



GEORGETOWN UNIVERSITY
School of Nursing & Health Studies

Strategic Planning Summary

Table of Contents

History of the Strategic Planning Process	3
.....	
Mission, Vision, and Values	6
.....	
Background	8
.....	
A Strategic Direction	15
.....	
Overarching Goals	16
.....	



E PLURIBUS UNUM

E PLURIBUS UNUM

History of the Strategic Planning Process

Georgetown University School of Nursing & Health Studies (NHS) kicked off strategic planning efforts in November 2012 to chart a five-year course for the school. The early phase of the process included a comprehensive quantitative and qualitative assessment of the school and an external environmental assessment that studied key trends impacting NHS. With those data in mind and feedback from several school-wide meetings, members of the strategic planning steering committee—with faculty, staff, and student representation—later developed a new Mission, Vision, and Values Statement for the school. Those foundational documents provide a broader philosophical framework for the strategies and goals that grew out of this iterative process. The school’s executive faculty approved the mission, vision, and values and the overarching strategies and goals. For the next five years, school leadership will track activity and measure progress toward stated goals and objectives.

Great universities discover and disseminate new knowledge that contributes to humanity’s understanding of itself and the world. NHS is poised to make enduring contributions in an area that touches all of our lives—health and health care.

Mission, Vision, and Values

Mission and Vision:

Mission:

Advancing the health and well-being of individuals and communities.

Vision:

To be a catalyst for health and social justice in local, national, and global communities through education, scholarship, and social action.

Approved by vote of the Executive Faculty on

December 9, 2014

Values:

Contemplation in Action – Action-oriented introspection and reflection guide our self-understanding relative to our mission, choices, intellectual inquiry, and engagement with the world.

Cura Personalis – The Latin expression—meaning “care for the whole person”—is a cornerstone of the Jesuit tradition that features personalized attention to individuals’ unique needs and circumstances, including spirituality, as well as a celebration of the special talents they contribute to communities.

Diversity – A robust community derives its strength from the individuals within it—including their cultural, personal, and professional backgrounds and unique perspectives—and actively supports an environment where commonalities and differences contribute to its uniqueness.

Excellence – We strive for the highest quality in everything we do with a commitment to integrity.

Respect – Recognizing the range of perspectives and talents among students, faculty, staff, and the broader community, NHS promotes positive, productive, and professional interactions, as well as encourages individuals to voice differing viewpoints in a way that assumes the best intention.

Social Justice – Within the context of health and higher education, creating a more just society calls for the support of the intellectual growth and professional aspirations of individuals from all backgrounds and the creation and dissemination of knowledge that promotes equity in health with a focus on the social determinants of health and human rights.

Value of the Common Good – The organization aligns around a unified goal of collective responsibility that promotes maximum health and human flourishing among individuals, families, and communities with a special emphasis on those who are marginalized and underserved.

Approved by vote of the Executive Faculty on May 28, 2014



Background

The health and health care sector continues its rapid evolution. For example, the Affordable Care Act has introduced major legislative, policy, and regulatory changes. In addition, national workforce trends demand reimagining traditional approaches to education, and the increasing interconnectedness of the global community and the changing demographic of the U.S. population contribute to this evolving landscape.

Policy and Workforce Changes

The Affordable Care Act (ACA) and the American Recovery and Reinvestment Act (ARRA) affect not only how Americans receive care, but also who has access to that care, who delivers the care, and how care is financed. Millions of Americans have new access to care, and the focus of health systems is broadening from hospital-based medical care to community-based population health strategies that promote prevention and wellness and involve the efforts of interprofessional health care teams.

In recent years, millions of Americans have had expanded access to health insurance.

The Urban Institute reports that the number of uninsured adults, aged 18-64, declined by about 12.7 million people between 2009 and the second quarter of 2014.ⁱ As greater numbers of newly insured Americans seek primary health services, forecasts estimate that the number of annual primary care visits will increase from 15 million to 24 million per year.

Additionally, there has been an increased focus on areas traditionally thought of as outside of the health realm—the social determinants of health. These determinants include those factors, such as where



individuals live, learn, work, and play, that negatively affect their health and perpetuate health disparities.ⁱⁱ

As the paradigm of health care is changing and more people are entering a system that is in flux, the composition of the workforce is also evolving.

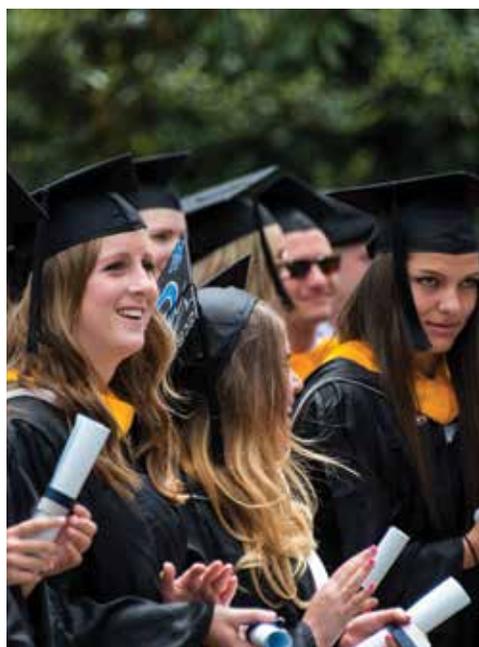
The United States will need to add between 4,307 and 6,940 additional primary care providers, including nurse practitioners, physicians, and physician assistants.

From 2009 to 2011, the ACA and ARRA supported more than 1,900 nurse practitioners

and certified nurse-midwives—triple the number from prior years—and they added about 3,000 nursing positions to community health centers—a 20 percent increase from prior levels. At the same time, a recent study predicts a shortfall of roughly 193,000 actively practicing nursing professionals by 2020—which may disproportionately impact rural and underserved areas.^{iv}

Not surprisingly, given the new requirements placed on health systems after the ACA, such as readmission rate reduction and community health needs assessments, a demand for qualified health care administrators and

continued...



...continued from page 9

executives is anticipated. The field is expected to grow 23 percent from 2012 to 2022—much more than the average for all occupations.^v

With the growing interconnectedness of the world community, attention to population health at the global level requires considerable thought and action. Federal initiatives point to the need for international partnerships, workforce development in areas such as surveillance and response, and focused efforts around control and prevention.^{vi}

Lastly, at the discovery side of the health sciences continuum, national workforce trends in science, technology, engineering,

and math (STEM) highlight the dearth of undergraduate students pursuing careers in STEM at a critical period when the U.S. demand in STEM industries far outpaces the United States' ability to supply highly qualified graduates. The U.S. Department of Education reports that the number of medical scientists and biomedical engineers will increase 32% and 62%, respectively, from 2010 to 2020.^{viii}

Given the changing landscape of the health and health care fields, NHS is in a very strong position, because of its academic portfolio, to meet challenges and greet opportunities across the health sciences continuum.

Major Reports

In the past five years, key workforce reports have called for enhancements in interprofessional collaboration. For example, a report by the Interprofessional Education Collaborative^{ix} (IPEC), which includes founding members of the major health-related education associations, responded to a series of Institute of Medicine (IOM) reports that cited the importance of team-based care in the quality and safety of care. *The Future of Nursing: Leading Change, Advancing Health*,^x released by the Institute of Medicine and the Robert Wood Johnson Foundation, provides the framework for policy and educational enhancements. Key recommendations from these reports address barriers that prevent the health care team from realizing its full potential. **Recommendations include:** • *Schools and workplaces facilitate a seamless progression for nurses to advanced levels of education;* • *Researchers establish a rigorous evidence base that catalogs the extent to which interprofessional care impacts the cost, safety, and quality of care;* • *Nurses serve as full partners with other health professions in care delivery and redesign;* and • *Educators engage clinicians, administrators, and community partners to work together toward implementing an interprofessional education and collaborative care agenda.*

Demographics

The U.S. population is becoming increasingly diverse. Despite that increasing diversity, the health care workforce, including within the STEM disciplines, is not representative of the population at large. This contributes to health disparities between racial and ethnic groups, even when adjusting for socioeconomic factors such as education level and income. Lack of concordance between patient and provider ethnicity also influences the perceived and actual quality of care; reports indicate that outcomes are improved when providers are from the same racial and ethnic background as the populations they serve.^{xi}

In addition to becoming increasingly diverse, the population is also aging. The U.S. Census Bureau projects that in 2050 the population aged 65 and over will be 83.7 million, almost double its estimated population of 43.1 million in 2012.^{xii} We know that as people age, they experience significantly more chronic illness. In the last 20 years, the percentage of adults aged 45–64 and 65 and over with two or more of nine selected chronic conditions increased for men and women, all racial and ethnic groups examined, and most income groups.^{xiii} Through 2038, the Congressional Budget Office attributes 35 percent of the cost growth in federal health programs to population aging.^{xiv}



As the population ages and chronic illness care becomes an important focus, new models of care and new roles for care providers are needed. The reimbursement incentives have shifted from volume to value, from cost to quality, and the education of health professionals must reflect these changes in care delivery and reimbursement.

ST. MARY'S HALL

SCHOOL OF NURSING & HEALTH STUDIES

A Strategic Direction

In the face of these challenges, the School of Nursing & Health Studies must be strategic with a steadfast approach to engaging issues over the long term while remaining nimble enough to respond to opportunities within an environment in flux. A strong Mission, Vision, and Values Statement and a clear strategic direction provide us with a great opportunity to leverage our academic excellence and worldwide presence, increase our visibility, and respond thoughtfully to local, national, and global needs.

The Strategic Plan will guide the allocation of our resources, ensure our operational and financial health, and provide a clear, yet dynamic framework for future opportunities that will be responsive to external forces such as policy changes, workforce needs,

and demographic trends. With this plan, we also hope to showcase our assets and areas of interest for potential partners, students, and faculty and raise our visibility within the Georgetown University community and among external audiences. Making new connections and enhancing existing collaborations will better address the increasingly complex health sector.

With the guidance of this Strategic Plan, we will harness our strong position as a student-centered teaching and research institution located in one of the greatest global cities as we focus our efforts in the academic domains of practice, research, scholarship, service, and teaching.

Overarching Goals

The Mission, Vision, and Values Statement guides this Strategic Plan, which is organized into six coordinating goals. For each stated goal, faculty and staff champions will develop specific tactics, benchmarks, timelines, and means of assessment.

GOAL 1: *Impact and Visibility*—*Expand the school’s impact and visibility while promoting an identity that incorporates the multiple disciplines of the school.*

Given the changing landscape of the health and health care fields, NHS is in a very strong position, because of its academic portfolio, to meet challenges and greet opportunities across the health sciences continuum. We house—within one school—academic departments that prepare students and advance knowledge in areas ranging from the scientific underpinnings of human health and disease and the utilization of evidence-based practice in clinical and community settings, to the organization and management of systems of care and the implementation of population health measures internationally. “Granular to global” is one way to think about our synergistic organizational structure.

NHS will use this relatively unique academic structure to its advantage, attracting the best and brightest students who wish to learn in an environment that mirrors the reality of today’s health workforce; recruiting and retaining a highly regarded faculty whose teaching and research excellence enlivens the learning community; and building partnerships with colleagues at Georgetown University, community-based agencies, and other health-related organizations that wish to invest in our activities. All of this work will be done in service of our mission, vision, and values.

GOAL 2: Scholarship—Promote and support faculty scholarship.

Great universities discover and disseminate new knowledge that contributes to humanity’s understanding of itself and the world. NHS is poised to make enduring contributions to the academic literature in an area that touches all of our lives—health and health care. Further, due to the school’s strong interrelated focus on practice, research, scholarship, service, and teaching, faculty members are positioned to ensure that evidence-based findings are intentionally brought to bear in practice settings and the educational experience of the student body. This translational continuum will be a hallmark of the school’s scholarly endeavors.

To bolster this work, the school will work to establish a unified research agenda. This focused approach will support grant-seeking efforts across a diverse stream of external funders. We will also ensure that our faculty members are supported in their research and that this activity of scholarly inquiry elevates themselves, the school at large, and the student body. Ultimately, the creation and dissemination of new knowledge will promote our vision of advancing health and well-being in communities around the world.



GOAL 3: Education—Enrich undergraduate student research and learning, develop new graduate programs, and promote use of new educational technologies.

NHS offers exceptional undergraduate and graduate programs. Our faculty embraces innovative and leading-edge pedagogies in a student-centered environment, and our graduates are better equipped to address the many needs in the health sector as a result. The academic environment educates students to work across disciplines—an approach that will ultimately serve to improve the patient experience and population health, as well as reduce health care costs.^{XV}

The cutting-edge leadership in distance-based education at Georgetown is allowing us to expand our graduate education



in health systems administration and nursing nationally. In fact, NHS launched Georgetown's first-ever online degree program—a master's-level program in nursing. The ultimate goal is to bring more Georgetown-educated health practitioners

into the workforce to impact the health and well-being of the communities in which they live, particularly in those areas that have been underserved historically by the health system.



The school's approach to ensuring effective online learning options has involved conducting careful analysis of pedagogical soundness, implementing dynamic technology to support the intimate learning environment Georgetown is known for around the world, maintaining rigorous academic standards, and evaluating the needs of adult learners. We will continue to seek out new opportunities such as those presented by massive open online courses (MOOCs), a newly developed online model whereby many hundreds and thousands of students can take a course without additional faculty or school investment. In addition to our full degree programs, MOOCs will allow us to share health information more broadly with communities around the world.

Moreover, we will enhance our current offerings by integrating more experiential and interdisciplinary activities. Experiential learning ensures that students practice in areas related to their major or graduate program of study after graduation, which allows them to reflect on important real-world experiences they had through their

education and critically employ what they learned in their careers.^{xvii}

Building on the spirit of innovation that has defined the school since its founding in 1903, the school will respond to the needs of the evolving health workforce by developing new academic programming to ensure that Georgetown graduates continue to lead in the field. This tradition is best exemplified by the achievements of our alumni who have become leaders in academe, clinical and community-based settings, the government, non-profits, and other important areas.

Our faculty embraces innovative and leading-edge pedagogies in a student-centered environment, and our graduates are better equipped to address the many needs in the health sector as a result.

GOAL 4: Foster collaborative learning, research, and service within and across departments and with GUMC, MedStar, university, and community partners.

To support these ambitious academic aspirations, NHS will foster a collaborative environment within and outside of its walls. In addition to work across NHS departments, the school will enhance and sustain relationships with colleagues at Georgetown University, Georgetown University Medical Center, and MedStar Health in areas such as environmental health, health disparities, interprofessional education, and patient safety. The school will also formalize lasting collaborations with community-based organizations to ensure that we advance our mission in ways that reflect Georgetown's commitment to educating women and men to live generously in service to others.



NHS will enhance its infrastructure such that faculty are incentivized, supported, and recognized when they reach across academic silos to lead mission-centered scholarly and programmatic efforts. We will also cultivate a framework for promoting interdisciplinary collaboration within the school and among different schools in the university, as well as engaging community partners and peers who share a common interest. This is particularly important, as solutions for health and social justice span fields not conventionally included in health care, but play an important role in determining health and well-being. ^{xviii}

GOAL 5: Diversity—Actively recruit and retain diverse faculty, staff, and students.



Georgetown University celebrates community in diversity, which derives from Jesuit principles of equality and respect for all. Within NHS, these values have significant implications as we educate future leaders in the health sector. Health disparities decrease when programs recruit and retain health care providers who are of the same racial, ethnic, and cultural backgrounds as their patients.^{xix} Research is more relevant and applicable when diverse perspectives are integrated throughout

the research process.^{xx} In recognition of this great responsibility, NHS will work to recruit and retain individuals, including faculty and students, who have been traditionally underrepresented in the health fields. We will also work to ensure that our curricula reflect cultural awareness and competency and that we offer a range of experiences for engagement across cultures.

GOAL 6: *Make NHS a great place to work, including creating a supportive environment that bolsters its mission, vision, and values and celebrates achievement.*

In order to promote this outstanding learning community, which is known for its strong student-faculty and peer-to-peer relationships, the school will focus on creating the best possible work environment for its faculty and staff. A committed, creative, and forward-thinking workforce is critical to our ability to live by our Mission, Vision, and Values Statement.

We will support our valued human capital, fostering an energized work environment and examining the processes around which faculty and staff are hired, oriented, reviewed, and promoted. With professional development and mentoring opportunities, we hope to improve retention and ensure that all members of our community have the ability to flourish in their careers.

Goals and strategies were approved by vote of the Executive Faculty on September 10, 2014.



References

i

Urban Institute, 2014; 2011. QuickTake: Number of Uninsured Adults Continues to Fall under the ACA.

ii

Office of Minority Health, 2015. National Partnership for Action to End Health Disparities.

All About the NPA: Social Determinants.

iii

Hoover Digest, 2014. The Doctor Won't See You Now.

iv

Abayasekara, A., 2015. Addressing Clinician Workforce Shortages in Underserved Areas. *Journal of Health Care for the Poor and Underserved*, 26(1).

v

Bureau of Labor Statistics, 2014. Occupational Outlook Handbook.

vi

U.S. Agency for International Development (2014). USAID's Global Health Strategic Framework.

vii

Miller, J. S. & Horrigan, J. P., 2014. Stem Urgency: Science, Technology, Engineering and Mathematics Education in an Increasingly Unequal and Competitive World. Joint Center For Political And Economic Studies.

viii

U.S. Department of Education, 2014. Science, Technology, Engineering and Math: Education for Global Leadership.

ix

Interprofessional Education Collaborative, 2011. Core Competencies for Interprofessional Collaborative Practice.

x

Institute of Medicine and the Robert Wood Johnson Foundation. The Future of Nursing: Leading Change, Advancing Health, 2010.

xi

LaVeist, T. A. & Pierre, G., 2014. Integrating the 3Ds—Social Determinants, Health Disparities, and Health-Care Workforce Diversity. *Public Health Reports*, 129(2), 9-14.

xii

U.S. Census Bureau. (2014). Current Population Reports: An Aging Nation: The Older Population in the United States.

xiii

Parekh A. K., Kronick, R., Tavenner, M., 2014. Optimizing Health for Persons with Multiple Chronic Conditions. *Journal of the American Medical Association*, 312(12): 1199-1200.

xiv

Ibid.

xv

Institute for Healthcare Improvement, 2015. Building a Whole New Mind: An Interprofessional Experience in Patient Safety and Quality Improvement Education Using the IHI Open School.

xvi

Chronicle of Higher Education, 2015.

xvii

Kolb, D. A., 2014. *Experiential Learning: Experience as the Source of Learning and Development*. Upper Saddle River, New Jersey: Pearson Education.

xviii

Ibid.

xix

Mathematica Policy Research, 2014. Reducing Health Care Disparities: Where Are We Now?

xx American Association for the Advancement of Science, 2015. *Biosystems Nanotechnology: Big Opportunities in the Science of the Small*.



GEORGETOWN UNIVERSITY
School of Nursing & Health Studies

 <http://nhs.georgetown.edu>  <http://facebook.com/GeorgetownNHS>

 NHSStrategicPlanning@georgetown.edu  <http://twitter.com/gtownnhs>