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Executive Summary

The University of Oklahoma Health Sciences Center (OUHSC) is one of the most comprehensive academic health centers in the United States, with six professional colleges and the Graduate College; clinical and research centers of excellence such as the Stephenson Cancer Center, the Harold Hamm Diabetes Center, and the Dean McGee Eye Institute; and patient care and graduate medical education programs in partnership with the OU Health healthcare system. The OUHSC and OU Health partnership integrates the three missions of education, biomedical and public health research, and patient care to create a research-driven academic health system. OUHSC researchers have the largest portfolio of National Institutes of Health (NIH) funding in Oklahoma. The OUHSC ranks #120 in funding received of more than 2,500 institutions who receive NIH funding.

Between February and July 2022, OUHSC underwent a process of strategic planning to chart the course for the future. The process was broadly inclusive, with engagement of faculty, staff, students, and external stakeholders. The resulting Strategic Plan defines five priority goals, or Pillars:

1. Become a Top-Tier Research-Driven Academic Health Center.
2. Lead Health Workforce Development in Oklahoma
3. Improve Health Outcomes and Reduce Health Disparities in Oklahoma
4. Be a Place of Belonging for All Students, Faculty, Staff, Alumni, and Patients
5. Drive Economic Growth Through Translation of Research into Commercial Enterprises

OUHSC aims to rank in the top 100 of NIH funding in the next five years and in the top 50 within ten years, achieve NCI "Comprehensive" status for the Stephenson Cancer Center, establish the Harold Hamm Diabetes Center as a member of the NIH Diabetes Centers Program, and establish two to three additional federally-funded research centers of excellence. OUHSC will increase clinical trials and access to innovative therapies. OUHSC will be the lead provider for development of the health and biomedical scientist workforce in Oklahoma and a regional leader in online delivery of health professional education.

OUHSC will use inter-professional programs within OUHSC and OU Health to promote a culture in which everyone is valued, understood, and respected, and to provide evidence-based high-quality care centered on patients' needs and values. OUHSC will strengthen collaboration with health departments, tribal nations, non-governmental organizations, and private businesses to



reduce health disparities, improve Oklahoma’s population health, and enhance local and regional economic development. Finally, OUHSC will measure progress quarterly and adjust strategy and tactics as needed.

As this Plan is implemented, it will establish OUHSC as a top-tier academic health center, increase its national recognition, and strongly support the University-wide goal of membership in the Association of American Universities (AAU). It will also strengthen the healthcare and public health workforce in Oklahoma, achieve improved health outcomes and quality of life for many Oklahomans, and reduce health disparities in our State.



University of Oklahoma Health Sciences Center

The University of Oklahoma Health Sciences Center (OUHSC) is one of the most comprehensive academic health centers in the nation, with six professional colleges and the Graduate College; clinical and research centers of excellence such as the Stephenson Cancer Center, the Harold Hamm Diabetes Center, and the Dean McGee Eye Institute; and patient care and graduate medical education programs in partnership with the OU Health healthcare system.

The OUHSC prepares healthcare professionals and scientists to meet tomorrow's healthcare and public health needs through inter-professional education. The OUHSC is a premier healthcare training institution for more than 3,300 students, over 800 full-time faculty, about 80 post-doctoral researchers, and nearly 800 residents and fellows. OUHSC researchers have the largest portfolio of National Institutes of Health (NIH) funding in the state (\$67 million in FY21). The Stephenson Cancer Center is the only National Cancer Institute (NCI) designated cancer center in Oklahoma and provides care for 20% of all Oklahomans diagnosed with cancer. It has ranked #1 in the nation in total patient enrollment in NCI-network sponsored clinical trials during the last five years. The OUHSC commercializes new treatments and diagnostic tests and increasingly partners with the Norman campus on major multidisciplinary biomedical and population health research projects.

The OUHSC, together with the University Hospitals Authority and Trust, is a founding member of the academic health system, OU Health. The system includes OU Health Partners, University of Oklahoma Medical Center, Oklahoma Children's Hospital, OU Health Edmond Medical Center, and numerous clinics located in the Oklahoma City metropolitan area, as well as other sites across Oklahoma. The OUHSC combines efforts with OU Health as the only research-driven healthcare system in Oklahoma, offering treatment options and expertise found nowhere else in the state. The OUHSC has additional affiliations with the Oklahoma City VA Medical Center and other healthcare facilities across Oklahoma, including Bartlesville, Weatherford, Duncan, Norman, and Lawton. OU Physicians - Tulsa provides important contributions to each of the missions of the OUHSC - OU Health system and also has academic and clinical affiliations with the community health systems in Tulsa.



The State of Oklahoma’s Health

Oklahoma consistently ranks among the lowest in population health in the United States. According to the 2021 America’s Health Rankings report of the United Health Foundation¹, Oklahoma ranks 44th in health outcomes and 47th for clinical care. The primary drivers are social determinants such as education and income, lack of access to healthcare, and poor quality of care.

Among health outcomes, Oklahoma ranks 42nd for the percentage of adults with multiple chronic conditions (a key driver of healthcare expenditures), 44th for those with frequent mental distress, and 48th for non-medical drug use. Oklahoma ranks 42nd for premature death, defined as years lost before age 75 per 100,000 population. In 2021, Oklahomans lost 9,691 years of life before age 75, compared to the US value of 7,337 years. These and other data in the report¹ establish unequivocally that Oklahomans are dying earlier and living more of their lives in poor health than most Americans.

Oklahoma fares no better in the category of clinical care (ranked at 47th). Among the indicators for this category, Oklahoma ranks 49th for the number of uninsured, 42nd for primary care providers (number per 100,000 population), 43rd for dental visits, 48th for colorectal cancer screening, 45th for childhood immunizations, 46th for HPV vaccination, and 41st for preventable hospitalizations.

There are serious and major disparities in health in Oklahoma. For example, just within the boundaries of Oklahoma County, there is a 20-year difference in life expectancy according to zip code (data from Oklahoma City-County Health Department, pre -pandemic). A similar disparity in life expectancy has been reported for Tulsa County and several rural counties. In general, Oklahomans in rural counties have less access to healthcare and worse health outcomes than those in urban areas. Disparities in health by race are also prominent. In Oklahoma, cancer mortality rates among American Indians are 50% to 99% higher for lung, prostate, and colorectal cancer, and more than 100% higher for cervical cancer. Among the Black population, mortality rates for breast and colorectal cancer are 1.3 times higher, and prostate cancer 1.9 times higher than for the non-Hispanic white population.

We will not accept the status quo for Oklahoma’s population health. The OUHSC has a leadership responsibility in the effort to improve the population health of Oklahoma. We are going to change lives.

¹ americashealthrankings.org/learn/reports/2021-annual-report.



The Process

This Strategic Plan was developed between February and July 2022 through meetings of OUHSC and OU Health leadership, as well as extensive stakeholder engagement.

OUHSC Leadership

1. February 9th. The OUHSC Leadership Committee reviewed the Pillars and teams were assigned for developing the Strategies, Tactics, and Key Performance Indicators (KPI). Co-chairs were responsible to lead a team assigned for each Pillar.
2. February 16th. Progress was reviewed with the Co-chairs.
3. March 3rd. A Retreat of the OUHSC Leadership Committee was convened to review and discuss the evolving Plan.
4. March 23rd. Progress was reviewed with the Co-chairs.

OU Health

1. February 4th. The draft Pillars were shared with the OU Health Chief Executive Officer designate, Dr. Richard Lofgren.
2. April through June. The evolving Plan was discussed on multiple occasions in regular standing meetings with Dr. Carolyn Kloek, Senior Vice President of Clinical Strategy and Integration, and Dr. Ian Dunn, Chief Physician Executive and President, OU Health Partners.
3. May 4th. The alignment of the OUHSC Plan with OU Health strategic and clinical service priorities was reviewed at a meeting with Dr. Kloek, Dr. Dunn, Dr. John Zubialde, and Dr. Lofgren.

Stakeholder Engagement

Discussions were held in which the draft Plan was reviewed by the following stakeholders:

1. April 12th. College of Medicine Department Chairs.
2. April 18th. Faculty Senate Executive Committee. The draft Plan was distributed to all faculty Senators.
3. April 21st. Faculty Senate. The draft Plan was distributed to all OUHSC faculty in Oklahoma City and Tulsa. The opportunity to submit written comments through the Faculty Senate portal was opened.
4. April 27th. College of Allied Health leadership
5. May 4th. College of Pharmacy leadership



6. May 4th. College of Public Health leadership
7. May 5th. Staff Senate Executive Committee. The draft Plan was also distributed to the full Staff Senate for comment.
8. May 17th. Tulsa - School of Community Medicine leadership.
9. May 18th. College of Nursing leadership.
10. June 7th. College of Dentistry leadership.
11. June 8th. Oklahoma City - County Health Department leadership.
12. June 13th. OUHSC Student Executive Board, student presidents of each college, and Multicultural Student Group presidents.
13. June 14th. Commissioner of Health and Chief Operating Officer of the Oklahoma State Department of Health.

OU Board of Regents

1. February 11th. The Pillars were presented to the OU Board of Regents Health and Clinical Enterprises Committee.
2. March 9th. The draft Pillars and Strategies were presented to the full Board.
3. April 26th. Updated Pillars and Strategies were reviewed with members of the Health and Clinical Enterprises Committee.
4. May 9th. Further updated Pillars and Strategies were reviewed with the Health and Clinical Enterprises Committee.
5. June 16th. The complete draft Plan was reviewed with the Health and Clinical Enterprises Committee.



How The Plan Works

Our Strategic Plan consists of five elements:

- The University's **Purpose**;
- The **Pillars** that define what kind of Academic Health Center we want to be;
- The **Strategies** that carry out the Pillars;
- The **Tactics** required to fulfill the Strategies; and
- **Regular Review** of progress using **Key Performance Indicators (KPI)**.

The **Purpose** is concrete, immovable, and enduring. It is the essence of what we do.

The **Pillars** establish the initial pathway for fulfilling our Purpose. They reach to the core of what is most important for the University. Pillars do not change except under truly exceptional circumstances.

Strategies separate Pillars into manageable parts so that underlying tactics can be identified, planned, and executed with clarity and efficiency. Simply stated, Strategies are intermediate goals.

Tactics are where the rubber meets the road. They are fluid and correspond to then-current needs, while always remaining consistent with the corresponding Strategy.

The Plan includes **Key Performance Indicators (KPI)** that are linked to the Pillars and Strategies. **Review of progress at regular intervals** is critical so that tactics may be adjusted in response to changing conditions.

Our Strategic Plan is not static. It is a dynamic roadmap to our future. Our allocation of resources will be guided by the Plan.



Our Purpose

At the University of Oklahoma, our Purpose is elegant in its simplicity and profound in its depth:

WE CHANGE LIVES

At the OU Health Sciences Center, We Change Lives by

Treating illness, relieving suffering, and healing people and families

Preventing disease, disability, and premature death

Researching the solutions to major unmet needs in medicine, healthcare, and public health

Educating the next generation of physicians, nurses, pharmacists, dentists, and other health professionals and biomedical research scientists



Pillars

- 1 Become a Top-Tier Research-Driven Academic Health Center.
- 2 Lead Health Workforce Development in Oklahoma.
- 3 Improve Health Outcomes and Reduce Health Disparities in Oklahoma.
- 4 Be a Place of Belonging and Emotional Growth for all Students, Faculty, Staff, Alumni, and Patients.
- 5 Drive Economic Growth Through Translation of Research into Commercial Enterprises.



Pillar 1:

Become a Top-Tier Research-Driven Academic Health Center.

Strategy 1 Achieve Blue Ridge Institute ranking of top 100 in 5 years, top 75 in 7 years, and top 50 in 10 years (OUHSC currently is ranked #120).

Tactic 1 Recruit 100 to 150 new faculty over 10 years in areas consistent with our Strategic Plan through both new investment and strategic allocation of existing capital and personnel.

Tactic 2 Increase private sector, philanthropic, federal, and State of Oklahoma funding to meet research goals.

Tactic 3 Increase the number of post-doctoral fellows and graduate students to the level of top tier research institutions.

Tactic 4 Strengthen campus-wide research infrastructure, including support for proposal development, grant management, contracting, and human research participant protections.

Tactic 5 Expand campus-wide investments for technology, core facilities, updated and new laboratory space, and animal resources.

Tactic 6 Ensure that institutional administrative services support programs, faculty, and trainees in pursuit of their research goals.

Tactic 7 Implement retention and "rising star" programs to retain highly productive research faculty and their programs.

Tactic 8 Implement effective cost-share and salary offset options for highly productive research faculty and teams.

Strategy 2 Achieve National Cancer Institute (NCI) Comprehensive Cancer Center status for the Stephenson Cancer Center.

Tactic 1 Achieve \$30 Million in direct NCI funding.



- Tactic 2 Increase the depth and breadth of research with large team-based research program awards.
- Tactic 3 Increase the impact of community outreach and engagement with tribal nations and urban and rural populations for cancers of particular health burden in Oklahoma.
- Tactic 4 Strengthen clinical trials and translational research infrastructure to support investigator-initiated research.
- Tactic 5 Increase inter- and intra-programmatic collaborations.
- Tactic 6 Address health disparities in access to cancer care and treatments and access to clinical research opportunities.
- Tactic 7 Maintain at least 15% of publications with an impact factor of 10 or greater each year.

Strategy 3 Establish the Harold Hamm Diabetes Center as a member of the Diabetes Centers Program of the National Institutes of Diabetes and Digestive and Kidney Diseases (NIDDK).

- Tactic 1 Establish a roadmap to Diabetes Centers Program membership, including faculty recruitment and guidance on the balance of basic, clinical, and translational studies in Type 1 and Type 2 diabetes; obesity; and reduction of diabetes complications including vision, cardiovascular and renal.
- Tactic 2 Foster multidisciplinary approaches to attract new scientists with relevant expertise to diabetes research.
- Tactic 3 Obtain a training grant T32 in metabolism and nutrition and obesity-related research.
- Tactic 4 Use research synergies with the Stephenson Cancer Center and other centers to develop unique areas of research growth.
- Tactic 5 Establish partnerships that target minority and other underserved populations



in Oklahoma.

Tactic 6 Achieve 15% of diabetes research publications with an impact factor of 10 or greater each year.

Strategy 4 Invest in 2 to 3 new areas of research focus to increase and sustain multi-disciplinary team science across the University, OU Health, and external partners.

Tactic 1 Strengthen the Oklahoma Clinical and Translational Science Institute, and other campus research centers through focused and cluster hires in key areas of growth.

Tactic 2 Expand data analytics support to raise the quality of science and comply with new journal and NIH data sharing requirements.

Tactic 3 Leverage the OU Health Clinical Research Data Warehouse and Office of Chief Research Information Officer to provide access to de-Identified OU Health data for health services, patient outcome, and quality of care research.

Tactic 4 Together with OU Health, expand Community Engagement Cores to lead efforts to assess, initiate, and grow strategic community-based research initiatives with federal, state, business, and tribal nations partners and philanthropies.

Tactic 5 Collaborate with OU Advancement to obtain the major philanthropic support needed for each area of research.

Strategy 5 Increase clinical trials and access to innovative therapies to differentiate OU Health and OUHSC from competitor academic health systems.

Tactic 1 Triple the number of clinical trials over the next 10 years.

Tactic 2 Double the number of patients enrolled into clinical trials using rigorous clinical trial development teams and recruiting and marketing plans.

Tactic 3 Designate 25 to 50 of the new faculty for those with expertise in clinical trials and protected research time to expand NIH, investigator-initiated, and



industry-sponsored clinical trials.

- Tactic 4 Expand research collaborations with pharmaceutical, biotechnology, and medical device companies.
- Tactic 5 Strengthen the Oklahoma Clinical and Translational Science Institute (OSCTI) to be the core support for all aspects of clinical trial design, recruitment and conduct, monitoring, analysis, and reporting.
- Tactic 6 Assist with the implementation and training for the new OnCore Clinical Trials Management software and the expanded EPIC clinical research tools.
- Tactic 7 Enhance and expand the Oklahoma Shared Clinical Translational Resource (OSCTR) Scholar program to develop pipelines of well-trained research scientists.
- Tactic 8 Work with OUHSC administrative departments to develop and implement effective and efficient processes to optimize the time from first contact with a clinical trial sponsor to first patient enrolled.

Strategy 6 Elevate the reputation of OUHSC research to strengthen recruitment and retention of faculty, staff, and students and to enhance community engagement and institutional impact.

- Tactic 1 Leverage the OU and OU Health brands to promote an OUHSC reputation of research excellence.
- Tactic 2 Develop a top-tier research social media presence and institutional identity benchmarked against top Academic Health System standards.
- Tactic 3 Actively promote OUHSC faculty for leadership positions in national societies, for society and national awards, and for membership in the National Academy.
- Tactic 4 Foster internal and external recognition of OUHSC research successes.
- Tactic 5 Facilitate publication of research in high Impact journals through expanded central services, support, workshops, and mentoring.



Pillar 2:

Lead Health Workforce Development in Oklahoma.

Strategy 1 Be the lead provider for development of the healthcare and public health practice workforce.

Tactic 1 Increase student enrollment in Medicine, Nursing, Dentistry, and Public Health by 7% per year for the next 5 years, while maintaining accreditation standards.

Tactic 2 Prioritize the allocation of current and incremental revenues in alignment with the required faculty, staff, technology, and facilities needs to increase student enrollment and program completion.

Tactic 3 Expand the clinical rotation and experiential learning capacity for all health and public health professional programs.

Tactic 4 Refine, create, and promote novel curricula and programs that will attract and prepare students, residents, and postdoctoral fellows for 21st century demands.

Tactic 5 Be the premier provider in the state of continuing education, unique training opportunities, and professional development for scientists, researchers, and health professionals.

Tactic 6 Establish new mechanisms to support and reward high-quality teaching and mentoring.

Tactic 7 Expand the number of pipeline and pathway programs to health professional and public health programs.

Strategy 2 Be a regional leader in online delivery of health professional education and training, especially for workforce “upskilling” and employer-guided learning.

Tactic 1 Use workforce data to identify the current needs and skills that can be addressed through online programs.

Tactic 2 Develop additional online programs including certificates, hybrid programs



with experiential components, and joint programs with Norman campus programs.

Tactic 3 Grow online programs by at least three each academic year for the next 5 years, beginning with academic year 2024.

Strategy 3 Be the lead provider in Oklahoma for the education and training of biomedical research and health research scientists.

Tactic 1 Increase the number of T32 and other training grants in support of biomedical and health research.

Tactic 2 Strengthen and expand pathway and pipeline programs to the Graduate College programs in biomedical and health research.

Tactic 3 Increase philanthropic support for stipends and scholarships for graduate students in biomedical and health research programs.



Pillar 3:

Improve Health Outcomes and Reduce Health Disparities in Oklahoma.

Strategy 1 Translate research into practice for improving the quality and outcomes of care through OU Health and OUHSC clinics.

Tactic 1 Assess accreditation standards, educational program objectives, and curricula that address social determinants of health (SDoH) and related health disparities and outcomes; target educational efforts to remedy gaps.

Tactic 2 Highlight exemplary scholarly work and research related to health disparities and increase related presentations, posters, and publications each year.

Tactic 3 In collaboration with OU Health, use medical informatics and data analytics to evaluate patient access, interventions, quality care, and outcomes according to socio-demographic characteristics.

Strategy 2 Strengthen and grow collaborations with state and local health departments, tribal nations, non-governmental organizations, policy-makers, and private businesses to implement evidence-based practices for reducing health disparities and improving Oklahoma’s population health.

Tactic 1 Identify and engage Community Advisory Boards (CABs) to strengthen community partnerships with OUHSC including reviewing data from the previous OU Health Community Health Needs Assessment (CHNA). Engage CAB participants to help guide community engagement, support initiatives of mutual benefit, and assess the needs of the community.

Tactic 2 Enhance community engaged research to address: a) social determinants of health, b) health care access, c) health outcomes, and d) policy.

Tactic 3 Increase the number of federal grants that directly involve community partners that address health disparities and improved health outcomes.

Tactic 4 Partner with business, governmental public health and social service agencies, and non-governmental charitable and community volunteer agencies to provide education, health, and social services to marginalized communities.



Tactic 5 Collaborate with communities to identify and execute new mechanisms to address the health disparities particular to their populations and share information.

Strategy 3 Use inter-professional and multidisciplinary education, research, and demonstration projects across OU campuses and programs to develop and evaluate new strategies for reducing health disparities.

Tactic 1 Develop and implement an efficient method of capturing health disparities and outcomes data and establish metrics to document ongoing quality improvement with targeted measures and prescribed interventions.

Tactic 2 Increase support for cross-discipline research by creating a seed and bridge grant program with requirement of at least two campuses being involved in each funded project.

Tactic 3 Expand mentorship development and leadership training for faculty and trainees to include a focus on improving health outcomes and reducing health disparities.

Tactic 4 Collaborate with community partners and networks (e.g., OPHIC, OKPRN, PHIO, tribal nations partners) to grow multi-disciplinary research designed to improve health outcomes.



Pillar 4:

Be a Place of Belonging and Emotional Growth for All Students, Faculty, Staff, Alumni, and Patients.

Strategy 1 Make diversity, equity, and inclusion a cultural strength of OU, with the goal of ensuring that everyone in the OU community is valued and understood, is dignified and respectful toward others, and feels connected.

Tactic 1 Embrace diversity in ideas, experiences, and identity in the recruitment of students, faculty, and staff.

Tactic 2 Promote a culture of civil discourse, on campus and in our online educational spaces, by fostering a respectful exchange of different viewpoints, perspectives, and life experiences.

Tactic 3 Fully implement the University’s Diversity, Equity, and Inclusion strategic plan to reinforce shared values and mutual respect towards all.

Tactic 4 Pursue OU’s status as a public institution by placing greater focus on recruiting, supporting, and retaining first-generation students and students from historically underrepresented communities.

Tactic 5 Create a new student orientation program that includes access for all incoming students in a common experience that welcomes them to campus and introduces them to the University and its cultural expectations.

Tactic 6 Design focused student programming that fosters individual and shared lifechanging experiences that promote intellectual, social, and emotional growth.

Tactic 7 Incorporate evidence-based course content on the relation between diversity, equity, and inclusion to health disparities into all healthcare professional programs.

Tactic 8 Identify space in support of multicultural programs and services.

Tactic 9 Ensure that transfer and non-traditional students have a sense of belonging to OU.



Tactic 10 Promote multicultural in-person experiences that bring students of different backgrounds together to learn from one another.

Tactic 11 Activate a programmatic effort to ensure OU alumni and supporters enjoy a lifelong connection to OU and remain engaged with the University.

Strategy 2 Improve systems to support and assess evidence-based diversity, equity, and inclusion initiatives for faculty, residents, and staff.

Tactic 1 Improve recruitment, hiring, and retention processes and adopt practices that promote the recruitment and hiring of historically underrepresented groups.

Tactic 2 Expand networking and mentorship among faculty, staff, administration, and alumni to enhance the sense of belonging to the OU community.

Tactic 3 Develop customized, high-quality training that is mandatory for all faculty, staff, and administrators on issues regarding diversity, equity, and inclusion in higher education.

Tactic 4 Value and reward work that strengthens campus diversity, equity, and inclusion when assessing faculty, staff, and administrative offices for annual evaluations, promotion criteria, internal grants, and compensation.

Strategy 3 Strengthen and grow alumni and patient gifts to the OUHSC and the integrated OUHSC-OU Health academic health center.

Tactic 1 Develop and implement a best practice, patient program that includes a trusted team of providers, philanthropic leaders, and patients to support the patient centered model.

Tactic 2 Increase charitable giving through cultivating trusted donor and alumni relationships.

Tactic 3 Establish a grateful patient program that reflects the wishes of the donor(s) while matching those with the needs of the academic health center mission.



Pillar 5:

Drive Economic Growth Through Translation of Research into Commercial Enterprises.

Strategy 1 Create, expand, and strengthen capabilities and processes for moving University technologies from the laboratory to the market.

Tactic 1 Leverage, review, and improve existing support systems and policies to promote and generate innovation activities.

Tactic 2 Engage and educate the entire OU community in the discovery and collaboration in early-stage innovation activities.

Tactic 3 Counsel and mentor OUHSC inventors, collaborators, and entrepreneurs on commercial potential and paths to commercialization.

Strategy 2 Ensure that commercialization and translational accomplishments are encouraged, formally recognized, and rewarded.

Tactic 1 Review, influence, and implement consistent tenure and promotion guidelines and policies to facilitate innovation and commercialization.

Tactic 2 Engage and educate the OUHSC and OU Health communities in the ideation and discovery for early-stage strategic innovations.

Tactic 3 Define, align, and formalize evaluation and recognition policies for commercialization by inventors and their collaborators and departments.

Tactic 4 Foster innovation and paths to commercialization by OUHSC inventors, collaborators, and entrepreneurs.

Strategy 3 Expand and strengthen external partnerships to enhance local and regional entrepreneurship and economic development.

Tactic 1 Develop and implement internal and external support structures for knowledge exchange and technology transfer to increase commercialization



activity.

- Tactic 2 Establish and grow networks of successful entrepreneurs, mentors, investors, and other external support entities to foster engagement with OUHSC and OU Health innovators.
- Tactic 3 Actively engage in and lead (where appropriate) regional and state-wide activities and efforts that drive economic growth.
- Tactic 4 Facilitate and encourage corporate and private partnerships to drive commercialization and economic growth.



Key Performance Indicators

All Key Performance Indicators (KPIs) will be reviewed and reported quarterly unless otherwise indicated in parentheses.

1 Become a Top-Tier Research-Driven Academic Health Center.

- NIH Funding
- External Funding
- Clinical Trials
- Publications (original research)
- Publications with Impact Factor ≥ 10 **[annual]**
- Blue Ridge Ranking **[annual]**
- Faculty Elected to National Academies **[annual]**

2 Lead Health Workforce Development in Oklahoma.

- Total Student Enrollment
- OU Online Enrollment
- Graduate Research Assistants (GRA)
- GRA Funding
- Continuing Education Programs
- Graduates/Program Completion **[annual]**
- Matriculation in Residencies and Fellowships **[annual]**
- Graduates/ Program Completion of Residencies and Fellowships **[annual]**



3 Improve Health Outcomes and Reduce Health Disparities in Oklahoma.

- Collaborative Projects Across OU
- Community Projects
- Professional Service Agreements
- Cancer Screenings
- Cancer Deaths **[annual]**
- Cardiovascular Deaths **[annual]**
- Diabetes Diagnoses **[annual]**
- Diabetes Deaths **[annual]**

4 Be a Place of Belonging and Emotional Growth for All Students, Faculty, Staff, Alumni, and Patients.

- Student Satisfaction
- Faculty Retention **[annual]**
- Staff Retention **[annual]**
- Total Gifts **[annual]**
- Total Alumni Gifts **[annual]**
- Grateful Patient Gifts **[annual]**

5 Drive Economic Growth Through Translation of Research into Commercial Enterprises.

- Intellectual Property Disclosures
- Patents
- Licensing Agreements
- Commercial Partnerships
- New Start-up Companies in the Technology, Biotech or Pharmaceutical Space **[annual]**



Health Sciences Center Conclusion

Disciplined execution of this Strategic Plan will establish OUHSC as a top-tier academic health center, increase its national recognition, and strongly support the University-wide goal of membership in the Association of American Universities (AAU). It will also strengthen the healthcare and public health workforce in Oklahoma, achieve improved health outcomes and quality of life for many Oklahomans, and reduce health disparities in our State.