## STRATEGIC PLAN

### Mission
To improve lives and communities in Kansas and beyond through innovation in education, research and health care.

### Vision
To lead the nation in caring, healing, teaching and discovering.

### Values
- Innovation
- Leadership
- Excellence
- Authenticity
- Diversity

### Education | Teaching
Our goal is to produce prepared graduates through accredited and innovative programs, as measured by program accreditations and year-to-year improvement in student survey results.

#### People
- Develop and support a valued and respected workforce

**Outcome Measures:**
- Employee survey results: value & respect
- Diversity and inclusion
- Retention

#### Community
- Build, nurture and sustain authentic relationships with communities and partners

**Outcome Measures:**
- Partner/community survey results: perception of KUMC
- Fundraising

#### Value
- Achieve excellent outcomes while being good stewards of our resources

**Outcome Measures:**
- Performance on one-year operational plan
- Performance on five-year budget
- Overall Return on Investment

### Research | Discovery
Our goal is to increase research and innovation productivity, as measured by an increase in overall NIH funding from $58M to $100M by 2026 (10 percent year-to-year increases).

#### People
- Enable the effective and efficient building of research capacity, including recruitment and hiring, growth and development, support, and collaboration opportunities

### Healthcare | Caring/Healing
Our goal is to innovatively contribute to improved health, as measured by an increase in state health rankings from 27th to 20th by 2024 and by doubling clinical trial revenue and opportunities by 2026.

#### People
- Model team-based approaches to clinical care, research and education
- Recruit, retain and support enough clinical investigators
- Foster a culture to value, support and increase diversity, in all its forms

#### Community
- Assess expectations of our key communities and partners
- Develop a systematic process to measure and benchmark community impact
- Develop tactics to improve health throughout the state, leveraging key partnerships, advocacy, and innovative technologies

### People
- Educate stakeholders about KUMC’s value to the State of Kansas
- Leverage telehealth and technology to expand educational impact
- Optimize partnerships with healthcare providers/systems and industry to enhance learning environments

### Value
- Educate the campus community about work taking place in the three mission areas in order to promote collaboration
- Measure how IPE translates into practice
- Brand KUMC’s education, highlighting what sets it apart from others
- Optimize physical space to advance learning

### Research
- Engage community partners in a capital campaign to endow research activities, including endowed positions, space, and infrastructure
- Develop strong, multidirectional, research-focused relationships with communities

### People
- Optimize resources that directly support NIH grant submissions and awards, including stable funding of centers, support to enhance grant submissions, Research Institute support, and space

### Community
- Assess expectations of our key communities and partners
- Develop a systematic process to measure and benchmark community impact
- Develop tactics to improve health throughout the state, leveraging key partnerships, advocacy, and innovative technologies

### Value
- Identify processes and support needed to increase the number of clinical trials
- Grow translational research and promote its impact
- Identify and optimize common processes and resources across all three schools
- Expand primary care in Kansas by improving the provider-to-population ratio
NEW FACES

• Jerrihlyn McGee, DNP, RN, CNE, named vice chancellor for diversity, equity and inclusion
  o Oversees all diversity-related activities for faculty, staff and students as well as partnerships in the community
  o Provides oversight for the Diversity and Inclusion Cabinet
  o Also serves as clinical assistant professor and program director for the KU School of Nursing
NEW FACES

• Ronald Chen, M.D., MPH, named the Brandmeyer Chair and Professor of Radiation Oncology for the School of Medicine

  o Formerly chair for education and associate professor for radiation oncology at the UNC School of Medicine

  o Also served as:
    ▪ radiation oncology program director
    ▪ co-director of the Cancer Care Quality Training Program
    ▪ director of the Comparative Effectiveness Research Program
    ▪ associate director for education at the UNC Lineberger Comprehensive Cancer Center
    ▪ co-director of the Genitourinary Cancers Multidisciplinary Program

  o Research interests include:
    ▪ inter-related health services themes of comparative effectiveness and cost-effectiveness, quality of care and quality of life

• Began October 31
TRENDS, OPPORTUNITIES, CHALLENGES AND PROJECTIONS

• Enrollment
  • Medical Program (M.D.)
  • Undergraduate Enrollment
  • Graduate Enrollment
Total headcount grew 25% from 2004 to 2011, then another 15% to 2019

* Excludes GME and Visiting Medicine/Pharmacy
Total student FTE grew 17% from 2004 to 2011, then another 17% to 2019

* Excludes GME and Visiting Medicine/Pharmacy. Full-time equivalents are not official (medical FTE = 1, graduate FTE = hours / 12, undergraduate FTE = hours / 15) and, as defined here, do not match KBOR statistics.
Medical enrollment increased (2011-2014) by 20%; expansion in Wichita and the new Salina campus

*KUMC Medical (M.D.) Enrollment*

*Includes M.D. and M.D./Ph.D. enrolled in the medical curriculum*
Health Professions UG FTE is 92% of headcount; Nursing UG FTE is 83% of headcount
Health Professions: 4 undergraduate programs exist today (clinical lab. science, health information management, respiratory care, diagnostic sciences)

Enrollment has fluctuated due to various programmatic and staffing challenges. The drop in 2016 was due to the Occupational Therapy program eliminating their undergraduate year.

Recent growth has occurred in both standard pathway and degree completion tracks.
Nursing: traditional program, RN-to-BSN, community college nursing partnership (CCNP)

Enrollment caps for the traditional program in Kansas City began in 2010. Constraints are classroom space and clinical placement.

CCNP began in 2015 with 7 partners and two more expected to join. Salina campus enrolled its first students in 2017 (capacity of 48 students is reached by fall 2020)
Graduate Enrollment: Opportunities, Challenges and Projections

Health Professions graduate FTE is 90% of headcount; Nursing graduate FTE is 47% of headcount; Medicine graduate FTE is 57% of headcount.
Graduate Enrollment: Opportunities, Challenges and Projections

Medicine: Growth in biomedical sciences from 2005-2010, stable since then.

Intentional reduced admissions in MPH started in 2012.

Biostatistics programs began in 2010; applied statistics and analytics began in 2015 (housed at Edwards)
Graduate Enrollment: Opportunities, Challenges and Projections

Health Professions: Graduate programs are mostly professional and are full-time (by credit hours)

Each of the following programs has recently increased (or is currently increasing) class sizes:
- DPT (2014-2016)
- DNAP (2018-2020)
- AuD (2019-2022)
- MOT/OTD (~2015-2018)
Graduate Enrollment: Opportunities, Challenges and Projections

Nursing: Transition of the advanced practice (AP) specialties from the master’s to the BS-to-DNP began in 2013. Additional enrollment in the BS-to-DNP did not match the pre-transitional AP enrollment. DNP growth of 4% per year the last 2 years provides encouraging signs that targeted growth efforts in new and low-enrolled programs are working.
Graduate Enrollment: Opportunities, Challenges and Projections

Projections:

Medicine PhD programs will remain stable or slightly increase, growth in biomedical sciences is possible (+5% in the next 3-4 years), dependent on stipend slots and positive governmental relations, an strong growth in NIH funding that reaches strategic targets would increase these projections; new Population Health department may foster renewed growth in educational programs.

Health Professions graduate programs are anticipated to have future growth (newer SLPD and DCLS) and recent expansion of class sizes to capacity levels; we estimate growth from 546 to 570 (about 5%) in the next 3-5 years. There are opportunities for growth at Salina, but current discussions are exploratory.

Nursing graduate enrollment is anticipated to rebound to 2015 levels in 5 years.
Research
NEW GRANTS AWARDED BY FISCAL YEAR

All Schools - $ in Millions

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Direct Costs</th>
<th>F&amp;A</th>
<th>Total Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$64.90</td>
<td>$18.81</td>
<td>$83.71</td>
</tr>
<tr>
<td>2015</td>
<td>$56.84</td>
<td>$16.40</td>
<td>$73.24</td>
</tr>
<tr>
<td>2016</td>
<td>$58.17</td>
<td>$17.42</td>
<td>$75.59</td>
</tr>
<tr>
<td>2017</td>
<td>$71.04</td>
<td>$24.54</td>
<td>$95.58</td>
</tr>
<tr>
<td>2018</td>
<td>$77.78</td>
<td>$27.50</td>
<td>$105.28</td>
</tr>
<tr>
<td>2019</td>
<td>$97.06</td>
<td>$33.97</td>
<td>$131.03</td>
</tr>
</tbody>
</table>

Count of New Grants Awarded:
- 2014: 161
- 2015: 207
- 2016: 182
- 2017: 280
- 2018: 267
- 2019: 246
All Schools - Total Revenue - $ in Millions

<table>
<thead>
<tr>
<th>FISCAL YEAR</th>
<th>Total Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$8.90</td>
</tr>
<tr>
<td>2015</td>
<td>$10.52</td>
</tr>
<tr>
<td>2016</td>
<td>$14.00</td>
</tr>
<tr>
<td>2017</td>
<td>$15.25</td>
</tr>
<tr>
<td>2018</td>
<td>$19.37</td>
</tr>
<tr>
<td>2019</td>
<td>$19.57</td>
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</tbody>
</table>
AAU Campus Climate Survey on Sexual Assault and Misconduct
SURVEY PARTICIPATION

• University of Kansas students enrolled on all campuses in spring 2019 invited
  o 433 KUMC students completed survey (16.1%)
    ▪ 83.2% were female
  o 3795 KUL students completed survey (16.5%)

• Total of 33 universities participated

• Designed to assess prevalence, perceptions, and knowledge of resources available
## AAU Survey Results

### Questions on Sexual Misconduct

<table>
<thead>
<tr>
<th>Questions</th>
<th>KU Lawrence</th>
<th>KU Medical Center</th>
<th>AAU aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you experienced nonconsensual sexual contact since entering your University?</td>
<td>Yes: 14.1%</td>
<td>Yes: 8.3%</td>
<td>Yes: 25.9%</td>
</tr>
<tr>
<td>How problematic is sexual misconduct at your university?</td>
<td>Very: 15.1% Extremely: 4.7%</td>
<td>Very: 5.2% Extremely: .9%</td>
<td>Very: 15.4% Extremely: 5.6%</td>
</tr>
<tr>
<td>How likely is it that campus officials would take the report of sexual misconduct seriously?</td>
<td>Very: 40.3% Extremely: 24.9%</td>
<td>Very: 41% Extremely: 35.5%</td>
<td>Very: 40.4% Extremely: 26%</td>
</tr>
<tr>
<td>How likely is it that campus officials would conduct a fair investigation of sexual misconduct?</td>
<td>Very: 35.5% Extremely: 17.3%</td>
<td>Very: 42.6% Extremely: 24.1%</td>
<td>Very: 36.2% Extremely: 17.9%</td>
</tr>
<tr>
<td>Questions on Harassing Behavior</td>
<td>KU Lawrence</td>
<td>KU Medical Center</td>
<td>AAU aggregate</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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</tr>
</tbody>
</table>
| Have you experienced harassing behavior since entering KU? | UGF: 28.3%  
GF: 18.5%  | UGF: 9.5%  
GF: 12.3%  | UGF: 31.3%  
GF: 19.9%  |
| Who engaged in the harassing behavior?          | Student: 87%  
Faculty: 10.4%  
Staff: 4.2%  | Student: 64.6%  
Faculty: 29.7%  
Staff: 6.2%  | Student: 88.8%  
Faculty: 9.6%  
Staff: 4%  |
| Have you ever contacted a program or resource at KU about this experience? | Yes: 14.2%  
No: 85.8%  | Yes: 8.3%  
No: 91.7%**  | Yes: 12.2%  
No: 87.8%  |
| If no, why did you decide not to contact a program or resource? | Not serious: 62.7%  
Handle myself: 49.2%  | Not serious: 79%  
Handle myself: 46.8%  | Not serious: 67.2%  
Handle myself: 49%  |
| For “not serious” answer, additional reason for not contacting: | Not injured: 72.5%  
Events like this seem common: 45.9%  | Not injured: 73.3%  
Events like this seem common: 51.8%  | Not injured: 75.5%  
Events like this seem common: 47.8%  |
### AAU Survey Results

<table>
<thead>
<tr>
<th>Questions on Knowledge/Training</th>
<th>KU Lawrence</th>
<th>KU Medical Center</th>
<th>AAU aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since arriving at your University, have you completed any training about sexual assault or misconduct?</td>
<td>Yes- 89.4%</td>
<td>Yes- 85.2%</td>
<td>Yes- 79.4%</td>
</tr>
<tr>
<td>How knowledgeable are you about how sexual assault and other sexual misconduct are defined at KU?</td>
<td>Very or extremely: 43.8%</td>
<td>Very or extremely: 39.8%</td>
<td>Very or extremely: 37.1%</td>
</tr>
<tr>
<td>How knowledgeable are you about where to get help at KU if you experience sexual assault or misconduct?</td>
<td>Very or extremely: 39.2%</td>
<td>Very or extremely: 31.8%</td>
<td>Very or extremely: 37.1%</td>
</tr>
<tr>
<td>How knowledgeable are you about where to make a report of sexual assault or misconduct at KU?</td>
<td>Very or extremely: 32.1%</td>
<td>Very or extremely: 26.8%</td>
<td>Very or extremely: 31.5%</td>
</tr>
</tbody>
</table>
ACTION STEPS

• As a founding member of the NASEM Action Collaborative and Times Up Healthcare, KUMC is strategizing with other schools to identify and improve tools and processes for responding to and preventing sexual misconduct and harassing behavior.

• KUMC’s Equal Opportunity Office will conduct additional outreach and education efforts on campus through interactive in-person exercises (such as Bringing in the Bystander) and new online learning modules.

• Focus on efforts to increase participation in Sexual Assault Awareness Week activities through improved advertising and incentives.

• Enhance awareness of resources and reporting structure.
Campus Planning
LAWRENCE LEADERSHIP UPDATE

• Provost search
• Upcoming search for vice chancellor for public affairs/government relations
• Finalizing strategic planning process