3.

1. Instructional Program Criteria and Template

Name of Person Completing this Report: Toni E. Fogarty, PhD, MPH
Title of Person Completing this Report: Professor, MS-HCA Graduate Coordinator
College or Unit: College of Letters, Arts and Social Sciences
Report No.: CLASS 42
Programs Included: 2

Total number of service courses
11 (MPA, HCA option)

2. Please use Tables 1-6 to prepare your write-ups for the questions in this background information section (up to 250 words in total).

Although two programs are indicated for the MS-HCA degree, there is only one option and all students complete that option. The “major” and the “option” are thus the same program. Previously, there were additional options but they were formally discontinued. Since the program’s beginning, there has been significant growth in student demand and admission, several major curriculum redesigns, and the development of a comprehensive assessment plan that includes both direct and indirect measures. This is in spite of a 5-year average of 2 FTEF, of which only 1.11 FTEF is a tenure-track position, per Table 2. Per Table 4, since Fall 11 the program only offers 6000-level courses; GE does not play any role. Enrollments are strong; 758 in 11-12, 358 in 10-11, and 374 in 09-10. The small drop in 10-11 was due to CLASS-imposed admission caps, which negatively affected enrollment. Eleven MS-HCA courses serve as service courses for the HCA option in the MPA program. Per Table 5, since the last major curriculum redesign, the majority of our courses are offered in either hybrid or online format - of 756 enrollments in 11-12, 564 were in hybrid courses and 87 in online courses. PUAD has developed a Hybrid and Online Course Policy, which helps us to control course content quality for our hybrid and online offerings. Per Table 6, although the majority of our courses are classified as “seminar” courses (23 sections in 11-12), most of our courses have enrollments of 30 students (706 enrollment / 23 sections).

4. Criterion 1

Link to Scoring Rubric

I. Institutional Learning Outcomes: (70%)

<table>
<thead>
<tr>
<th>Provide evidence to support current and/or planned alignment for each ILO (no more than 60 words for each ILO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Graduates of CSUEB will be able to think critically and creatively and apply analytical and quantitative reasoning to address complex challenges and everyday problems</td>
</tr>
<tr>
<td>PLO 2: inspire individual and organizational excellence, create and attain a shared vision, and successfully manage change to attain the organization’s strategic ends and successful performance. PLO 5: apply business principles to the health care environment; basic business principles include financial and human resource management, organizational dynamics and governance, strategic planning and marketing, information and risk management, and quality improvement</td>
</tr>
<tr>
<td>2. Graduates of CSUEB will be able to communicate ideas, perspectives, and values clearly and persuasively while listening openly to others</td>
</tr>
<tr>
<td>PLO 1: communicate clearly and concisely with internal and external customers, establish and maintain relationships, facilitate constructive interactions with individuals and groups</td>
</tr>
<tr>
<td>3. Graduates of CSUEB will be able to apply knowledge of diversity and multicultural competencies to promote equity and social justice in our</td>
</tr>
<tr>
<td>PLO 1: communicate clearly and concisely with internal and external customers, establish and maintain relationships, facilitate constructive interactions with individuals and groups PLO 3: align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to</td>
</tr>
</tbody>
</table>
and social justice in our communities

lifelong learning and improvement

4. Graduates of CSUEB will be able to work collaboratively and respectfully as members and leaders of diverse teams and communities

PLO 1: communicate clearly and concisely with internal and external customers, establish and maintain relationships, facilitate constructive interactions with individuals and groups

5. Graduates of CSUEB will be able to act responsibly and sustainably at local, national, and global levels

PLO 3: align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement

6. Graduates of CSUEB will demonstrate expertise and integration of ideas, methods, theory and practice in a specialized discipline of study.

PLOs 2: previously defined PLO 4: demonstrate understanding of the health care system and the environment in which health care managers and providers function PLO 5: previously defined

Link to Scoring Rubric

II. Shared Strategic Commitments: (30%)

SS1: Strong program reputation for academic quality; recognized leaders in hybrid/online course development

SSC 2 and 3: Partner in the MTPCCR, which seeks to increase the number of minority doctoral students; affiliate of the NASHE, an association of African-American health care executives that promotes development of African-American health care leaders

SSC 4: Multiple student orientations yearly, provide detailed degree-completion roadmaps, sponsor speakers on campus from the Higher Education Network (HEN), American College of Healthcare Executives (ACHE), and California Association of Healthcare Leaders (CAHL).

SSC 6: Comprehensive assessment plan that includes both direct and indirect assessment measures

SSC 7: Partnered with Alameda County to offer workforce educational opportunities. Internship partnerships with many of the Bay Area and beyond major health care employers.

5. Criterion 2

Link to Scoring Rubric

I. FTES, Number of Majors, and Number of Degrees Awarded

HCA

Transfer the 5-year average and the quartile for total FTES from the total program table only to the table below.

<table>
<thead>
<tr>
<th></th>
<th>5-Year Average</th>
<th>Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remedial</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Lower Division</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Upper Division</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>Graduate</td>
<td>53.29</td>
<td></td>
</tr>
<tr>
<td>TOTAL FTES</td>
<td>62.13</td>
<td>1</td>
</tr>
</tbody>
</table>

B. Number of Majors, Options and Minors (for information only)

<table>
<thead>
<tr>
<th>Major</th>
<th>Option</th>
<th>5-Year Average</th>
<th>Quartile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Major</td>
<td>Option</td>
<td>5-Year Average</td>
</tr>
<tr>
<td>---</td>
<td>----------------</td>
<td>-------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1</td>
<td>MS-HCA</td>
<td></td>
<td>37.8</td>
</tr>
<tr>
<td>2</td>
<td>MS-HCA</td>
<td></td>
<td>37.8</td>
</tr>
<tr>
<td>3</td>
<td>MS-HCA Management and Change</td>
<td></td>
<td>37.8</td>
</tr>
</tbody>
</table>

**Link to Scoring Rubric**

**C. Number of Degrees Awarded (30%)**
The strong growth in program demand is due in part to growth in the rate of employment in the field and in the strong reputation of the program among employers and students. Per Table 8, headcount is increasing, even though in some quarters we were not allowed to admit students or the admission number was capped. We are currently voluntarily capping admissions due to limited program capacity. Per a recent APGS report, we admit and enroll roughly 50% of applicants. Some denials are due to unqualified applicants, but many qualified applicants are denied admission. The size of the admission cohort is limited by the number of courses we expect we will be allowed to offer by CLASS and by the number of courses for which we have qualified instructors. Table 8 conflicts with the recent APGS report, which indicates a F12 program headcount as 197 students, not 111. Regardless, Table 8 shows a 182% increase in headcount from F08 to F12.

Table 7’s FTES 5-year average is not useful, due to the growth experienced during the period. The lower FTES from the earlier years offset the higher numbers in the later years. For example, the FTES in F08 is 30.33, whereas the FTES for F12 is 123.60, more than a 400% increase.

Eleven of the HCA courses are used as service courses for the HCA option within the MPA program. Since growth in that option area is expected, the demand for HCA courses will also increase.
B. Please discuss the selections you made for the total jobs in your worksheet in Appendix 3

Selected the five jobs given in Table 10. Per the US BLS, the employment rate is growing for medical/health services managers (MHSMs) and HR managers/specialists (HRs), with excellent salaries. Demand for MHSMs and HRs is strong. In 2010 the median HR pay was $98,180; for MHSM, $84,270. In 2010, MHSM employment was 303,000; the number is expected to increase by 68,000 by 2020. In 2010, HR employment was 71,800 with an expected increase of 9,300. The expected growth of employment for MHSMs is 22%, which is faster than average for all occupations. For HRs, the rate is 13%, which is as fast as the average. The job projections strongly relate to the program’s growth in external demand, and predict future increased program demand.

6. Criterion 3

1a. List average teaching evaluation scores (average for questions 1-8 of the teaching evaluation questionnaire) for all program faculty in Fall, Winter and Spring Quarters of the 2012-13 academic year.

<table>
<thead>
<tr>
<th></th>
<th>On-Ground Course Evaluations Dept Mean (Q1-8). Transfer Data from Table 11</th>
<th>On-line Course Evaluations Dept Mean (Q1-8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 2012</td>
<td>1.47</td>
<td>N/A</td>
</tr>
<tr>
<td>Winter 2013 Dept</td>
<td>N/A</td>
<td>1.58</td>
</tr>
<tr>
<td>Spring 2013 Dept</td>
<td>N/A</td>
<td>1.40</td>
</tr>
</tbody>
</table>

1b. System for continuous improvement of teaching

Overall, student evaluations are good. Winter 13 was the first time for fully online evaluations, which may explain the uptick in the department mean. Evaluations are reviewed by the Chair and Grad Coordinator, and are discussed at the annual faculty retreat. Recent changes as a result the evaluations include the development of a PUAD Hybrid and Online Course Policy that specifies the expected course format and content, offering more hybrid courses since students preferred it, changing the capstone format and requirements, and the use of more free online course materials, such as the 16 online courses for the IHI certificate.

2. Teaching awards, teaching grants, and recognitions

Faculty have been invited to lecture to several external groups: Jinan Province Training Program, China National Audit Office, and the Senior Health Care Executive Education Program. Peer-reviewed conference presentation: “The OBTS Teaching Society for Management Education as a Model for Lifelong Learning about Teaching.” Paid consultancies to develop course student learning outcomes, syllabus, content materials for 8 different courses at University of San Francisco and Golden Gate University.

3. Faculty-supervised student projects

MS-HCA students complete HCA 6899 where they either a 200-hour on-site internship or work on a specified project off-site for a health care organization, which requires extensive faculty mentoring and advising. We participate in the following activities, all of which require a designated faculty advisor/mentor:

- partner with UCSF in the Minority Training Program in Cancer Control Research (MTPCCR)
- member of the American College of Health Care Executives (ACHE) Health Education Network (HEN)
- Health Care Administration College Bowl (2nd place last year) sponsored by the California Association of Healthcare Leaders (CAHL)
- ACHE and CAHL speakers on campus
4. Other evidence of quality indicators related to instruction that may not be listed elsewhere, including, for example, rigor of course syllabi and assignments, faculty diversity within the program

Per the five-year review external reviewer: "...The alumni and students were consistently enthusiastic and supportive of the program, acknowledged the program’s value to them as preparation for a career in health care administration...The program should be commended on what it has been able to achieve with its limited amount of resources...the curriculum is appropriate in its breadth of content coverage for the Management and Change option area...The curriculum is currently meeting the needs of students and health care employers."

All of the tenure-track faculty are members of one or more "minority" groups, as are a number of the part-time lecturers.

### 1a. TT faculty contributions

<table>
<thead>
<tr>
<th></th>
<th>2008 - Total Number</th>
<th>2008 - Average per TT</th>
<th>2009 - Total Number</th>
<th>2009 - Average per TT</th>
<th>2010 - Total Number</th>
<th>2010 - Average per TT</th>
<th>2011 - Total Number</th>
<th>2011 - Average per TT</th>
<th>2012 - Total Number</th>
<th>2012 - Average per TT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer reviewed journal publication, juried exhibitions, juried/reviewed and commissioned/presented creative activities and performances, book chapters, books</td>
<td>7</td>
<td>0.88</td>
<td>4</td>
<td>0.50</td>
<td>2</td>
<td>0.50</td>
<td>5</td>
<td>1.00</td>
<td>4</td>
<td>1.00</td>
</tr>
<tr>
<td>Peer reviewed proceedings, conference presentations, abstracts, and non-refereed publications, non-juried and self-produced creative and performance activities</td>
<td>7</td>
<td>0.88</td>
<td>4</td>
<td>0.50</td>
<td>9</td>
<td>2.25</td>
<td>4</td>
<td>0.80</td>
<td>4</td>
<td>1.00</td>
</tr>
<tr>
<td>Number of TT faculty in Table 1 in supplemental data package *</td>
<td>8</td>
<td>8</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 1b. Comment on contributions in professional achievement by TT and FERPs (up to 50 words)

Although we currently have over 350 total students in the department and only have 3.3 tenure-track faculty (not 4), the faculty has continued to make contributions in professional achievement, averaging one contribution per year (2012). Faculty must devote more time and effort to program and department service.

### 1c. Comment on contributions in professional achievement by lecturers and FERPs (up to 50 words)

Although lecturers in the program are professionals in the health care administration field and not academics, they have a good record of professional achievement, including publications of textbooks and peer-reviewed manuscripts, grant awards, and professional consultancies.

### 2. List significant examples for the following (up to 100 words):

Since Fogarty is the only TT faculty for the program, all examples are hers:

- **2010**: $50,000 Grant, Develop Online DCIE MS-HCA Program
- **2008**: $25,000 Consultancy, GGU, Ageno School of Business, Develop Health Services Management concentration within MBA program
- **2008**: $10,000 Consultancy, GGU, Ageno School of Business, Develop all online content for HSM 372: U.S. Health Services Delivery System
- **2009**: $8,000 Consultancy, USF, Develop curriculum guidelines for BSHS 402: Statistics for Quality Management in Healthcare
3. List significant professional activities (up to 100 words)

For Fogarty only:


2009: Grant peer reviewer for the HRSA, US DHHS


1. Describe the relevancy of your program as it aligns with internal and external needs (up to 100 words). Specifically, emphasize evidence of the following:

MS-HCA Advisory Board: members include alumni, current students, representative from major health care employers, and current professionals in the field.

Based on input from the MS-HCA Advisory Board, the CAHME curriculum guidelines, the five health care administrator/manager competency domains developed by the Health Care Leadership Alliance, assessments of program and student learning outcomes, and the results of a survey of Bay Area healthcare employers, PUAD conducted a major revision of the MS-HCA curriculum, which was implemented in Fall 2011. This was the second revision during the five-year period.

Collect/track student evaluation data from internship supervisors.

Established LinkedIn group for alumni.

2. List/describe innovations of the program curriculum (up to 100 words). Specifically emphasize the following:

We use various modes to deliver instruction, including online modality, hybrid approaches, video conferencing, discussion board, PowerPoint with audio, and guest lecturers. Guest lecturers are experienced professionals who are members of ACHE and CAHL. Most courses are offered in hybrid mode, and the program has a course template used to build online course content. For HCA 6290, students to complete the online courses offered by the IHI that will give them a well-respected/recognized certificate.

The department has two self-support offerings (MPA and online MS-HCA) and has developed a self-support health informatics certificate program that should be launched next year.

1. Accreditation, licensure, and external recognitions; list/describe the following (up to 100 words):

CAHME is the accreditation body for programs in health care administration, and we currently do not have CAHME accreditation. We do not have the minimum amount of resources, such as 5 faculty members, required for CAHME accreditation. We have been acknowledged by the Alameda County HR Department and Alameda County Training and Education Center as the Alameda County "educational provider of choice" and many Alameda County public employers are students in the program. Neither CAHME accreditation nor licensure is required for graduates to be effective and employed professionals in the field, however, CAHME accreditation is desirable from a reputation standpoint.

2. Effectiveness and sufficiency of current resources; list/describe the following (up to 100 words):

The library has a number of MS-HCA-related resources available including online databases, textbooks, website lists, streaming videos, and others. The online databases include those that are most used in the health care administration field. The links included
3. Student advising, experiential learning, internships, co-op, service learning; list/describe the following (up to 100 words):

The program has internship programs with many Bay Area health care employers, including Kaiser, Lucille Packard, Women's Cancer Resource Center, Stanford Hospital and Clinics, Washington Hospital, Drivers for Survivors, Asian-Pacific Health Center, St. Rose Hospital, and the Alameda County.

We have a community partnership with the Alameda County Training and Education Center to offer the online MS-HCA program to Alameda County employees and to help with workforce development and succession planning.

We have degree completion roadmaps that indicate the courses needed for the degree, the sequence in which courses should be completed, and the quarters in which they are offered.

4. Assessment of learning outcomes; list/describe evidence for the following (up to 150 words):

We have developed and implemented a comprehensive assessment plan, which includes course-specific Student Learning Outcomes (SLOs) that roll up to Program Learning Outcomes (PLOs) that then roll up to Institutional Learning Outcomes (ILOs). The Health Care Leadership Alliance is a consortium of major professional associations in the health care field that has developed a directory of the knowledge, skills, and abilities that all health care administrators and managers should possess for workplace effectiveness. The HLA has identified five competency domains that graduates from health care administration and management programs should be able to demonstrate. We have adopted those five domains for the PLOs. The program uses pre/post tests as direct measures to assess the course-specific SLOs and three indirect measures to assess PLOs: HCA 6899 exit exam, capstone experience report, and an external evaluation.

5. Student success; list/describe the following (up to 100 words):

Successes include: new employment, promotions, acceptance into the highly competitive MTPCCR, 2nd place in the CAHL College Bowl, CAHL newsletter publication, participation in the NAHSE case competition, post-graduate fellowships awards, scholarships awards, and acceptance into doctoral programs. Alumni have posted information regarding promotions and new employment in our LinkedIn group.

As part of HCA 6899, most students have a 200-hour internship experience and their work is evaluated by their external internship supervisor. On a five-point scale, the average is 4.37.

Although the MS-HCA is considered a terminal professional degree, per Table 15, on average 16.7% of students seek subsequent education.

7. Criterion 4

A. You are given “% Difference” value over a 5 year period, comparing your program SFR data with systemwide averages for your program. If your program SFR is higher than the systemwide for a given year, notice that the value is presented as a positive ("+") percentage. If it is presented as a negative percentage ("-"), your program SFR for that year is lower than the systemwide average. The resulting four values are then averaged for you. Transfer the appropriate values to the template as specified. Transfer the average change SFR for lower division, upper division, and graduate SFR to the table below.

Transfer Data from Table 16.

<table>
<thead>
<tr>
<th></th>
<th>Average Change SFR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Division</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Trend - Number of Years Program SFR exceeded Systemwide SFR</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>Lower Division</td>
<td>N/A</td>
</tr>
<tr>
<td>Upper Division</td>
<td>3</td>
</tr>
<tr>
<td>Graduate</td>
<td>4</td>
</tr>
</tbody>
</table>

B. In this section you will be provided with data in Table 16 that indicate any trend of your program SFR relative to the systemwide average for your program. This is presented as the number of times in 5 years that your program SFR has exceeded the systemwide SFR for your program. Transfer the trend for lower division, upper division, and graduate SFR to the table below.

II. Instructional Costs per FTES (Department Total Annual Instructional Costs/FTES – College Year) (25%)

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Average Instructional cost per FTES</th>
<th>Average Increase in instructional cost per FTES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Affairs and Administration</td>
<td>3,290.36</td>
<td>-14.72%</td>
</tr>
</tbody>
</table>

III. Narrative (up to 250 Words) (50%)

The average instruction cost per FTES in Table 17 is not informative as the individual yearly costs, since there has been a significant cost decrease, starting in 10-11 and continuing in 11-12. In 08-09, the cost is $4079.18, whereas in 11-12, the cost is $2,464.07, a significant cost reduction. Five factors contribute to this - major streamlining redesign of the curriculum implemented, use of cohorted admissions to manage enrollment, degree completion oriented advising, increased course capacity resulting from efficiencies gained through use of hybrid and online courses and willingness of faculty to assume the increased workload, and the loss of departmental resources, particularly tenure-track faculty and administrative support. We have been able to do much more with much less, although we are at the limit of cost reduction and our departmental resources have been stretched to and beyond the breaking point. Although there are currently 3.3 PUAD tenure-track faculty, only 1 has primary teaching, advising, curriculum development/revision, mentoring, program assessment, and program management responsibilities for the MS-HCA program. There is only one state-funded administrative staff position, a 75%, 10/12 month ASC, that is shared by the MS-HCA and MPA programs. Although we have an pool of highly qualified part-time lecturers, overall program quality could be improved with the additional of more tenure-track faculty. In addition, program capacity could be increased, which would allow us to admit more qualified applicants. As discussed previously, we currently cap our admissions due to limited program capacity and many qualified applicants cannot join our program.

8. Criterion 5

I. Use of Existing Resources (Up to 125 words)

Given the low instructional cost, high SFRs, high course capacity, limited number of tenure-track faculty, and insufficient
administrative support, it is unlikely that we would be able to have significant program growth within current resources. The need for resources for program growth does not reflect any inefficiencies within the program, rather it is a reflection of how significantly the program resources have been reduced and how effectively we have continued to grow the program in spite of the reduction. We don’t require a great deal of additional resources to continue program growth, but more resources would equal more growth. We are using innovative ways to maximize our resources but there is not much more, if any more, we can do with the resources we have.

II. Impact of Declining Resources (Up to 125 words)

Given the current level resources, it is hard to imagine what could be cut, but if resources were reduced, it would frankly kill the program. The program is run with one tenure-track faculty member and 1/2 of a 75% 10/12 ASC position, and serves 195 students. Per the five-year review external reviewer: “It was both impressive and disconcerting to see how much the program gets done with such limited resources ...” If the program dies from lack of resources, it would be a loss to students seeking well-paid and rewarding employment, to Bay Area healthcare employers who need well-educated administrators, and to health care consumers who need quality healthcare. CSUEB would lose a well-respected program that contributes to the economic wellbeing of the Bay Area.

III. Impact of Augmentation (Up to 125 words)

If we received more faculty lines and administrative support, we could:
Increase program headcount; admit more qualified applicants.
Provide more in-depth advising and mentoring.
Meet more frequently with and be more responsive to community stakeholders.
Further develop our internship and job placement programs.
Offer the program at the Concord Campus.
Be more active in the HEN, ACHE, CAHL, and the MTPCCR.
Develop more self-support certificates, building on current self-support offerings.
Further develop our relationship with alumni.
Give the program more breadth and depth by creating new options.
Launch the already-approved self-support health informatics certificate
Seek CAHME accreditation.
Develop funding for a Center for Diversity and Inclusion in Health Care Administration, which would develop scholarship/internship/employment opportunities for students from groups underrepresented in the healthcare administration field.

IV. Additional Information (Up to 250 words)

There are many opportunities for us to grow the MS-HCA program, in regards to student numbers, option areas, and reputation. As previously discussed, we currently are turning away qualified applicants and we only offer one option. With increased resources, we could developed new needed option areas, such as health informatics, HIPAA compliance management, and long-term care administration. Developing more options and increasing the number of tenure-track faculty would also give us a start toward achieving CAHME accreditation. While CAHME accreditation is not necessary for our students to be successful in the field or for the program to have the respect of health care employers, it would enhance CSUEB’s reputation for having a CAHME-accredited program. There are fewer than 100 CAHME-accredited programs and only 3 of the health care administration/management programs in California currently have CAHME accreditation. Employment in the field of health care administration in the US is increasing faster than the average for all occupations. Since a master’s degree in health care administration, or a similar field, is the standard credential for employment, the demand for the MS-HCA program should continue to grow, with or without CAHME accreditation. In order to meet that demand, more resources are needed.