, at the hubs and within U of M.
  - 1d. Promote and advance the concept of global issues as local concern, including need to tailor methods and approaches based on location and need to involve local partners as experts.

- Priority 2: Assess current AHC affiliates for strategic alliance.
  - 2a. Create assessment processes and tools for sites, based on criteria.
  - 2b. Inventory existing affiliation agreements with sites for current status and content (in AHC and GPSA affiliation databases).
  - 2c. Conduct site visits, with travel resources focused on potential hubs of innovation.
  - 2d. Systematically assess potential hubs of innovation using criteria and tools created.
  - 2e. Systematically assess global activities and collaborations established by faculty and others within the AHC for recognition within our 'country collaborations' website.

- Priority 3: Establish and develop transdisciplinary hubs of innovation and cultivate networks of affiliated sites.
  - 3a. Identify components of strategic alliance agreements (e.g. business agreements, mutual expectations and responsibilities, financial aspects, network development, potential theme, etc).
  - 3b. Align and coordinate AHC country collaboration and hub site recognition with U of M global collaboration efforts to the extent possible.
  - 3c. Tailor strategic alliance agreement to hub(s) and sign/execute.

- 3d. Support collaborative development and infrastructure of hubs (e.g. staffing, facilities, lodging, and training/capacity-building) with combined resources from U of M/AHC and the hub and in keeping with mutual interests/respective priorities.
- 3e. "Pilot-hub" with 1-2 sites for future scalability to additional sites.
- 3f. Collect activity information to highlight 2-3 countries where collaborations are strong and hub development is possible

- Priority 4. Establish evaluation and continuous quality improvement (CQI) for hubs and network affiliates.
  - 4a. Adapt assessment processes and tools created for screening of potential hubs to evaluation for continued development and renewal.
  - 4b. Implement evaluation and CQI processes on a regular schedule.
  - 4c. Extend evaluation and CQI to network affiliates engaged with hubs and the U of M as appropriate and feasible.

Metrics

1. Development of "criteria" for hubs.
2. Initial assessment of potential hubs using criteria.
3. Evaluation of existing affiliates using criteria, on a regular schedule and yielding/analyzing outcomes/data.
4. Formalized strategic alliance agreements.
5. Current affiliation agreements housed in the AHC Affiliation Database and GPSA Affiliation Database.
6. Infrastructure developed at hubs, including on-the-ground staff, facilities, lodging, operational capacity, etc.

Portfolios detail

Education

Purpose: Champion transdisciplinary opportunities to exchange knowledge and expand abilities of teachers and learners for the advancement of global health.

SWOT analysis

Internal Strengths	**Internal Weaknesses**
• Experience and knowledge in educational design and delivery. • Passion for global health. • Successful educational programs during 1st year of CGHSR re-launch, with relatively limited resources. • Interdisciplinary focus. • Connections and experience in global arena. • Initial strengthening of student travel processes. • Planning for student participation through the Global Health Student Advisory Board. • Framework developed for approved interdisciplinary global health certificate (SPH Regents Certificate in Global Health).	• Lack of coordination and consistency in curriculum, course registration, and tuition models across schools. • Need for strengthened on-campus course offerings. • Shortage of developed interdisciplinary field-based, experiential learning opportunities (international and local/global). • Lack of fellowship and limited internship opportunities within CGHSR. • Lack of significant funding for student travel for international learning opportunities. • Lack of interdisciplinary global health degree programs. • Need to focus: Core values, expectations, desired outcomes, and sites.
External Opportunities	**External Threats**
• Collaborations outside the AHC and outside the U of M. • Funding from outside sources with mutual interests. • Focus on One Health. • Creation of online / marketable materials (e.g. MOOCs, CME / continued education, and other resources). • Being recognized as a leader in an ethical framework for true bilateral partnership.	• Competition with other universities and programs: for funding and for attracting students and faculty. • Regulations and logistics for international travel and activities. • Increasing accreditation requirements impacting curricula. • Career path of students focused on discipline over global and interdisciplinary.

10-Year Vision

Global health knowledge and skills are integrated into AHC curriculum and transdisciplinary experiences, resulting in globally competent health professionals.

Priority Initiatives for Next 1-3 Years

- Priority 1: Create an identity for AHC as a leader in transdisciplinary global health education.
- Priority 2: Develop, coordinate and promote transdisciplinary global health educational experiences.
- Priority 3: In collaboration with the AHC schools/colleges, administer International Travel Experience Management System (ITEMS) to track and support learner activities in the field.
- Priority 4: Secure scholarships to seed learner participation in hub activities.

Actions

- Priority 1: Create an identity for AHC as a leader in transdisciplinary global health education.
  - 1a. Explore creation of global learning experience requirement across AHC schools for enrolled students.
  - 1b Encourage student and faculty participation in Global Health Day demonstrating their global leadership though posters and photo submissions

- Priority 2: Develop, coordinate and promote transdisciplinary global health educational experiences.
  - 2a. Create and promote continuing education events involving internal and external experts and participants, including Global Health "Grand Rounds," Global Health Day, and others.
  - 2b. Establish interdisciplinary educational exchange programs with hubs (bi-directional).
  - 2c. Lead the effort to create an AHC-wide global health course (like Foundations of Interprofessional Communication & Collaboration/FIPCC), promoting and supporting as needed and appropriate.
  - 2d. Explore and instigate transdisciplinary global health degree possibilities and/or expansion of Global Health Certificate program.
  - 2e. Continue and expand innovative non-credit-bearing learner opportunities, such as the Global Health Case Competition and poster competitions.
  - 2f. Promote global-local education opportunities on-par with international opportunities for meeting educational requirements or recommendations.
  - 2g. Develop and disseminate listings of global course offerings and opportunities, with regular updates.
  - 2h. Recruit interdisciplinary teams of students and trainees/residents to complete field-learning programs and projects.
  - 2i. Gather and communicate education collaborations through the Global Health Impact Map, website, and other vehicles.

- Priority 3: In collaboration with the AHC schools/colleges, administer International Travel Experience Management System (ITEMS) to track and support learner activities in the field.
  - 3a. Work with schools and units across the AHC to adopt and tailor the core system to provide AHC-wide consistency while meeting unique needs of each school/unit.
  - 3b. Mine data for analysis and communication purposes and to support 24/7 emergency contact processes.

- Priority 4: Secure scholarships to seed learner participation in hub activities.

Metrics

1. Creation of courses, programs, and degree program(s).
2. Application, registration, and participation numbers in courses, programs, and events, including data on disciplines and schools/units.
3. Compliance rate with ITEMS across the AHC.
4. Education-related communication items on website, in newsletters, etc.
5. Existence of international travel scholarships and data regarding awards and recipients.

Portfolios detail

Research

Purpose: Catalyze effective global health research at the U of M, as well as in CGHSR networks and hubs.

SWOT analysis

Internal Strengths	**Internal Weaknesses**
• Existing relationships. • Many disciplines in the AHC, one of the few universities nationally with all major fields represented on one campus. • Evidence of existing collaboration across schools and units. • Students as resource for research support and expansion. • Strong general research expertise, acquisition of grants, and management in the AHC and U of M.	• Lack of availability of seed funding. • Support for and recognition of faculty global research activities. • Silos between disciplines and areas of research. • Administrative barriers and lack of infrastructure to develop and conduct global research. • Insufficient faculty hiring and salary support/retention for global research. • Lack of cohesive, developed, and formalized AHC-wide global research strategy and vision. • Communication: Lack of mechanisms for linking researchers and research areas to-date in AHC/U-wide and communicating research activities externally.
External Opportunities	**External Threats**
• Pursue non-traditional research funding (i.e. corporate, foundations, individual donors). • Leverage existing relationships (e.g. RESPOND US AID grant). • Engage non-academic partners. • Formalize and enhance external communication, including project descriptions and research findings.	• Health, safety, and social/political issues abroad. • Decreased federal funding opportunities. • Other universities or global programs: already present and limited opportunity for collaboration.

10-Year Vision

The U of M is a research leader in transdisciplinary approaches to global health issues and grand challenges.

Priority Initiatives for Next 1-3 Years

- Priority 1: Facilitate communication about and development of interdisciplinary global health research across the AHC.
- Priority 2: Secure funding to seed research activity in the hubs.
- Priority 3: Cultivate and pursue external research partnerships and funding opportunities.
- Priority 4: Promote development of faculty, staff, and learners' global health research expertise and capacity.

Actions

- Priority 1: Facilitate communication about and development of interdisciplinary global health research across the AHC.
  - 1a. Highlight on the website research activities and opportunities for 2 to 3 country collaborations giving faculty recognition for accomplishments
  - 1b. Identify CGHSR associate faculty who affiliate for recognition and seed grant opportunities

- Priority 2: Secure funding to seed research activity in the hubs.
  - 2a. Appoint a Global Health Research Director: U of M faculty member to promote research grant collaborations, pursue a development plan and funding, and serve as an instigator and connector for AHC-wide research communications.
  - 2b. Offer competitive seed funding for CGHSR associate faculty who are junior, mid-level, or senior faculty new to global health or embarking on new areas of global health research.
- Priority 3: Cultivate and pursue external research funding opportunities:
  - 3a. Build partnerships and leverage commitments of global health research funding from foundations, corporations, and community partners.
  - 3b. Federal/major grant funding: Track, communicate, and convene groups to pursue grant opportunities.

- Priority 4: Promote development of faculty, staff, and learners' global research expertise and capacity:
  - 4a. Connect to existing and emerging training and support resources internal and external to the U of M.
  - 4b. Promote mentoring of junior faculty, learners, and others in the AHC new to global research.
  - 4c. Advocate for dedicated global health salary support to recruit and retain junior, mid-level, and senior faculty, and promote transdisciplinary global health research activity.
  - 4d Develop and implement a process for CGHSR associate faculty membership

Metrics

1. Sustainable research funding/development plan.
2. Research seed funding $ available and awarded.
3. Data on new faculty hires or existing faculty newly engaging in global research resulting from newly implemented seed funding and recruitment/salary support.
4. Data on publications/presentations.
5. Data on major federal, international, and non-governmental or corporate funding acquired, inc. types/sources.
6. Learner involvement and support on global research projects (their own and faculty).
7. Recognition of AHC global research outside of the AHC and the U of M through media coverage, reports, etc.
8. Number of associate faculty members highlighted by CGHSR

Portfolios detail

Capacity

Purpose: Strengthen the systems and infrastructure supporting global health research and education at the U of M AHC.

SWOT analysis

Internal Strengths	**Internal Weaknesses**
• Broad-based expertise across the AHC – depth and breadth. • Size and diversity of AHC: faculty, students, and staff. • Success to-date of CGHSR in convening interdisciplinary individuals and groups across the AHC for global health efforts. • Partnerships of AHC faculty, staff, and students with local communities. • High student demand for global health opportunities. • Leadership support for global health among AHC senior leadership and some units. • New, existing and "expandable" innovative, interdisciplinary programs (e.g. Global Case Competition and "Disaster Camp"). • Willingness to initiate and pilot new global health initiatives and programs. • Global Progams and Strategy Alliance (GPSA) and some schools'/units' travel registration systems and compliance for faculty, staff, and/or students.	• Lack of internal and external funding and development plan for global health activities. • Insufficient faculty buy-in & school/departmental commitment. • Competing faculty commitments for time and collaboration. • Insufficient coordination and communication between within and outside the AHC. • Lack of administrative support / infrastructure. • Lack of standardization across the AHC in reporting and registering student, faculty, and staff travel, as well as 24/7 emergency contact coverage plans. • CGHSR is relatively new, with limited recognition, requiring major communication and relationship-building efforts.
External Opportunities	**External Threats**
• Partnerships with multiple institutions and disciplines. • Private institution partnerships: MN biomed industry and broader MN business community. • Alumni involvement and support. • Support and recognition of elected officials. • Interest of external funders as a result of broad-based partnerships. • Existing partner sites to build on. • Engagement in national and international global health organizations and initiatives.	• Competition with other universities and organizations for internal and external funding, global partnerships, and prominence/visibility. • Federal and U of M funding cuts. • Crisis versus sustained funding. • Outbreaks, social / political causes. • Following, not leading. • Others ahead of U of M.

10-Year Vision

AHC systems and infrastructure are integrated for effective and efficient global health education, research, and engagement.

Priority Initiatives for Next 1-3 Years:

- Priority 1: In collaboration with AHC schools and colleges, administer database and map of faculty-led global health activities to document and facilitate communication and coordination.
- Priority 2: Enhance global health communications at the U of M and with strategic partners.
- Priority 3: Solidify governance structure that supports collaborative leadership in global health across the AHC.

Actions:

- Priority 1: In collaboration with AHC schools and colleges, administer database and map of faculty-led global health activities to document and facilitate communication and coordination.
  - 1a. Populate and conduct annual review and update of database by faculty or designee(s) in each school/unit.
  - 1b. Mine data for analysis and communication purposes.
  - 1c. Identify and execute mechanism for tying database updates to faculty annual performance reviews across the AHC.
- Priority 2: Enhance global health communications at the U of M and with strategic partners.
  - 2a. Improve and expand CGHSR web-presence and electronic communications mechanisms, as well as mutually beneficial global health electronic communications channels across the AHC.
  - 2b. Lead and collaborate on major interdisciplinary global health events across the AHC and U of M, including Global Health Day, Global Health Grand Rounds, Global Health Case Competition, and other seminars and hands-on activities.
  - 2c. Serve as a liaison with Global Programs and Strategy Alliance to reinforce U-wide global health messages and compliance with policies.
- Priority 3: Solidify governance structure that supports collaborative leadership in global health across the AHC.
  - 3a. Conduct regular two-way communication with Vice-President for Health Sciences and AHC Deans Council through updates/reports and solicitation of update.
  - 3b. Facilitate the Global Health Leadership Council comprised of representatives from across the AHC, partner programs, and advisors for strategic partnerships. The Council serves as an advisory board to support the health sciences' growing presence and engagement within the University and around the world in global health.
  - 3c. Support and guide as appropriate the Global Health Student Advisory Board (GHSAB), created to work collaboratively to define the global health related priorities of the students across the AHC.
  - 3d. Create and implement a CGHSR business plan for sustainability, involving central University support, support across AHC schools and units, and other broad-based funding sources.

Metrics

1. Established evaluation processes for all initiatives and activities and CGHSR overall.
2. Updating and populating of Global Health Impact Map
3. Leadership Council: participation, broad-based representation of schools/colleges/units, and impact.
4. Global Health Student Advisory Board (GHSAB): participation, broad-based representation of students and schools, impact.
5. Consistent registration of faculty and staff international travel through GPSA.
6. Grants obtained by CGHSR or by others with CGHSR facilitation, especially interdisciplinary.
7. Non-grant funding acquired by CGHSR (e.g. corporate, donors, revenue generated/tuition $, etc.)
8. Growth of CGHSR in terms of staffing, budget, and activities.

Appendices: Appendix A

CGHSR

The Center for Global Health and Social Responsibility (CGHSR) is an interdisciplinary Unit of the Academic Health Center (AHC) established to advance global health research and education.

Our Portfolios

Network

Advance networks of affiliated sites focused on global health to support interdisciplinary education, training, and research collaborations for the U of M and partners.

- Develop Hubs of Innovation around the world, built on existing relationships, to offer infrastructure for partnered global health research and education.
- Assess and evaluate strategic alliances through a quality improvement program.
- Connect U of M and global partners through our One Health approach to enhance health sciences education and health services delivery as a model for interdisciplinary collaboration.

Education

Champion interdisciplinary opportunities to exchange knowledge and expand abilities of teachers and learners for the advancement of global health.

- Host an annual Global Health Case Competition and global health lectures and seminars.
- Support the development of courses to help learners prepare for and conduct global health experiences.
- Create student opportunities and provide student scholarships at home and abroad.

Research

Catalyze effective global health research at the U of M, as well as in CGHSR networks and hubs.

- Convene interdisciplinary groups to pursue grant opportunities.
- Pursue seed funding for global health research.
- Connect researchers to each other and to resources.
- Administer research partnership opportunities to forge collaboration.

Capacity

Strengthen the infrastructure supporting global health research and education at the U of M AHC.

- Explore new models for supporting and delivering global health education and research.
- Convene partners through our Leadership Council, our Student Advisory Board, and other groups for collaboration, information sharing, and strengthening of resources.
- Showcase global health at the U of M via the Global Health Impact Map, Global Health Day, and communications.
- Build a common AHC International Travel Student Registry system to standardize processes, track activity, and support health and safety of students.

Vision

One Health One Science One World

Mission

Focus and strengthen the impact of U of M's global land grant mission with regard to health issues at the interface of humans, animals and ecosystems. We accomplish this by facilitating trans-disciplinary partnerships and collaborations across the U of M and worldwide.

globalhealthcenter.umn.edu

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Appendices: Appendix B

Environmental Scan Overview and Themes

The purpose of the CGHSR environmental scan was to assess both internal and external factors which influence the programming, organization and overall direction of the Center. The data collected include both internal and external information related to the network, education, research and capacity portfolios, as well as structure and operations, of the Center. All sources of data contributed to the assessment of internal strengths, internal weaknesses, external opportunities, and external threats to the growth of CGHSR (SWOT).

Internal scan: Semi-structured interviews were conducted with all members of the Global Health Leadership Council. There were a total of 17 interviews with members representing colleges, schools and units engaged with the CGHSR including the 6 AHC schools, GPSA, CHIP, and the NCFPD. Interviews reflected a consensus that members are encouraged with the direction and recent success of CGHSR, as well as shedding light on gaps, needs, and concerns going forward. Members shared a variety of useful feedback and perspectives on the four portfolios of network, research, education, and capacity, as well as on the Leadership Council's operation and membership. Top priorities included the following: Strengthen ties University-wide; make the Center well-known; define the role of the Center; set clear and actionable goals and objectives; better leverage resources & funds to meet goals & objectives; expand networks; and create a sustainability plan. Additionally, the survey component of the internal scan sought broad-based input on global health-related activities from 52 University of Minnesota schools, divisions and programs both within and outside the AHC. Seven entities reported global health activities and four schools or divisions reported no global health activities, and 41 did not reply. Small number of respondents limit its usefulness and point to need for continued, ongoing data query. Finally, CGHSR gathered web-based data on 62 interdisciplinary centers across the U of M, regardless of global health focus, in order to examine staffing and leadership structure, key audience/stakeholders, mission/vision statements, evidence of strategic planning, unique specialty/niche, marketing plan, and funding sources. Data revealed a variety of arrangements and approaches that are useful for comparison purposes as CGHSR grows as an interdisciplinary center.

External scan: The external scan reviewed 40 university-based centers that reported a mission of being focused on global health programs and initiatives. This list was evaluated and 12 universities were selected for a more comprehensive review; the selection was based on similarities to the University of Minnesota Center for Global Health and Social Responsibility's overall mission, structure, and reach. The centers selected for in-depth evaluation included the following public and private institutions:

- The University of Chicago Center for Global Health
- Center for Global Health Colorado School of Public Health
- Johns Hopkins Center for Global Health
- University of Washington Global Health Resource Center
- Global Health Institute University of Wisconsin-Madison
- Vanderbilt Institute for Global Health
- The Ohio State University Health Sciences Center for Global Health

- Center for Global Public Health University of California, Berkeley
- Duke Global Health Institute
- Emory Global Health Institute
- Harvard Global Health Institute
- University of Minnesota Center for Global Health and Social Responsibility

Data collected from websites included general organizational information and specific data linking to the CGHSR's portfolio areas which include: Network, Education, Research, and Capacity.

Disciplines/schools represented range from one (most commonly Medicine, two Public Health) to over 20. Beyond the health sciences, participating disciplines/schools are far-reaching, including business, law, engineering, theology, public policy, arts and sciences, economics, journalism, and anthropology.

Organizational structure and leadership: Staffing ranges considerably in size but generally includes at least an Executive and Associate Director, Program Manager(s) or Coordinator(s), Communications lead, Administrative Support, and affiliated Faculty. Some centers employ Fellows or Postdoctoral Associates, Graduate Research Assistants, Biostatisticians, and Accounting/Finance staff within the Center. Advisory bodies are common.

Mission: Most global health centers' missions reflect an interdisciplinary or transdisciplinary approach; focus on research, education, and service; commitment to sustainable solutions to global challenges; and equitable partnership approaches and/or addressing health disparities.

Funding: The limited information available on funding sources across centers' websites reflects a combination of federal and private grant funding for research and other programs, internal university funding, and cultivation of individual donors (inc. online donation option).

Network: Nearly all centers indicate work in Asia, Africa, and Latin America. In addition to universities, partners include NGOs, IGOs, governments, and health care facilities/systems. There is evidence of preferred sites but less clear on overall hubs across initiatives/portfolios.

Education: A variety of educational opportunities are offered, though most degrees are conferred at the school level, with the exception of some certificates through the Center.
Regarding funding, it is common for centers to provide scholarships or other funding to students, though sometimes linking to broader university or part of a fellowship program. Most centers identify fellowship or internship opportunities, though the source may be from outside the center.

Research: Research initiatives focus on various health issues. Some, though not most, offer seed funding (e.g. pilot research, travel awards). Most do have global maps on their websites.

Capacity: Centers offer various educational and community-building events (e.g. symposia/seminars, Global Health Day or Week, and student-led or -focused event). Common communications mechanisms include newsletters, social media feeds, and blogs.

Appendices: Appendix C

Fall retreat

Public Agenda

Thursday, October 2, 2014 from 8:00am-4:30pm
Como Park Zoo & Conservatory - Visitors Center
1225 Estabrook Dr., St. Paul, MN 55103

8:00-8:30	**Sign-in, Refreshments, and Put Yourself on the World Map**
8:30-9:30	**Welcome, Launch, and Introductions** Debra Olson, Executive Director Brooks Jackson, Vice President for Health Sciences and Dean of the Medical School
9:30-10:00	**CGHSR Briefing** History, Revitalization, and the 4 Portfolios (Network, Research, Education, & Capacity) Summary of the Environmental Scan
10:00-10:15	**Break**
10:15-12noon	**Get-to-Know-You** **Rotating Group SWOT Analysis on the 4 Portfolios** Pairs will spend a few moments getting to know each other with prepared interview questions and then move into group development of a SWOT analysis for each of the 4 portfolios.
12-12:45pm	**Lunch (buffet style)**
12:45-2:30	**In-Depth Groupwork on the 4 Portfolios** Based on the morning work preparing the SWOT analysis, groups will cast a 10-year vision for the CGHSR and outline priorities, actions, and metrics for success over the next 1-3 years for this vision to become reality.
2:30-2:40	**Break**
2:40-3:45	**Report-Out by Groups** Groups will present a brief overview of their afternoon work and address questions and comments from other participants.
3:45-4:30	**Summary, next steps, and closing remarks**

Appendices: Appendix D

Fall retreat

Annotated Agenda

Thursday, October 2, 2014 from 8:00am-4:30pm
Como Park Zoo & Conservatory - Visitors Center
1225 Estabrook Dr., St. Paul, MN 55103

Notes:

- We can access the space by 7:30am.
- 3 rooms: 1 big (Berglund: 60 people), 2 smaller rooms (Como & Travelers: 30 each)
- Set-up: Oval tables in rooms (8-10 people each). Two rectangular tables in hall for sign-in and put-yourself-on-the-world-map.
- Initial seating arrangement: By choice.
- Equipment: LCD projector, 8 flipchart easels & 8 flipcharts, podium with mic, 1 hand-held mic, 1 laptop (for videos/presentation), polycom.
- Internet/wi-fi access: Available.
- There will be a CGHSR Retreat Prelude Oct. 1 from 4-6pm at the Campus Club (Dale Shephard Room)—informal networking and "put yourself on the map" option.

Materials for participants:

- In binder with pocket(s) and formatted label:
    1. Agenda (sent electronically Sept 10, 18, and 30)
    2. Participant list with positions/affiliations (alphabetical by first name)
    3. Updated CGHSR 1-pager
    4. Leadership Council charge+list
    5. Complete env. scan (3 pdf sections, each stapled and in color) with the following: 1) summary and overview document (intro letter, external and internal summary tables, SWOT analysis; 2) dataset (external and internal summary tables—deliberate duplication, detailed external programs sheets, interviews summary; 3) resources (frameworks, seminal reports). Sent electronically as 3 pdf's on Sept. 18.
    6. Case Competition flyer/poster in pocket.
- Printed nametags (name only + CGHSR team/Leadership Council designation)

Agenda:

8:00-8:30 **Sign-in, Refreshments, and Put Yourself on the World Map**
Refreshments=continental breakfast
Map on table using arrow stickers and sharpie/continues Prelude activity
In hall (2 rectangular tables)

8:30-9:30 **Welcome, Launch, and Introductions**
Debra Olson, Executive Director
Brooks Jackson, Vice President for Health Sciences and Dean of the Medical School
In Berglund room.

8:30-9:00:
1) Deb=Welcome all and introduce Brooks

2) Brooks Jackson, Vice President for Health Sciences
- Global health in the AHC
- Mission and vision of CGHSR
- Charge to retreat participants/desired outcomes/why we're here.
- Talking points/script from CGHSR.

3) Back to Deb→Deb intros Sam

9:00-9:30:
Overview of the day & introductions by school/unit (Sam facilitates)

1) Sam reviews the agenda and what hope to accomplish today.
2) Sam names and asks each LC member present to stand-up (and names those who can't join us today)—acknowledges time & effort/contributions & commitment, knowledge of CGHSR, and connection/link for CGHSR to their schools and units. AH sent member list, identifying those who can't join us.
3) Sam calls out each school/unit→all from there stand-up→Sam asks each (inc. LC members) to give name & position. If we are running behind, Sam names each school/unit and its reps (AH sent list with pronunciations). All 6 schools, followed by others from outside AHC, and finally CGHSR team.

9:30-10:00 CGHSR Briefing
History, Revitalization, and the 4 Portfolios (Network, Research, Education, & Capacity)
Summary of the Environmental Scan
In Berglund room
Deb intros and presents history, revitalization, and the 4 portfolios→intros Shailey for env. scan presentation.

10:00-10:15 Break
Sam directs people to pick up their stuff and go to different table for post-break activity.

10:15-12noon Get-to-Know-You
Rotating Group SWOT Analysis on the 4 Portfolios
Pairs will spend a few moments getting to know each other with prepared interview questions and then move into group development of a SWOT analysis for each of the 4 portfolios.

Sam kicks-off and directs.

1) 10:15-10:20 (Berglund room): Brief **interview activity**:
   Find someone you don't know/haven't worked with (5 min.).
   Questions (Projected on screen):
   a) Where did you grow up?
   b) Where would you most like to travel in the world?
   c) What is your connection to global health initiatives?
   d) What are you most excited for related to CGHSR?

10:20-10:30 (Berglund room): Gapminder Ignorance Survey
- We ask 6 questions (on PPt—will not connect to survey on the internet).
- Everyone does all 6 Qs in one fell swoop and each person jots down their answers.
- Then Sam brings up slide of correct answers and takes brief comments/reactions and does summary statement.

(Background: http://www.gapminder.org/ignorance/. Questions and results: http://www.gapminder.org/news/ignorance-survey-in-the-usa-2013/#.VCG2mFfiumQ)

2) 10:30-11:30 **SWOT analysis in groups:** See Groupwork Instructions

3) 11:30-12:00 **Reconciling 2 boards for each portfolio:** See Groupwork Instructions

12-12:45pm **Lunch (buffet style)**

- Sam intros and encourages people to: 1) look at the 4 final SWOTs around the big room at some point during lunch; and 2) tell each other what animal they would be if they could choose any, and why.
- During lunch: CGHSR team will copy the final SWOT for each portfolio on to post-its for a 2nd posterboard (4 boards) so 2 copies available for each portfolio's 12:45 groupwork.

12:45-2:30 **In-Depth Groupwork on the 4 Portfolios**

Based on the morning work preparing the SWOT analysis, groups will cast a 10-year vision for the CGHSR and outline priorities, actions, and metrics for success over the next 1-3 years for this vision to become reality.

12:45-1:45: **Addressing the key questions:** See Groupwork Instructions

1:45-2:30: **Reconciling 2 groups' answers for each portfolio:** See Groupwork Instructions

2:30-2:40 **Break**

Drinks & refreshments.

2:40-3:45 **Report-Out by Groups:**

- Groups report-out/present a brief overview of their afternoon work and address questions and comments from other participants.
- Sam facilitates and times.
- Groups choose own spokesperson(s) who refers to flipchart sheet
- 15 min./group: 5 min. report-out + 10 min. Q&A/discussion x 4 groups=60 min.

3:45-4:30 **Summary, next steps, and closing remarks**

3:45-4:15:

- Sam facilitates: summarizing the day, biggest take-aways, what you are most excited about, personal actions, comments and Q&A.
- What's next in the strategic planning process: actionable report, campus listening session (Dec. 11 @3-4pm at Mississippi Room, Coffman Memorial Union on the East Bank Campus—broad announcements will follow), if comes out of groupwork: workgroups/subsequent retreats such as networks/hubs(?)

4:15-4:30:

- Deb intros and clicks link to show Power of One video: https://www.youtube.com/watch?v=eHHzxT90fPw
- Closing remarks and send-off: Deb, Chandy, and Shailey each give 2-minute summary of what they picked out from the day of significance.

Appendices: Appendix E

Fall retreat

Group Work Instructions

10:30-12noon Rotating Group SWOT Analysis on the 4 Portfolios

1) 10:30-11:30 SWOT analysis in groups:

- 4 portfolios: Network, Research, Education, and Capacity
- 2 groups per portfolio x 4 portfolios=8 groups.
- 4 groups in big room (Berglund), 2 each in Como and Travelers rooms (none of same in any rooms).
- Sam encourages everyone to join groups that are not their usual colleagues.
- Everyone rotates and goes to each portfolio: 15 min. per portfolio.
- Staffing=mainly getting groups started & timing/keeping moving, assisting as needed; groups will mainly facilitate themselves.
- Supplies: Each group will have a poster-board for their portfolio with SWOT grid (2 boards/portfolio), pens, post-its (unique color to each poster-board), star stickers, and 4 envelopes (1 for each quadrant).

1st 3 rotations:

- Charge=populate the SWOT grid.
- Group modifies and expands preliminary SWOT from env. scan (refer to binder if needed)—but Sam/staff emphasize we want to hear from them. They write their items on post-its and affix to appropriate quadrant (okay to stack on top of each other due to limited space).
- 2nd and 3rd rotations build on the previous groups' work on each poster-board.
- All 3 rotations use star stickers to prioritize/emphasize

4th rotation:

- Charge=Categorize and combine to identify main themes emerging from all the post-its (prob. 5-7).
- Each group can use the 4 envelopes for each quadrant's post-its and then writes them as bullets on post-its on the foamboard.

2) 11:30-12:00: Reconciling 2 boards for each portfolio

- Down to 4 groups: one per portfolio.
- 2 groups in Berglund + 1 each in Como and Travelers.
- The two 4th-rotation groups for each portfolio come together to reconcile/combine and finalize the SWOT. They will put on a blank posterboard grid for their portfolio (again 5-7 top themes).
- Groups still use post-its instead of writing on poster-boards in case of errors (the dry-erase doesn't work well) and due to small space for writing in quadrants.

12:45-2:30 In-Depth Groupwork on the 4 Portfolios

Based on the morning work preparing the SWOT analysis, groups will cast a 10-year vision for the CGHSR and outline priorities, actions, and metrics for success over the next 1-3 years for this vision to become reality.

1) **12:45-1:45: Addressing the key questions**
   - 2 groups per portfolio x 4 portfolios=8 groups.
   - 4 groups in Berglund, 2 each in Como & Travelers (none of same in any room).
   - Sam will direct people to choose a portfolio and encourage them to go outside their comfort zone, with the caveat that there should be 6-7 people per group (# will depend on final attendance # so groups even), and if your 1st or 2nd choice is too full, move on to another.
   - Supplies for each group: final SWOT posterboard for their portfolio (written on post-its) to inform their work; flipchart pad on easel; markers.
   - See below for key questions that must be addressed across all 4 portfolios. Questions unique to each portfolio (next page) are in case they finish and need more or didn't touch on important pieces.
   - Group recorder writes on flipchart pad (with # of question). We favor not giving laptop option due to technology/laptop/LCD projector complexities.
   - Staffing= getting groups going & timing/keeping moving, helping if stuck, listening for covering questions, and having portfolio-specific questions. Groups mainly facilitate themselves.

2) **1:45-2:30: Reconciling 2 groups' answers for each portfolio**
   - The two groups for each portfolio join together to combine/reconcile their answers to questions on flipchart sheets. We favor not giving laptop option due to technology/laptop/LCD projector complexities.
   - Down to 4 groups: one per portfolio.
   - 2 groups in Berglund & 1 each in Como and Travelers

2:30-2:40 Break

3) **2:40-3:45 Report-Out by Groups**
   - Groups report-out/present a brief overview of their afternoon work and address questions and comments from other participants.
   - Sam facilitates and times.
   - Groups choose own spokesperson(s) who refers to flipchart sheet
   - 15 min./group: 5 min. report-out + 10 min. Q&A/discussion x 4 groups=60 min.

<u>Key afternoon groupwork questions:</u>

1. **Ten years out:** What is your collective vision for this portfolio? What does it look like?

Next 1-3 years:

2. What are the **priority initiatives** in this portfolio?

3. What **actions** can we take in this time?
4. How will we know if we are successful? What are the **milestones**, and how do we **measure success/metrics**?
5. What is the **Center's role** vs. schools/units and individuals?
6. What **resources** are needed to achieve success, and when?

Portfolio-specific questions for back-pocket/back-up only if needed for afternoon groupwork:

Network:

For reference: Have hand-out listing hubs and networks with world-map image.

1. What makes a hub?
2. What should hubs look like?
3. How shall we prioritize among the 6-7 hubs instead of taking on all at once?
4. What is the role and respective importance for CGHSR of global/local vs other countries/regions around the world? How should we approach building a local hub?
5. How should we approach hubs for AHC- vs U-wide engagement (developing, promoting, and formalizing them)?
6. How primary are hubs? To what extent should the focus and resources be for hubs vs other relationships?

Research:

1. What does the AHC need to be competitive in global health research?
2. What is the Center's role in catalyzing global health research?
3. What and who is the Center missing to achieve success/the vision?

Education:

1. What should CGHSR's education focus be, i.e. the full continuum of education (students→residents→continuing ed/workforce development and faculty development) vs. enrolled students, undergrad vs grad/professional students?
2. What should CGHSR's role be for educational offerings/programs? E.g. leadership on content, priorities, and direction vs logistical coordination and convening people?
3. What is the priority of on-the-ground/in-the-field vs on-campus educational focus for CGHSR's Education portfolio? Note: on-the-ground could be either international or local/global.

Capacity:

1. CGHSR vs. GPSA: Why do we need CGHSR in addition to GPSA? Niches and avoidance of duplication?
2. What level of engagement should CGHSR have with AHC vs. wider U. vs. outside the U.?
3. What do you envision for a sustainable funding model?
4. What should be the role of Leadership Council and what membership/representation (refer to Leadership Council list in binder)?
5. How should schools and CGHSR be linked? E.g. shared staffing options. Note: Each school currently has a primary representative on the Leadership Council (and some have more than one faculty/staff person serving) (refer to LC list in binder as needed).

Appendices: Appendix F

Fall retreat

Strategic Planning Retreat Participant List

1. **Adam Fischer:** Director, Corporate and Foundation Relations, University of Minnesota Foundation (UMF)
2. **Alan Lifson*:** Professor, Division of Epidemiology and Community Health, School of Public Health (SPH)
3. **Allyson Labine:** Student, Bachelor of Science in Nursing Candidate
4. **Amy Kircher*:** Director, National Center for Food Protection and Defense (NCFPD); Assistant Professor, Veterinary Population Medicine, College of Veterinary Medicine (CVM)
5. **Amy Scheller:** Education Specialist, CGHSR
6. **Andrea Hickle:** Associate Director, CGHSR
7. **Andrea Pesola:** Administrative Specialist, CGHSR
8. **Brooks Jackson:** Vice President, Health Sciences; Dean, Medical School
9. **Bruce Alexander:** Professor and Division Head, Division of Environmental Health Sciences, SPH
10. **Chandy John*:** Director, Division of Global Pediatrics, Medical School; Professor, Pediatrics and Medicine, Medical School
11. **Cliff Steer:** Professor, Gastroenterology, Hepatology and Nutrition, Medical School; Professor, College of Biological Sciences
12. **David Boulware:** Associate Professor, Infectious Diseases & International Medicine, Medical School
13. **Debra Olson:** Executive Director, CGHSR; Professor, Division of Environmental Health Sciences, SPH; Associate Dean for Global Health, SPH
14. **Dominic Travis:** Associate Professor, Veterinary Population Medicine, CVM
15. **Donald Banik:** Assistant Professor, Psychiatry, Medical School
16. **Hitakshi Sehgal:** India Programs Coordinator, CGHSR/SPH/Global Programs and Strategy Alliance (GPSA)
17. **Holly Gulden:** Associate Vice President of Development, UMF
18. **Hope Pogemiller:** Chief Resident for Global Health, Medical School
19. **Jessica Ward-Denison:** Coordinator, Professional and External Relations, College of Pharmacy
20. **Jessie Ingvalson:** Student, CVM
21. **Jim Hart*:** Adjunct Assistant Professor, Program in Executive Public Health Practice, SPH
22. **Jim Lee:** Resident, Veterinary Public Health and Preventive Medicine, CVM
23. **Joy Hwang*:** Student, College of Pharmacy
24. **Julie Johnson*:** Associate Dean for Professional and External Relations, College of Pharmacy

25. **Karen Brown:** Director, Interdisciplinary Center for the Study of Global Change (ICGC)
26. **Karen Hamre:** PhD Candidate, Epidemiology, SPH
27. **Karin Hamilton:** Instructor, CGHSR/CVM/ SPH
28. **Karin Quick*:** Associate Professor and Division Director, Division of Dental Public Health, Department of Primary Dental Care, School of Dentistry
29. **Karl Self:** Associate Professor and Director, Division of Dental Therapy, Department of Primary Dental Care, School of Dentistry
30. **Kumar Belani:** Professor, Department of Anesthesiology, Medical School; Assistant Vice President India Affairs, Academic Health Center
31. **Laura Molgaard*:** Associate Dean for Academic and Student Affairs, CVM
32. **Mark Rosenberg*:** Vice Dean for Medical Education, Medical School
33. **Marshall Hertz:*:** Professor, Pulmonary, Allergy, Critical Care & Sleep Medicine, Medical School
34. **Marti Kubik*:** Associate Professor, Director of International Programming, School of Nursing
35. **Mary Finn:** Consultant
36. **Michelle Chrastek:** Global Health Programs Coordinator, CGHSR and SPH
37. **Mike Westerhaus*:** Clinic Chief and Primary Care Physician, HealthPartners Center for International Health; Assistant Professor, Global Health Pathway, Medical School
38. **Molly Portz*:** Chief of Staff, GPSA
39. **Nick Sausen:** Student, Medical School
40. **Pat Walker:** Medical Director, HealthPartners Center for International Health; Associate Professor, Medical School
41. **Sam Smith:** Vice President, The Prouty Project
42. **Scott Daby:** Program Director, Learning Abroad Center and GPSA
43. **Shailey Prasad*:** Associate Professor, Department of Family Medicine and Community Health, Medical School
44. **Shannon Benson:** Student Coordinator, CGHSR and International Medical Education Research Program, Medical School/CGHSR
45. **Tricia Todd*:** Assistant Director, Health Careers Center; Instructor, SPH
46. **Tucker LeBien:** Professor of Laboratory Medicine & Pathology, Medical School; Vice Dean for Research, Medical School; Associate Vice President for Research, Academic Health Center
47. **William Bazeyo:** Dean and Associate Professor, Occupational Medicine, School of Public Health, Makerere University College of Health Sciences
48. **Zobeida Bonilla:** Assistant Professor, Maternal & Child Health, Division of Epidemiology & Community Health, SPH

*=member of Global Health Leadership Council

Appendices: Appendix G

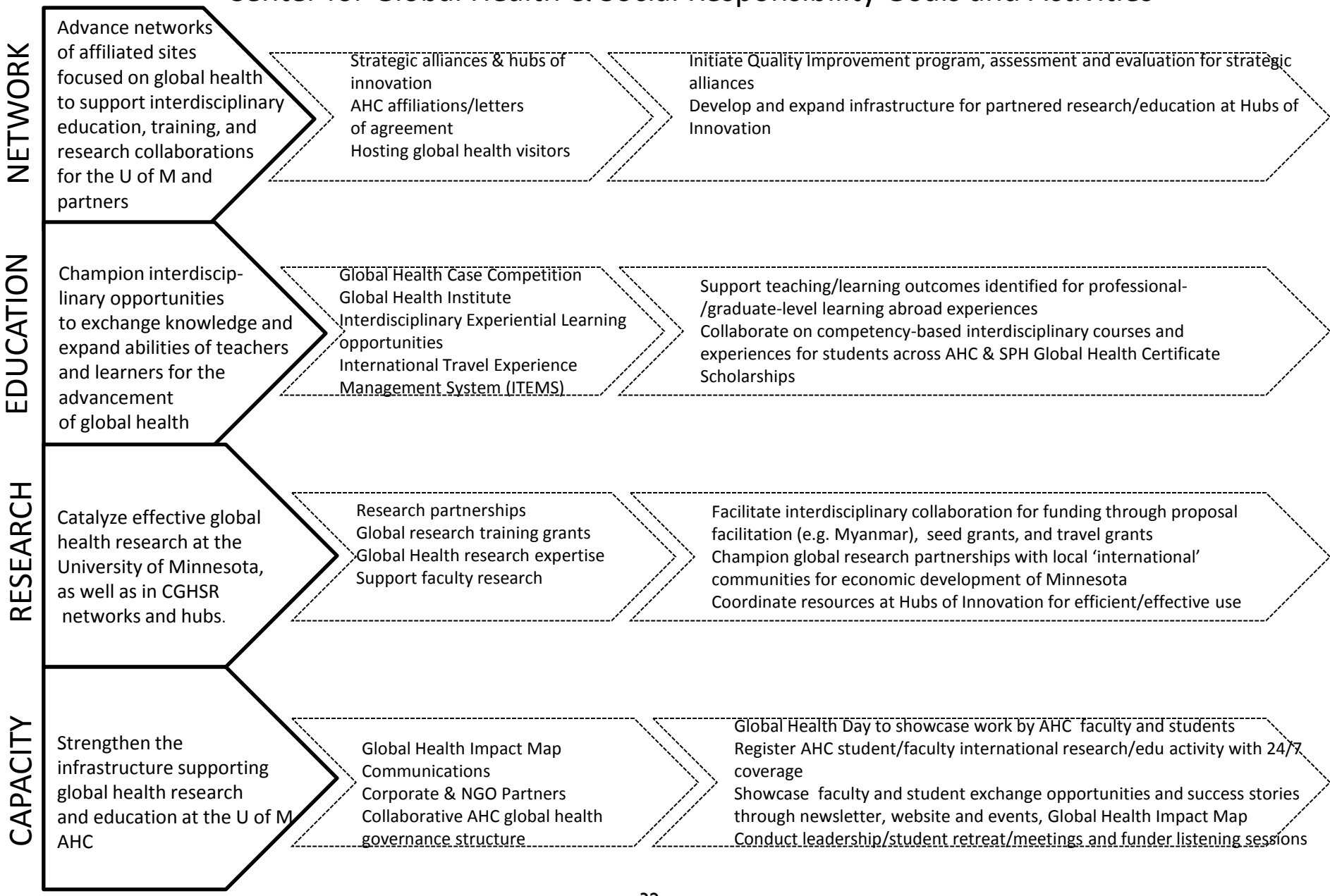
CGHSR Essential Resources

- At U of M in CGHSR: Current staffing + additional staffing as we grow. Staff/leaders serving as liaisons between schools and CGHSR.
- Physical, visible space: Dedicated operational and meeting/collaboration space, in high-traffic, convenient location for easy access and visibility. Moved into C311 Mayo on Dec. 8, 2014, and will need room for expansion later.
- Broad-based funding: for faculty research seed grants, student scholarships, CGHSR staffing, hubs staffing, spatial expansion, initiatives.
- Support from AHC schools, units, and administration and from U of M administration and Global Programs and Strategy Alliance.
- Combined resources and skin-in-the-game with hubs.
- Strong leadership in CGHSR and the AHC.
- "Imagination"/creativity.
- Support and buy-in from partners elsewhere.

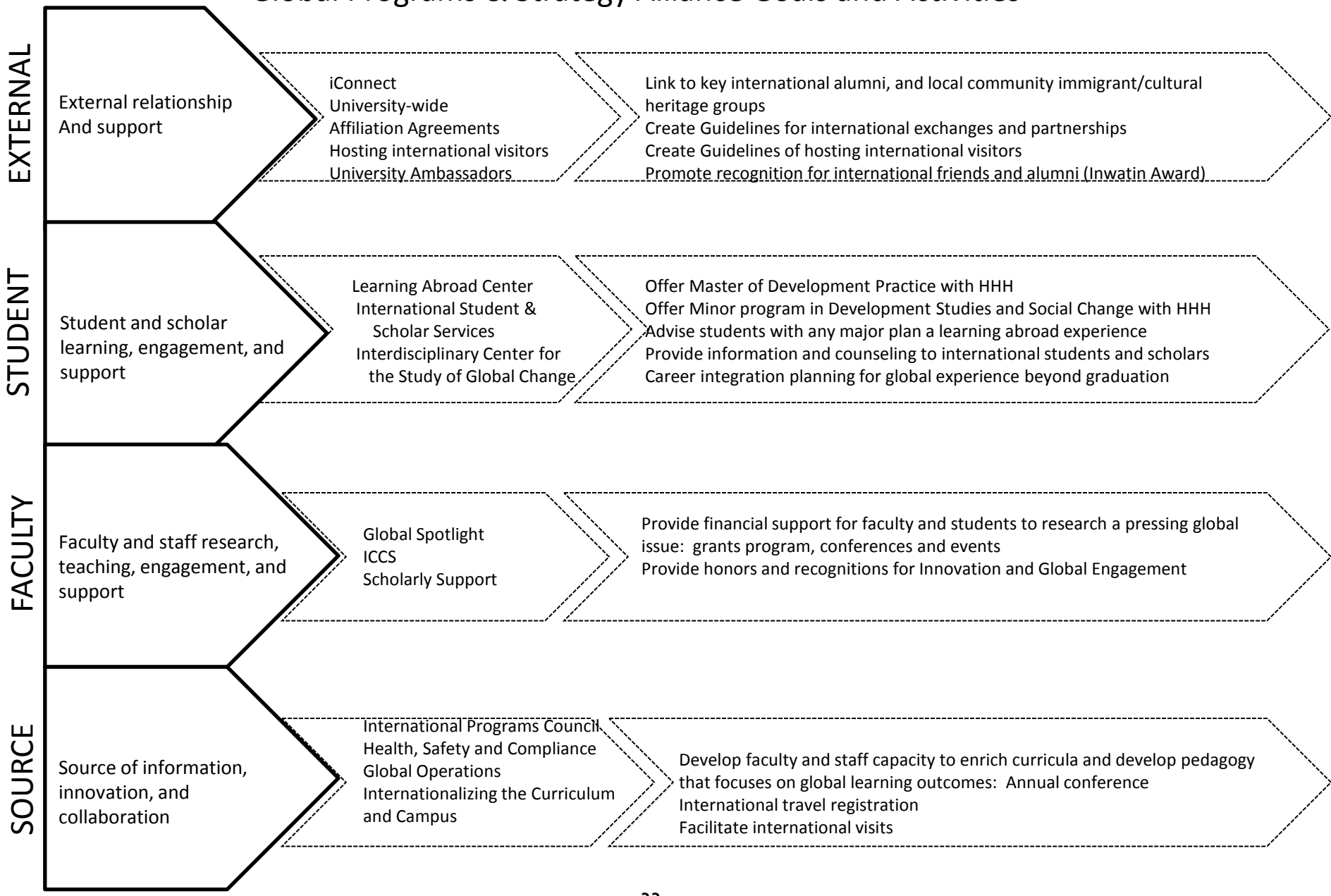
Strategic Relationship between Center for Global Health & Social Responsibility and Global Programs & Strategy Alliance

Appendices: Appendix H

Center for Global Health & Social Responsibility Goals and Activities



Global Programs & Strategy Alliance Goals and Activities



Acknowledgements

The Center for Global Health and Social Responsibility would like to thank everyone who contributed to our strategic planning process:

- The Global Health Leadership Council for informing development of the Fall Retreat and environmental scan and for taking part in summer interviews;
- Participants in the Fall Retreat for giving their time and input to shaping the Center's strategic plan;
- The AHC Deans Council for assessing, influencing, and approving Center direction and plans throughout the reinvigoration process;
- The Prouty Project—especially Vice President Sam Smith for facilitation and consultation and Melissa Gennert for administration;

And last but not least:

- The CGHSR Team for taking part in multiple meetings, reviewing multiple documents, and contributing their considerable expertise.