STRATEGIC PLAN

Center for Global Health
Old Dominion University
Strategic Plan
2014-2019
Center for Global Health
Old Dominion University
(Draft March, 2014)

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Prepared By: ODU Center for Global Health

Date: March, 2014
The Center for Global Health was established at Old Dominion University (ODU) in 2012. The Center was the brainchild of Dean Shelley Mishoe and became a reality through the guidance of its Taskforce (Appendix A), a panel of interdisciplinary experts from academia and the Hampton Roads community. Among the Taskforce’s many work products are the Center’s SWOT analysis (Appendix B), a needs assessment survey (Appendix C), and the crux of the Center’s strategic plan.

Although the Center is housed in the College of Health Sciences, it serves the entire University community as well as regional and international partners. The Center attends to the joint-purposes of (a) providing a “focal point,” which centralizes ODU’s existing global health resources and (b) cultivating new research, educational activities, and service projects related to Global Health.

The Center takes a modern perspective on global health. As Center Director, Dr. Muge Akpinar-Elci explains: “Global health shows us the big picture. Mistakenly, people assume that the target of global health involves mainly problems in the developing world, such as low- and middle-income countries. Diseases and health problems do not recognize borders. Neglecting to address health problems globally could affect public health, well-being and national security around the world, including in developed countries like the United States. Therefore, to be able to address global health problems, increased awareness and education should be among the key solutions.”

Additionally, the Center embraces a multidisciplinary focus, rather than envisioning Global Health as solely a “medical problem.” Figure 1 provides a schematic for the Center’s Borderless-and-Multidisciplinary conceptual framework. This framework envisions that solutions to global health can emerge from any geographical origin—whether that origin is international, national
or local. Consequently, local solutions can guide the creation and implementation of solutions to larger global health challenges. Likewise, all sources of knowledge provide perspectives and information that are essential to addressing global health challenges.

Figure 1: Multidisciplinary conceptual framework of Global Health
Vision

The Center for Global Health’s vision is to improve people’s health and quality of life on a local and global basis by leveraging Hampton Roads’ unique strengths in education, research, and outreach.

Mission

Our mission is to positively impact health and well-being through multidisciplinary collaborations among faculty, students, communities, and other partners.


**CORE VALUES**

**Core Value**

The Center for Global Health at Old Dominion University values are as follows:

**Health Equity**

Health equity is the guiding principle for the ODU Global Health Center. We aspire for all persons to have the opportunity to attain optimal health and for no one to be disadvantaged by social, political, economic, and/or cultural limitations.¹²

**Inclusiveness**

The ODU’s Center for Global Health values inclusiveness, thereby promoting an environment for teaching, learning, practice, and research that facilitates the accomplishments of diverse persons. We strive to take into account different needs and strengths of individuals from diverse backgrounds.³ We seek to advance global health through global collaborations and partnerships that transcend cultural borders.

**Interdisciplinary**

We espouse an interdisciplinary approach to teaching, learning, practice, research, and service. We cultivate and promote interdisciplinary collaborations across campus, as well as collaborations with other institutions and communities, to improve health both locally and abroad.

**Knowledge-driven**

All the work products the ODU’s Center for Global Health generates are grounded in the principles of scientific rigor and evidence-based knowledge.

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¹ Braveman, P.A., Monitoring equity in health and healthcare: a conceptual framework. Journal of health,

² World Health Organization Commission on Social Determinants of Health

CENTER FOR GLOBAL HEALTH
GOAL AND OBJECTIVES

Goal: To develop solutions to global health challenges through *multidisciplinary* research, education, and service and to disseminate these solutions locally and globally

Objectives

1. To increase faculty and student engagement in global health on a *multidisciplinary basis*
2. To choose priority areas in global health that are best suited to community needs, the Center’s expertise and funding opportunities.
3. To establish *multidisciplinary* collaborations within academic and with community partners.
4. To develop the Center’s capacity to sustain the Center’s vision, mission, and goals.

OBJECTIVE 1. To increase faculty and student engagement in global health on a *multidisciplinary basis*.


**Key Performance Indicator:** The Global Health Certificate program is available for student enrollment for FALL 2014.

**Action item 1.2.** Develop a marketing plan for the certificate program by FALL 2014.

**Key Performance Indicator:** A marketing plan is produced by FALL 2014.

**Action item 1.3.** Increase enrollment in the certificate program, and when the program reaches its maximum enrollment capacity, this enrollment level will be maintained.

**Key Performance Indicator:** Enrollments (baseline 8 students) are increased by 2 students per academic year starting in FALL 2015; enrollment is maintained at its maximum capacity of 15 students after this capacity is initially obtained.

**Action item 1.4.** Offer expertise in research methods in global health and data analysis to faculty, students, and community partners starting in SPRING 2014.
**Key Performance Indicators:** Support at least THREE (3) faculty members and community partners per academic year starting in FALL 2015; support at least THREE (3) student projects per academic year starting in FALL 2015.

**Action item 1.5.** Develop a research-based plan for improving the provision of expertise in global health-based statistics and research methods to students with the following components:

**Key Performance Indicators:** Conduct focus groups with students in FALL 2014; conduct larger survey (quantitative) on student needs in SPRING 2014 with publication developed in SUMMER 2015 and submitted by FALL 2015; research-based tools for improving the provision of statistical services to students are developed by SPRING 2016.

**Action item 1.6.** Launch a student organization that is affiliated with the Center starting in FALL 2015. This organization will be focused on increasing student knowledge about Global Health and participating in service learning and research projects on Global Health.

**Key Performance Indicators:** The student organization is launched by Fall 2015: This organization has a regular meeting schedule, goals & objectives, and at least 10 regularly attending members.

**Action item 1.7.** Include an ODU student as member of the Center’s Advisory Board by Fall 2014.

**Key Performance Indicator:** One student serves a member of the Advisory Board beginning in Fall 2015.

**OBJECTIVE 2.** To choose priority areas in global health that are best suited to community needs, the Center’s expertise and funding opportunities.

**Action item 2.1.** Identify our immediate community partners and canvass priorities of community partners by SPRING 2015.

**Key Performance Indicators:** Priorities of community partners are canvassed by SPRING 2015.

**Action item 2.2.** Develop a database of faculty expertise in global health by SPRING 2015.

**Key Performance Indicators:** A database of faculty expertise in global health is developed by SPRING 2015.
**Action item 2.3.** Survey students in terms of their specific interests in global health by SPRING 2015.

*Key Performance Indicators:* Students have been surveyed in terms of their specific interests in global health by SPRING 2015.

**Action item 2.4.** Develop a list of funding priorities on global health by FALL 2014

*Key Performance Indicators:* A list of internal and local funding priorities has been developed by SPRING 2015; a list of state, national, and international funding priorities has been developed by SPRING 2015.

**OBJECTIVE 3.** To establish *multidisciplinary* collaborations within academic and with community partners

**Action Item 3.1.** Obtain a Memorandum of Understanding (MOU) and develop an underlying relationship with each partner starting in FALL 2014

*Key Performance Indicators:* One new MOU per year is developed starting in SPRING 2015.

**Action item 3.2.** Host one (1) academic-community research event (e.g., workshop) per year starting in SPRING 2015.

*Key Performance Indicators:* Host one (1) academic-community research event (e.g., workshop) per year starting in SPRING 2015.

**Action item 3.3.** Develop a seed program to assist faculty and community partners implement research projects, with the seed program to be developed through a “needs” evaluation in 2016 and a seed program starting in 2017.

*Key Performance Indicators:* A seed “Needs” assessment is conducted in 2016; the seed program is launched in 2017.

**OBJECTIVE 4.** To develop the Center’s capacity to sustain the Center’s vision, mission, and goals

**Action item 4.1.** Launch Center website by SUMMER 2014.

*Key Performance Indicators:* The Center’s website is updated and launched by the end of SUMMER 2014.

**Action item 4.2.** Within FIVE (5) years, hire additional experts in global health.
Key Performance Indicators: FOUR (4) additional faculty members with joint appointments or adjunct faculty appointment and TWO (2) additional staff/and faculty members at the center are hired within FIVE (5) years.

Action item 4.3. Expand awareness of the Center by creating a monthly news bulletin starting in FALL 2014.

Key Performance Indicators: A monthly news bulletin is started in FALL 2014.

Action item 4.4. Develop an annual report for the Center starting in SPRING 2015.

Key Performance Indicators: An annual report is issued for the Center beginning in SPRING 2015.

Action item 4.5. Begin cultivating relationships with potential funders per year beginning in FALL 2016.

Key Performance Indicators: Relationships with least TWO (2) funders per year are developed starting in FALL 2016.
CENTER FOR GLOBAL HEALTH
EVALUATION PLAN

We will monitor and evaluate our center’s growth. The following steps will be necessary to implement the evaluation plan: 4

- Collect baseline data;
- Collect data on outputs, including how these outputs contribute to the achievement of outcomes;
- Develop a supplemental, systemic reporting system with qualitative and quantitative information on progress toward outcomes; and

Table 1 provides details about which parties are responsible for monitoring, evaluating, and documenting results for short-term outcomes, mid-term outcomes, and impacts of the Center for Global Health:

<table>
<thead>
<tr>
<th>Indicators of Success</th>
<th>Who is responsible for monitoring and documentation?</th>
<th>Who is responsible for evaluation?</th>
<th>How frequently will indicators be monitored?</th>
<th>How will the results be documented?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Achievement of short-term outcomes</td>
<td>CGH team</td>
<td>CGH team The Dean’s Office</td>
<td>Monthly</td>
<td>News bulletin</td>
</tr>
<tr>
<td>Achievement of mid-term outcomes</td>
<td>CGH team</td>
<td>CGH team The Dean’s Office Advisory Board</td>
<td>Annually</td>
<td>Report</td>
</tr>
<tr>
<td>Documented impact</td>
<td>CGH team</td>
<td>CGH team The Dean’s Office Advisory Board Stakeholder</td>
<td>Every 5 years</td>
<td>Report</td>
</tr>
</tbody>
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The Center has a variety of internal and external resources. Internal resources include the Center’s physical location at the College of Health Centers as well as its Director, faculty with joint appointments to the Center, adjunct faculty, and staff (Appendix D). Together these personnel provide expertise in fields that include immunology, veterinary medicine, physical therapy, public health, administration, physician practice, epidemiology and other research methods, data analysis, education, and business. Additionally, the Center’s Advisory Board Members (Appendix E) is a critical support for the Center.

Currently, more external to the Center itself, ODU’s other faculty members have critical expertise in the Health Sciences, Sciences, Engineering and Technology, Arts & Letters, Business and Public Administration, and Education. Additionally, the University provides a variety of resources including its library; its organizational supports such as Information Technology Services (ITS) and the Study Abroad Program; and its fund raising supports through the Office of Research, the Research Foundation, and the Office of Development. The Office of Research also offers supports for licensing and patenting technology and for IRB/IACUS compliance. Furthermore, a variety of expertise is available about health in Hamptons Roads (e.g., local Departments of Public Health, Community Services Boards, and a host of non-government organizations (NGOs) such as Physicians for Peace, Operation Smile, and Colleagues in Care), at the State level (e.g., the Virginia Department of Public Health), at the national level (e.g., Centers for Disease Control and the National Institutions of Health) and at the international level (e.g., the World Health Organization and the World Bank). The Center has connections with these organizations that have been established by Dean Mishoe, Center Director Akpinar-Elci, School Chairs at the College of Health Sciences, other ODU faculty, community partners, and Advisory Board Members.
APPENDIX A
Old Dominion University
Center for Global Health Task Force
Membership Roster 2011-2012

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10/10/2011
### APPENDIX B: SUMMARY of SWOT Analysis

<table>
<thead>
<tr>
<th><strong>STRENGTHS</strong></th>
<th><strong>WEAKNESSES</strong></th>
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<tr>
<td><strong>Experteise and infrastructure.</strong> Multiple areas of college-wide and community-wide expertise and infrastructure exist, including infrastructure for distance learning.</td>
<td><strong>Internal funding.</strong> Limited startup funds and commitments. Also, most new programs at the University must be at least revenue-neutral.</td>
</tr>
<tr>
<td><strong>Support.</strong> Institutional Support, Leadership Support and Student Support exist for international opportunities, particularly related to increasing local and international service learning and to increasing community engagement (especially through the Office of Civic Engagement).</td>
<td><strong>Space constraints.</strong></td>
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<tr>
<td><strong>Established task force.</strong> A multidisciplinary/multi-organizational Global Health Task Force already exists to support this effort.</td>
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</table>

### OPPORTUNITIES

- Many existing strengths are not heavily represented in existing centers.
- Unique regional strengths (e.g., the military, modeling and simulation)
- A host of existing community/regional, international, and institutional partnerships
- Availability of relatively unique niches in global health, particularly related to a “regional focus” on “globalism”
- Worldwide momentum for research and collaborations on global health
- The concept of global health has expanded far beyond SES.
- Building connections between the public and private sector
- Students and faculty fellowships
- Collaboration with other universities
- A variety of specialized funding opportunities exist.
- Unique opportunity to incorporate the blueprint of professionalism of humanitarian workers.

### THREATS

- **External funding.** Given that the center is in its incipiency, it may have trouble obtaining external support where more established entities may be favored. The weak economy leaves less money for non-revenue generating centers.
- **Competition.** Many other similar agencies and CGH exist.
- **Niche.** Our CGH may not be unique enough to warrant much attention.
- **Development and sustainability of collaborations.** Developing new partnerships and collaborations may be difficult to establish and sustain.
APPENDIX C

Summary of “Needs” Assessment Survey

In the fourth quarter of 2012, 72 faculty members at ODU responded to a “needs” assessment survey related to global health. Twenty-eight (39%) of these participants indicated that either they are currently teaching a course that is related to global health or that they have done so in the past. Twenty-two (31%) indicated that they are involved in a field or service activity related to global health. Thirty-three (46%) indicated that they are currently involved in research on global health topics, with the most common area of research being environmental impacts, including climate change (14%). Only 10 faculty members who are not currently involved in any educational, service or research activities related to global health indicated they had no interest in such activities. Among those who are not current involved with activities related to Global Health, top areas of interest included environmental impacts; mental health; economic development; pregnancy outcomes and infant health; and noncommunicable diseases and associated risk factors such as obesity, diabetes, and asthma.
APPENDIX D

Center of Global Health Personnel

Director: Muge Akpinar-Elci, MD, MPH
Research Associate: Kathy Simms, PhD
Administrative Assistant: Jamie R. Edmonds

Joint Appointments

Gail Grisetti, PT, EdD, Associate Professor
Sunil Joshi, PhD, Assistant Professor
Gayle B. McCombs, RDH, MS, Professor
Kimberly Adams Tufts, DNP, WHNP-BC, FAAN, Assoc. Prof.
The School of Physical Therapy and Athletic Training
Medical Diagnostic & Translational Sciences
Dental Hygiene Research Center
The School of Nursing

Adjunct Faculty

Hasan Bayram, MD, PhD, Professor
St. George’s University, Grenada, WI
University of Gaziantep, Turkey

Satesh Bidaisee, DVM, MSPH, Associate Professor
Plymouth University, UK

Enrico Wensing, PhD, Assistant Professor
APPENDIX E

Advisory Board Members

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