California State University, East Bay

5-Year Program Review for
Master of Science in Health Care Administration (MS-HCA)

Winter, 2012

Self Study and 5-Year Plan approved by faculty on:
March 20, 2012; 4 yes, 0 no, 0 abstentions

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1. Summary

The Master of Science in Health Care Administration (MS-HCA) program is one of two graduate degree programs housed in the Department of Public Affairs and Administration (PUAD). The first students were admitted in Fall 2000, and the MS-HCA degree was offered by PUAD with faculty participation from the College of Business and Economics (CBE) and the Department of Nursing and Health Sciences in the College of Science (CSCI). Dr. Toni Fogarty joined the PUAD faculty in 2003 and became the MS-HCA Graduate Coordinator in 2004. Dr. Fogarty continues to be the MS-HCA Graduate Coordinator, and also serves as the Department Chair.

In the beginning, the program offered three option areas: Nursing Administration, Management and Change in Health Care, and Administration of Healthy Communities. By Fall 2002, the faculty in CBE and CSCI had withdrawn their participation in the program. Due to the loss of faculty participation, the Nursing Administration option was formally discontinued and the Administration of Healthy Communities option was temporarily suspended.

The program now admits students in the Fall and Spring quarters only, and has experienced strong growth in admissions and in the Fall headcount enrollment. In Fall 2000, the headcount enrollment was 16 students. In Fall 2010, the headcount enrollment was 85 students and in Fall 2011, the headcount enrollment had grown to 120 students.

As part of its strategic planning efforts in AY 2006-07, the program developed mission, vision, and values statements that drive the program. In doing so, it has tried to align itself with the University's mission and to support that mission fully. The MS-HCA program's mission statement is:

> The mission of the MS-HCA program is to be a vibrant community of in-person and virtual learning that provides an academically challenging experience that equips its students with the knowledge base and skill set necessary to be successful, innovative, and socially responsible administrators, managers, and leaders in their local and global health care communities.

The MS-HCA program's vision statement is:

> The MS-HCA program aspires to be:
> - A learner-centered program with a strong reputation as a model for academic innovation and excellence, especially in integrating technology, pedagogy, learning, and community service
> - A program that is responsive to the needs of its students, its local and global communities, and the field of health care administration
> - A program whose graduates are effective, innovative, and compassionate health care administrators and managers, skilled in developing, expressing, and implementing creative solutions
> - A program tightly connected to the civic, cultural, and economic well-being of its region and communities

The MS-HCA program's values statement is:

> The MS-HCA program, as a member of the California State University, East Bay community and as reflected in the efforts of its program faculty, holds highest these principles:
> - Mutual respect for diversity of people and opinions
> - Teamwork and cooperation in ventures
> - Critical and creative thinking
> - Applied learning in all endeavors

In the previous five-year review, which was the first for the MS-HCA program, the program planed to focus on four broad areas – curriculum development/redesign, networking, student recruitment, and program assessment.   The program has made significant progress in all four areas, but there are some goals that have not been met.

Based on input from the MS-HCA Advisory Board, the program's accreditation body's curriculum content guidelines, the five health care administrator/manager competency domains developed by the Health Care Leadership Alliance (HLA), assessments of program and student learning outcomes, and the results of a survey of over 150 Bay Area health care employers, PUAD conducted a major revision of the MS-HCA curriculum, which was implemented in Fall 2011. As part of that revision, the Administration of Healthy Communities option was formally discontinued, leaving one option area: Management and Change in Health Care. The curriculum is now more aligned with the curriculum content requirements and covers much of what Bay Area health care employers have indicated as the needed knowledge base and skill set for health care administrators/managers. However, the program now only has one option, which does not meet the goal of giving the program more depth in terms of options and required course units.

In the area of networking, the primary goal in the previous five-year plan was to develop and build relationships with health care employers. The program has been very successful in creating and developing relationships with a number of the major health care employers in the Bay Area and the professional associations. The program has also established internship programs with a number of Bay Area health care employers. PUAD has also developed a partnership with the Alameda County Human Resource Services Department (ACHRSD) and the Alameda County Education and Training Center (ACETC) to help design a workforce development and succession plan for Alameda County public employees, including employees in the Alameda County Health Care Services Agency.

In regards to student recruitment, the program has been able to work very closely with the CLASS publicist to engage in marketing activities. We have developed or revised a number of marketing materials*: MS-HCA Fact Sheet*, *MS-HCA FAQs*, *Choosing Between the MS-HCA and the MPA with HCA Option*, and the *MS-HCA Program Overview*. In addition, the program has participated in the Graduate Fair and Pathway to Graduate School events every year, as well as all other University-sponsored marketing events for graduate programs. The Graduate Coordinator has also participated in several in-person presentations and two webinars for employees in the Alameda County Health Care Services Agency as recruiting events.

The MS-HCA program has developed and implemented a comprehensive program assessment plan, which includes course-specific student learning outcomes (SLOs) that roll up to program SLOs. Within health care administration and management education, there has been a movement towards competency-based education. The Health Care Leadership Alliance (HLA) 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 MS-HCA program outcomes. The program uses pre/post tests as direct measures to assess the course-specific SLOs and three indirect measures to assess program SLOs: HCA 6899 exit exam, capstone experience report, and an external evaluation.

The latest institutional data show PUAD as having 4 full-time tenure track faculty in 2010, down from 7 in 2009. The total instructional FTEF in 2010 was 5.4, down from 7.5 in 2009, and the SFR in 2010 was 19.3, up from 18.6 in 2009. However, since PUAD houses two separate graduate programs and these institutional data are not program-specific, the data are not very informative in terms of the FTEF and SFR in the MS-HCA program. Currently, there is one tenure-track faculty member in PUAD who teaches the required courses in the MS-HCA program; the others primarily teach courses in the MPA program. However, PUAD is conducting a tenure-track faculty search this academic year, and has submitted its recommendations to the CLASS Dean's Office. We hope to finalize this hire for Fall 2012.

The institutional data also do not reflect the significant changes in SFR for Fall 2011 and Winter 2012. According to data provided by the CLASS Dean's Office, the PUAD graduate lecture SFR in Fall 2011 was 30.97; the undergraduate SFR was 29.2. In Winter 2012, both the PUAD graduate and undergraduate lecture SFRs were higher than the CLASS average, 31.0 compared to 25.4 for graduate and 30.9 compared to 29.3 for undergraduate.

In terms of plans for the next five years, the MS-HCA program hopes to continue its program assessment, program improvement, and program growth, but that will be dependent upon the amount of resources it will receive in the coming years. The primary resources the program needs over the next five years are additional tenure-track faculty positions, and the program is requesting three tenure-track faculty positions over the next five years.

2. Self-Study

2.1. Summary of Previous Five-Year Review

In the previous five-year review, which was the first for the MS-HCA program, the program planed to focus on four broad areas – curriculum development/redesign, networking, student recruitment, and program assessment. The program has made significant progress in all four areas, but there are some goals that have not been met. The program did not receive any of the resources it requested in the previous five-year review, so the program's inability to meet some of the goals should not be surprising. During the past five years, instead of an *increase* in the program resources, there was a significant *decrease* in the resources. Below is a description of what was planned, what has been implemented, and what needs to be completed for each of the four areas.

Curriculum

In the area of curriculum, the four primary goals in the previous five-year plan were to:
- Align the curriculum with the curriculum content requirements of the accreditation body, the Commission on Accreditation of Health Care Management Education (CAHME)
- Meet the workforce development needs of Bay Area health care employers; program alumni should have the knowledge base and skill sets needed to be effective health care administrators and managers in the Bay Area
- Expand program depth by increasing the number of options and increasing the required number of units
- Gain accreditation from CAHME

In regards to aligning the curriculum with the CAHME curriculum content requirements and meeting the workforce development needs of Bay Area health care employers, the program has made substantial progress. Based on input from the MS-HCA Advisory Board, the CAHME curriculum content guidelines, the five health care administrator/manager competency domains developed by the Health Care Leadership Alliance (HLA), assessments of program and student learning outcomes, and the results of a survey of over 150 Bay Area health care employers, PUAD conducted a major revision of the MS-HCA curriculum, which was implemented in Fall 2011.

The curriculum revision formally discontinued the Administration of Healthy Communities option, which had previously been temporarily suspended, leaving the program with one option area – the Management and Change in Health Care option. For the remaining option, the revision significantly modified the student learning outcomes and the content of five existing courses, eliminated existing elective courses, and created seven new courses with new student learning outcomes. The MS-HCA curricular requirements are 48 units, offered in a cohort manner where students are admitted in the Fall and Spring quarters and follow a degree completion roadmap. The degree completion roadmap is included in Appendix A.

The 12 required 4-unit courses are:
- HCA 6200 - US Health Care Systems
- HCA 6210 - Leadership and Change in Health Care Organizations
- HCA 6225 - Organization Theory and Behavior in Health Care
- HCA 6230 - Information Technology in Health Care
- HCA 6240 - Health Care Financing and Budgeting
- HCA 6250 - Strategic Management of Health Care Organizations
- HCA 6260 - Health Care Policy Analysis
- HCA 6270 - Health Care Management
- HCA 6275 - Evolution of Managed Health Care
- HCA 6280 - Legal and Ethical Issues in Health Care
- HCA 6290 - Health Care Quality Assessment and Improvement
- HCA 6899 - Graduate Project

The course descriptions for the required courses can be seen in Appendix B.

The curriculum is now more aligned with the CAHME requirements for curriculum content and covers much of what Bay Area health care employers have indicated as the needed knowledge base and skill set for health care administrators/managers. However, the program now only has one option, which does not meet the goal of giving the program more depth in terms of options and required course units. Due to the loss of one of the two MS-HCA faculty, the loss of MS-HCA Graduate Coordinator release time, and the loss of the 100%, 12-month Administrative Support Assistant II position, the goal of developing multiple options was not feasible. In addition, CLASS generally requires courses to have a minimum enrollment of 20 students or the course will be cancelled. Removing the Administration of Healthy Communities option from temporary suspension would have required PUAD to offer the courses necessary to serve that option. Since it would take time to rebuild the number of admitted students to that option, it was highly unlikely that many of the required option courses would reach the 20-student minimum. If low-enrolled courses were cancelled, students admitted to the option would thus not be able to complete the required option courses. Since the demand for the Management and Change option was strong, the option had the potential to offer much of the course content that employers had indicated as desirable, and the option could be redesigned to be a better fit with CAHME requirements, the program decided to officially discontinue the Administration of Healthy Communities option.

As part of the curriculum revision, we sought and gained approval to offer the MS-HCA courses in both hybrid and fully online course delivery and developed departmental guidelines for hybrid and online courses. These guidelines can be seen in Appendix C. The goal of obtaining CAHME accreditation was also not achieved, however, a thorough examination of the potential costs of obtaining accreditation leads us to question whether the value is sufficient to merit the necessary investments, which would include increasing the number of PUAD faculty identified as MS-HCA faculty to a minimum of five, restoring administrative program support, restoring CLASS-funded release time for the Graduate Coordinator, and decreasing class sizes. It seems unlikely that this level of increase in programmatic costs will be possible in the foreseeable future, given the budget constraints.

However, unlike degrees from some other professional graduate programs that require accreditation for access to licensure, in the MS-HCA program the lack of accreditation does not provide a barrier to entry or success in the field of health care administration. However, while CAHME accreditation is not *required* for the program and its alumni to be successful, it is *desirable* to have, so within the limits of current program resources we are meeting as many of the CAHME guidelines as possible.

Networking

In the area of networking, the primary goal in the previous five-year plan was to develop and build relationships with health care employers. The program has been very successful in creating and developing relationships with a number of the major health care employers in the Bay Area and the professional associations. The program has also established internship programs with a number of Bay Area health care employers, including, but not limited to, VA Palo Alto Health Care System, Asian and Pacific Islander Wellness Center, John Muir Medical Center, St. Rose Hospital, Kaiser Permanente, Tri-City Health Center, Palto Alto Medical Center, Lucille Packard Children's Hospital, Telecare Corporation, Kaiser Oakland Family Care Unit, Mt. Diablo Medical Center, Centers for Elders Independence (CEI), Mission Neighborhood Health Center, Asian Health Services, Women's Career Resource Center, and the Ethiopian Community and Culture Center. In many cases, internship positions have led to an offer of employment.

PUAD has developed a partnership with the Alameda County Human Resource Services Department (ACHRSD) and the Alameda County Education and Training Center (ACETC) to help design a workforce development and succession plan for Alameda County public employees, including employees in the Alameda County Health Care Services Agency. A significant part of the workforce development plan is to create career ladders for public employees that are tied to educational achievement. PUAD has been designated by ACHRSD and ACETC as the "educational provider of choice", and we plan to offer the MS-HCA program to multiple cohorts of employees at the Alameda County Health Care Services Agency beginning Fall 2012. PUAD is currently offering the MPA program to multiple cohorts of students at the ACETC. Having this community partnership with the ACHRSD and ACETC also has opened internship and employment opportunities for our current students.

The American College of Health Care Executives (ACHE) is the primary professional association for administrators, managers, and executives in the field of health care. To strengthen its relationship with graduate-level health care administration and management programs, ACHE created the ACHE Higher Education Network (HEN) in 2006. The MS-HCA program applied for and was accepted as a participant in the ACHE HEN in 2009. Participation in the HEN gives us access to a variety of resources and tools that enhance networking opportunities with leaders and employers in the health care field, including networking activities sponsored by the California Association of Healthcare Leaders (CAHL).

In the previous review, we had planned to write a grant for the Robert Wood Johnson Foundation to fund a collaborative effort between the MS-HCA program and a group of nonprofit health care employers in the area. The grant would fund the expenses involved in establishing a network among the participating employers. The MS-HCA program would provide student interns and the employers would provide hands-on learning experiences for the students, which might lead to employment at the organization. Fifty Bay Area nonprofit

organizations were surveyed about their need for student interns and their interest in working with the MS-HCA program. Organizations included hospitals, professional organizations, advocacy groups, community-based mental health services, and resource centers. There is community support for the collaboration, but we have not moved past the draft stage for the grant. Part of the barrier to moving forward is the loss of administrative support and the increased faculty workload.

Student Recruitment

In the area or student recruitment, the primary goals in the previous five-year plan were to:
- Work closely with the CLASS publicist to engage in marketing activities, such as designing program brochures and website development
- Increase the number of students
- Create an alumni association

The program has been able to work very closely with the CLASS publicist to engage in marketing activities. We have developed or revised a number of marketing materials*: MS-HCA Fact Sheet*, *MS-HCA FAQs*, *Choosing Between the MS-HCA and the MPA with HCA Option*, and the *MS-HCA Program Overview*, all of which can be seen in Appendix D. In addition, the program has participated in the Graduate Fair and Pathway to Graduate School events every year, as well as all other University-sponsored marketing events for graduate programs. The Graduate Coordinator has also participated in several in-person presentations and two webinars for employees in the Alameda County Health Care Services Agency as recruiting events. In addition, the website has had two major revisions during the past five years, and minor updates have been made almost quarterly.

The number of students in the program has significantly increased. The program now admits students in the Fall and Spring quarters, and has experienced growth in admissions and in the Fall headcount enrollment. In Fall 2000, the headcount enrollment was 16 students; in Fall 2010 it was 85 students and in Fall 2011, the headcount enrollment was 120 students. In addition, PUAD generates a high number of SCUs, relative to its target. According to data provided by the CLASS Dean's Office, in Fall 2011 PUAD generated 2273 SCUs, which was 128% of the target; in Winter 2012, 1904 SCUs were generated, 104% of the target. However, the SCU are not program-specific, so the number of SCUs generated specifically by the MS-HCA program isn't clear.

In regards to establishing an alumni association, we have made some limited progress. We have established a MS-HCA Advisory Board and several alumni are board members. The composition of the MS-HCA Advisory Board may be seen in Appendix E. We have also been able to create a database of alumni with contact information, but have not had an opportunity to do much with the data, in part due to the lack of administrative support.

Program Assessment

In terms of program assessment, the four goals stated in the previous five-year plan were to:
- Create and administer a Student Satisfaction Survey for each hybrid and fully on-line course
- Create and administer a Student Opinion Survey for each advising session

- Create a formal tracking mechanism of employment placement and/or promotion
- Create a formal tracking mechanism of internship evaluations

Of the four, we have been able to create a formal tracking mechanism of internship evaluations, but have chosen not to pursue the other three goals. Based on the CAPR recommendations from the previous review, instead of approaching program assessment in a piecemeal fashion, we decided that it would be more effective to develop and implement a comprehensive assessment plan. Our assessment plan included the following:
- Determine MS-HCA program outcomes
- Identify course-level student learning outcomes that rolled up to the program outcomes
- Create pre and post-tests to assess student learning outcomes for each course
- Create an exit survey for HCA 6899 (Capstone, Graduate Project) that would provide a subjective measure of student learning outcomes
- Revise HCA 6899 to require the student to provide a report that discusses the skill sets and knowledge base acquired from the program
- Create a student evaluation form to be used by external supervisors for HCA 6899
- Create a database for the quantitative assessment data collected
- Utilize the assessment data for program modification

We have made significant progress in implementing our assessment plan, and the progress will be discussed in the next section.

2.2. Curriculum and Student Learning

Student learning outcomes (SLOs) assessment plan

Within health care administration and management education, there has been a movement towards competency-based education. The Health Care Leadership Alliance (HLA) 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 MS-HCA program outcomes. Those competency domains are:

1. Communication and Relationship Management: Demonstrate the ability to communicate clearly and concisely with internal and external customers, to establish and maintain relationships, and to facilitate constructive interactions with individuals and groups

2. Leadership: Demonstrate the ability to inspire individual and organizational excellence, to create and attain a shared vision, and to successfully manage change to attain the organization's strategic ends and successful performance

3. Professionalism: Demonstrate the ability to 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

4. Knowledge of the Health Care Environment: Demonstrate an understanding of the health

care system and the environment in which health care managers and providers function

5. Business Skills and Knowledge: Demonstrate the ability to apply business principles, including systems thinking, to the health care environment; basic business principles include (a) financial management, (b) human resource management, (c) organizational dynamics and governance, (d) strategic planning and marketing, (e) information management, (f) risk management, and (g) quality improvement

These five competency domains are imbedded in the MS-HCA curriculum and in the student learning outcomes for all of the MS-HCA courses. We have created a curriculum map that shows the alignment of instruction with the desired five competency domains (please see Appendix F). The student learning outcomes for each individual course are also connected with each of the five competency domains. All of the courses address the fourth competency domain - knowledge of the health care environment - and all courses address multiple domains. For example, the student learning outcomes for HCA 6250 (Strategic Management of Health Care Organizations) focus on the first (communication and relationship management), second (leadership), fourth (knowledge of the health care environment), and fifth (business skills and knowledge) competency domains. The student learning outcomes for HCA 6250 are:

By the end of the course, the successful student should be able to:
- Demonstrate via the strategic planning project how to facilitate a strategic planning process by proposing communication strategies and by describing methods for facilitating constructive interactions with stakeholder individuals and groups. (Communication and Relationship Management)
- Give examples of the role that leadership plays in the successful completion strategic planning and, above all, in the implementation of the strategic plan to achieve the strategic goals. Determine the leadership qualities needed to successfully manage change to attain the organization's strategic ends and successful execution of the plan. (Leadership)
- Design a strategic plan within the context and parameters of the US health care system and the environment in which health care organizations operate. (Knowledge of the Health Care Environment)
- Based on the research and facilitation results, prepare and present a strategic plan document that serves as a roadmap for the organization to achieve the stated strategic goals. Research and construct the various elements of a strategic plan including, but not limited to:
  o External review including business and litigation trends
  o Internal review including SWOT analysis
  o Identify the types of resources necessary to execute the plan including financial, intellectual and regulatory resources
  o Make use of business principles, including systems thinking, to the health care environment; basic business principles include organizational dynamics and governance, strategic planning and marketing in designing the strategic plan project (Business Skills and Knowledge)

The SLOs of other MS-HCA courses may be seen in Appendix G. For all courses, excluding HCA 6899 (Capstone, Graduate Project) we are assessing student learning in a pre-

test/post-test design. At the beginning of each course, a 15-question test is administered (pre-test) and the same test is administered (post-test) at the end of the course. The tests are then compared to assess the change in student learning. We began collecting this data in Spring 2007, and the results of the assessments may be seen in Appendix H. We did not collect the data in AY 2010-2011 as we were focused on developing the SLOs and pre/post-tests for the revised curriculum that we implemented in Fall 2011. We resumed collecting the pre/post-data in Winter 2012.

HCA 6899 (Capstone, Graduate Project) was redesigned to require the following:
- Within the project report, a discussion of the MS-HCA program and the skill set and knowledge base that the student had acquired from the program
- An evaluation of the student performance by the external capstone supervisor
- Completion of a student exit survey that would provide a subjective measure of student learning outcomes

As part of the capstone report, the student is required to discuss the skill sets and knowledge base that the student acquired from the program, and to integrate them with the capstone experience. As part of the report, the student is required to address the following questions:
- How did your capstone experience draw on the theories, issues, readings, skills, and information presented in the MS-HCA program?
- Which courses did you find most helpful to your professional development, and for preparing you for the capstone experience and employment in the health care field?
- What new skills did you develop or strengthen in the program that prepared you for the capstone experience and have increased your likelihood for employment in the health care field?
- What skills or course content wasn't covered in the program that you think should have been covered?
- What skills or course content was covered in the program that you think should not have been included?

In addition to the project report, students are asked to complete a 20-item exit survey as part of HCA 6899. The exit survey assesses the student's belief in his or her ability to demonstrate competency over individual SLOs. For example, for the following statement, the student indicates Strongly Agree, Agree, Disagree, Strongly Disagree, or Don't Know: "I can compare and contrast the underlying assumptions, values, and governing paradigms of various management methods." The external supervisor for the capstone experience also submits an evaluation of the student's work with the organization. A student does not earn a grade in HCA 6899 until the supervisor submits the evaluation. The exit survey and the supervisor evaluation can be seen in Appendix I.

The results from the comparison of the course pre-test and post-tests, the themes and concerns that emerge from the project reports, the external supervisor's evaluation of the work completed in HCA 6899, and the exit surveys will be used by program faculty to assess the efficacy of the program, and to make modifications where necessary. Since the full assessment plan was not implemented until Fall 2011 when the revised curriculum was implemented, a full cycle of data collection for the new curriculum has not yet been collected and analyzed.

Course offerings and comparisons to comparable CSU programs and recognized programs

The MS-HCA curricular requirements are 48 units, offered in a cohort manner where students are admitted in the Fall and Spring quarters and follow a degree completion roadmap. The degree completion roadmap is included in Appendix A. The 12 required 4-unit courses are:

- HCA 6200 - US Health Care System
- HCA 6210 - Leadership and Change in Health Care Organizations
- HCA 6225 - Organization Theory and Behavior in Health Care
- HCA 6230 - Information Technology in Health Care
- HCA 6240 - Health Care Financing and Budgeting
- HCA 6250 - Strategic Management of Health Care Organizations
- HCA 6260 - Health Care Policy Analysis
- HCA 6270 - Health Care Management
- HCA 6275 - Evolution of Managed Health Care
- HCA 6280 - Legal and Ethical Issues in Health Care
- HCA 6290 - Health Care Quality Assessment and Improvement
- HCA 6899 - Graduate Project

The course descriptions for the required courses can be seen in Appendix B.

In the U.S. and Canada, there are fewer than 100 graduate programs accredited by the CAHME. Of those programs, two are located in the CSU system and four in the UC system. In the CSU system, Long Beach has a MS-HCA program and San Diego has a Master of Public Health (MPH). In the UC system, Berkley and Los Angeles both have a MPH program and a joint MBA/MPH program. Of these accredited programs, the CSU Long Beach MS-HCA program is most comparable to the educational goals of the CSUEB MS-HCA program, and serves as one of our benchmarks. Within the CSU system, CSU Northridge, CSU Bernardino, and CSU Bakersfield have graduate health care or services administration programs that are not accredited by CAHME. CSU Bakersfield has a Master of Science in Administration-Health Care Management (MSA-HCM) program that has educational goals comparable to the CSUEB MS-HCA program, and it serves as our second comparison.

The CSU Long Beach MS-HCA degree requires completion of 15 3-unit courses, for a total of 45 semester units. The courses include:

- 11 core courses
  - Health Care Economics
  - Health Care System
  - Health Care Organization
  - Health Care Human Resources
  - Health Care Finance
  - Health Care Legal Aspects
  - Health Care Strategic Planning and Marketing
  - Health Care Quantitative Methods
  - Health Care Quality Assurance
  - Health Care Integrative Seminar (counts as two courses)

- o 1 specialization course
  - ▪ Choice of:
    - • Hospital Management
    - • Managed Care
    - • Long-Term Care
    - • Medical Group Practice
- • 1 elective course
- • 1 internship
- • 1 capstone course (project)

The CSU Bakersfield MSA-HCA degree requires the completion of 9 5-unit courses, for a total of 40 quarter units. The courses include:
- • 6 core courses
  - o Program Evaluation
  - o Public Human Resources Administration
  - o Finance and Budgeting
  - o Strategic Management in Health and Human Services
  - o Legal and Ethical Issues in Health Care
  - o Policy Analysis
- • 2 elective courses
- • 1 capstone course (master's paper)

The CSU Long Beach MS-HCA program meets much of the curriculum content requirements of CAHME. CAHME requires the following content areas:

- • Structuring, marketing, positioning, and governing health organizations to achieve optimum performance
- • Financial management of health organizations
- • Leadership, interpersonal relations, conflict and change management, and written and oral communications skills
- • Managing health professionals and human resources in diverse organizational environments (e.g., hospitals, clinics, home health agencies, insurers, pharmaceutical firms)
- • Managing information including the collection, the statistical and non-statistical analysis, and summarizing management and health data for decision-making
- • Economic analysis to support decision-making
- • Legal and ethical analysis applied to business and clinical decision-making
- • Government health policy formulation, implementation, and evaluation
- • Assessment and understanding of the health status of populations, determinants of health and illness, and health risks and behaviors in diverse populations
- • The management of change in health care organizations in diverse communities drawing broadly on the social and behavioral sciences
- • Quality assessment of both business practices and health care delivery focusing on outcomes measurements, process/outcome relationships, and methods for process improvement

In the revised CSUEB MS-HCA curriculum that was implemented in Fall 2011, much of the CAHME-required curriculum content is present. However, the Long Beach MS-HCA program has a significantly higher number of required units than our MS-HCA program (45 semester units compared to 48 quarter units). The CSUEB MS-HCA program has the *breadth* of content similar to the Long Beach program, but does not yet have the *depth* of content.

> *Course offerings: Concord and Oakland campuses and online*

The MS-HCA program does not offer any courses at the Concord and Oakland campuses. In the last five years, we have transitioned to offering hybrid courses (some of the sessions fully online and some in-person) and are beginning to offer a limited number of fully online courses. We have developed departmental policies for hybrid and online courses, which can be seen in Appendix C. We have been approved to offer the MS-HCA program fully online, but will not begin to do so until Fall 2012.

> *Issues concerning multicultural learning*

We are collaborating partners with the University of California, San Francisco (UCSF) and the University of California, Los Angeles (UCLA) in the Minority Training Program in Cancer Control and Research (MTPCCR). The goal of the MTPCCR is to expose students who are members of groups underrepresented in the field of cancer control and research to opportunities in the field. If a student is accepted to the MTPCCR, s/he is introduced to high-level researches and leaders in the field and their work as part of a 5-day conference. Students are mentored by MTPCCR participants in regards to employment opportunities as well as doctoral programs. We have had two to three MS-HCA students accepted to the MTPCCR every year since 2006, and many of them have pursued careers in the field and/or doctoral work.

The number of international students from a variety of different countries and racial/ethnic/cultural groups is increasing. Many of these students are resource-intensive due to language difficulties, a lack of general knowledge the US educational system and policies/procedures, concerns regarding visa status, and a lack of general knowledge of the US health care system. We are addressing these issues by participating in workshops offered by Faculty Development and at Back to the Bay, providing more intensive academic advising and mentoring, and using more guest lecturers in the courses.

2.3. Students, Advising, and Retention

> *Academic Performance Review (APR) Statistics from Planning and Institutional Research*

The most recent institutional data cover only three of the five years under review – Fall 2007 through Fall 2009. Data for Fall 2010 and Fall 2011 are not yet available. As can been seen in the table in Appendix J, the majority of students in the program are female; in 2007, 73 females compared to 24 males; in 2008, 41 females compared to 21 males; in 2009, 59 females compared to 32 males.

As can also be seen in the table in Appendix J, the percentage of students identified as nonresident aliens has significantly changed from Fall 2007 to Fall 2009. In 2007, 14 out of

97 students (14.43%) were identified as nonresident aliens. In 2008, the number increased to 15 out of 62 students (24.19%) and in 2009, the number increased again to 25 out of 91 (27.47%). The number and percentage of students identified as Black, non-Hispanic dropped from 21 students in 2007 (21.65%) to 10 students in 2009 (10.99%). There was a slight drop in the number and percentage of students identified as Asian/Pacific Islander, 23 to 21 students (23.71% to 23.08%) and in students identified as White, 14 to 13 students (14.43% to 14.29%). The number of Hispanic and American Indian/Alaska Native students increased slightly, 5 to 9 students (5.15% to 9.89%) for Hispanic students and 0 to 1 student (0.00% to 1.10%) for American Indian/Alaska Native. However, the data for all groups may be misleading as a number of students in 2007 were identified as race/ethnicity unknown (20 students, 20.62%), while in 2009 only 11 students (12.09%) were identified in this manner.

The latest APR summary data in Appendix J show PUAD as having 4 full-time tenure track faculty in 2010, down from 7 in 2009. The total instructional FTEF in 2010 was 5.4, down from 7.5 in 2009, and the SFR in 2010 was 19.3, up from 18.6 in 2009. However, since PUAD houses two separate graduate programs and these institutional data are not program-specific, the data are not very informative in terms of the FTEF and SFR in the MS-HCA program.

The APR data also do not reflect the significant changes in SFR for Fall 2011 and Winter 2012. According to data provided by the CLASS Dean's Office, the PUAD graduate lecture SFR in Fall 2011 was 30.97, higher than the CLASS average of 26.07. The undergraduate lecture SFR was also higher, 29.27 compared to 28.16. In Winter 2012, both the PUAD graduate and undergraduate lecture SFRs were higher than the CLASS average, 31.0 compared to 25.4 for graduate and 30.9 compared to 29.3 for undergraduate.

The APR data do not include the headcount enrollment for Fall 2011. According to Planning and Institutional Research data located at: http://www.csueastbay.edu/ira/tables/FallHeadcountEnrollment/Fall.Headcount.Enrollment.1-2.pdf, the Fall 2011 headcount enrollment for the MS-HCA program was 120, up from the Fall 2010 enrollment of 85. There was a sharp dip in the Fall 2008 enrollment, 62 compared to 97 in Fall 2007. The dip was due to admission caps placed on the program by the CLASS Dean's Office, including one quarter in which no students were admitted to the program.

Impact of the impact of the observed patterns and trends

The impact of the changes in the capstone experience, number of majors, number of tenure-track faculty, SCUs, and SFR has placed pressures on the program, especially given the lack of faculty resources. Program work that is critical for the program's continued growth and success is not being done as quickly as it should, although a substantial amount of work is being accomplished. There are a number of activities that are "in process" that would be further along if there were additional program faculty and administrative support, such as building an alumni association, creating more partnerships with community health care facilities and employers, increasing internship opportunities, developing multiple option areas, pursuing grant opportunities, and fundraising.

We anticipate that demand for the MS-HCA program will continue to grow. In addition to the observed trends in the institutional statistics, according to the US Occupational Outlook Handbook, employment in the field of health care administration and management is

expected to increase 16% from 2008 to 2018, faster than the average for all occupations, with a projected need of 99,400 additional positions and an estimated median annual wage of $80,200. According to the California Employment Development Department (EDD), the projected growth in California is 18% for the projection period of 2006-2016, with an estimated median annual wage of $95,168. A master's degree in health care administration, public health, health services management, or a similar degree is the standard credential for most positions in this field. In order for the MS-HCA program to meet the demand, provide the students with the knowledge and skill set needed for positions in health care administration and management, and address the industry's workforce needs, more faculty and administrative staff support is needed.

2.4. Faculty

Currently, there are four fulltime tenure-track PUAD faculty. Of those four, three primarily teach the MPA courses and one primarily teaches the MS-HCA courses. Previously there was an additional faculty member who primarily taught in the MS-HCA program, but she resigned her position, effective Fall 2010. Of the three faculty members who primarily teach in the MPA program, one is a full Professor and the other two are Associate Professors; all three are tenured. The faculty member who primarily teaches in the MS-HCA program is a tenured full Professor, and she also serves as the Department Chair. Since the last review, the MS-HCA program has requested and has been granted one additional faculty position, and we are currently conducting the faculty search. The position announcement can be seen in Appendix K. We have concluded the on-campus interviews with the two final candidates and have made a recommendation to the CLASS Dean's Office. We hope to finalize this hire for Fall 2012.

2.5. Resources

Library resources

Tom Bickley is PUAD's library liaison for both the MS-HCA and the MPA programs. The program has worked with him to provide materials that will help students develop their information literacy, to determine which journals and textbooks would be good additions to the library holdings, and to make suggestions regarding streaming videos and other resources.

The library has a number of resources available for MS-HCA students and faculty, including online databases, textbooks, website lists, streaming videos, and others. The online databases include JSTOR Health Sciences, ERIC, Academic Search Premier, CINAHL, PsychINFO, and PubMed; these are the primary databases needed for research in the field. Some of the links included in the website lists include those to the National Center for Health Statistics, State Health Fact, the US Department of Health and Human Services, the California Endowment, and the Government Printing Office (GPO), all of which are excellent sources of information related to the field of health care and with which the students should become familiar. A sample of textbooks and E-books available include *Changing the U.S. Health Care System: Key Issues in Health Services Policy and Management*, *Doing a Literature Review in Health and Social Care*, *Health Disparities in the United State: Social Class, Race, Ethnicity, and Health*, *Remedy and Reaction: The Peculiar American Struggle*, *The Retail Revolution in Health Care*, and *Inside National Health Reform*. These books are

current and relate to many of the most pressing issues in the field. The streaming videos, many of which are required viewing in the MS-HCA courses, include *Living Old*, *Unnatural Causes: Is Inequality Making Us Sick?*, *Sick Around America*, *Sick Around the World*, and *The Vaccine War*.

In our last meeting, we decided that Mr. Bickley would build a separate MS-HCA program portal that would link to relevant websites, streaming videos, and online databases. The MS-HCA Graduate Coordinator is compiling a list of health care administration-related websites to be a part of the new portal.

Instructional and Assistive Technology

All faculty who teach in the MS-HCA program - both fulltime tenure-track and part-time lecturers - have participated in at least one workshop or individual training session regarding Blackboard, and most have participated in multiple sessions. Per PUAD guidelines, faculty are not allowed to teach courses in a hybrid format (some sessions online, some in-person) or fully online unless they have completed this training. In addition, faculty have participated in Faculty Development workshops and in several Back to the Bays presentations regarding online pedagogy and instructional technology.

The program has worked with Accessibility Services to provide academic accommodations for qualified individuals with disabilities, and has frequently referred students to the Assistive Technology Services Office (ATSO) for assistive technology assessment.

2.6. Units Requirement

Not applicable to this program.

3. Five-Year Plan

During the next five years, the MS-HCA program plans to focus on five broad areas – curriculum, networking, program assessment/improvement, fundraising/grantwriting, and faculty resources.

3.1. Curriculum

During the next five years, three primary factors will drive changes in the program's curriculum: results from program assessment, changes in the knowledge base and/or skill set needed by effective health care administrators and managers, and the curriculum content requirements of the accreditation agency, CAHME. We plan to have at least one department meeting or retreat each academic year devoted to reviewing the data from the pre/post tests, the themes and suggestions that emerge from the project reports in HCA 6899, the external supervisor's evaluation of student performance in HCA 6899, and the results from the HCA 6899 exit survey. In addition, part of that review will include a discussion of the CAHME required curriculum content and input from the MS-HCA Advisory Board. If there have been changes in the CAHME requirement or if our assessment measures indicate that the program should be modified, the MS-HCA Curriculum Committee would discuss possible program modifications.

In the next five years we plan to increase program depth by adding at least one more option in the program, either reinstating the previously discontinued Healthy Communities option with major revisions or creating a new Long Term Care Administration option. All program options would include HCA 6200, HCA 6210, HCA 6225, HCA 6230, HCA 6260, HCA 6280, HCA 6290, and HCA 6899 as the required courses, which are also required courses for the current Management and Change option. More research would need to be done to determine which option would be feasible, as well as the courses for the option. Additional research would need to be done regarding student demand, however, strong employment growth in these two area in the health care field has been projected by the Bureau of Labor Statistics, which suggests that demand for either of the options would be strong. The MS-HCA Curriculum Committee would be responsible for researching and developing the curriculum for the option selected to implement.

The amount of expansion that can be done in the program will depend upon departmental resources and if reinstating an option or adding a new option will be budget positive, or at least budget neutral. PUAD is currently exceeding the SRF targets in the Academic Affairs Funding Model and both options would need to be designed in a way that will not lower the SFR in the department. We will work closely with the CLASS Dean's Office to determine the effects of program expansion on SRF targets and the budget.

In the next five years, we have no plans to offer the MS-HCA program at either the Concord or Oakland Campuses. Although the program would probably be successful at these locations, especially at the Concord Campus, we don't anticipate having enough departmental resources to expand the program into additional locations. We have received approval from WASC and the Chancellor's Office to offer the program fully online, and we hope to launch the fully online program in Fall 2012. The number of students that we can accommodate will be dependent on faculty resources.

3.2. Students

As discussed in the self-study, employment in the field of health care administration in the U.S. is expected to increase 16% from 2008 to 2018, faster than the average for all occupations, with a projected need of 99,400 additional positions and an estimated median annual wage of $80,200. In California, the projected employment growth is 18% for the projection period of 2006-2016, with an estimated median annual wage of $95,168. Since a master's degree in health care administration, public health, health services management, or a similar graduate degree is the standard credential for most positions in this field, we expect the demand for the program to continue to grow.

Currently we are not able to meet the demand for the program. According to a recent PEMSA report, only 49.54% of the 109 MS-HCA applicants were admitted and enrolled in courses for Fall 2011. Some applicants were denied admission because they did not meet the minimum admission criteria, but others who were qualified for admission were denied since there were more qualified applicants than the program could accommodate. Program capacity could be increased with additional faculty and administrative support.

We plan to continue to offer the program in a cohort fashion, where students follow a degree completion roadmap that identifies which courses should be completed in each quarter. The degree completion roadmap can be seen in Appendix A. We plan to continue to admit two cohorts of 25-30 students each in both the Fall and Spring quarters. The cohort model and number of cohorts drives when and how many courses need to be offered.

We expect that the number of international students in the program will continue to increase, which will raise some challenges. Some of these challenges will be met by our continued partnership with the Minority Training Program in Cancer Control and Research (MTPCCR) and increased networking with the American Colleges of Healthcare Executives (ACHE), California Association of Healthcare Leaders (CAHL), and Bay Area health care employers, such as the Asian and Pacific Islander Wellness Center, Mission Neighborhood Health Center, Asian Health Services, and the Ethiopian Community and Culture Center.

The MS-HCA program is committed to the importance of practical experience, community engagement, and service learning. Over the next five years, we want to strengthen our current relationships with health care employers and develop new relationships as a way of creating more internship opportunities for our students. However, developing and maintaining relationships with community partners is labor intensive. In the previous five-year review, we had planned to write a grant for the Robert Wood Johnson Foundation to fund a collaborative effort between the MS-HCA program and a group of nonprofit health care employers in the area. The grant would have funded the expenses involved in establishing a network among the participating employers. Although the work on that grant proposal was not completed, the current draft could be modified to focus on developing internship opportunities for students, particularly students from underrepresented groups. In addition, we have sent a fundraising proposal to the CLASS Dean's Office to seek funds to develop a Center for Diversity and Inclusion in Health Care and Public Administration (Center). The Center would seek to development internship and employment opportunities for students from groups that are underrepresented in the fields of health care and public administration, and could provide students support for resume development, job searches, and strengthening interviewing skills. Over the next five years, we will seek funding, either through

grantwriting or fundraising, to develop internship opportunities for students, particularly students from underrepresented groups.

3.3. Faculty

As discussed in the self-study, we were approved to search for a tenure-track position with a hire date of Fall 2012. We received applications from a number of strong candidates, and our recommendations have been forward to the CLASS Dean's Office. We hope to add a new faculty member for Fall 2012. Having only four faculty in the department, of whom only one primarily teaches in the MS-HCA program, has created morale and workload challenges. These challenges can be addressed by increasing the number of faculty who teach in the MS-HA program.

Assuming that our search for this year is successful and we fill the tenure-track position effective Fall 2012, over the next five years, we hope to add three additional fulltime tenure-track faculty positions. In 2012, we plan to request one position, with expertise in general health care administration/management and health care finance/budgeting or strategic planning. In 2013, we plan to request one position, with expertise in general health care administration/management and health care technology or quality assessment and improvement. In 2014, we plan to request a position, with expertise in general health care administration/management and public health or long term care administration.

We also plan to increase the number of active part-time lecturers in our faculty pool. We currently have 5 part-time lecturers who teach in the program, which isn't sufficient to cover the number and type of courses we will be offering over the next five years.

3.4. Other Resources

In addition to the tenure-track faculty positions discussed above, the other primary resources needed are reinstatement of release time for the MS-HCA Graduate Coordinator and reinstatement of the ASA II position for administrative support. These are not new resources the program is requesting; they are resources that the program had that were eliminated. In addition, assuming that we receive the requested tenure-track positions, each new faculty member should receive some release time in the first year, a new computer and printer, office space and furniture, and travel funds for conferences.

4. Outside Reviewer Report

June 13, 2012

Dr. Toni Fogarty
Professor and Chair
Department of Public Affairs and Administration (PUAD)
California State University, East Bay
25800 Carlos Bee Boulevard
Hayward, Ca 94542

Dear Dr. Fogarty:

Enclosed please find my evaluation of the Master of Science in Health Care Administration (MS-HCA) program's activities since its last review in 2006 and its plans for the next five years. The evaluation and recommendations are based on a number of sources, including a review of the MS-HCA self-study and five-year plan document, my understanding of "CAPR Policies and Procedure for Five-Year Reviews and Plans" and "Five Year Review Preparation – A Guide for Programs," and meetings with you, CLASS Dean Kathleen Rountree, CLASS Associate Dean Jsh Guo, Associate Professor Frank Scott, Administrative Support Coordinator Kathleen King, Administrative Support Assistant Dominic Brooke, members of the MS-HCA Advisory Board, alumni, and current students. I would like to gratefully acknowledge the assistance, collegiality, and hospitality of the Program faculty and administrative staff, and especially you, Ms. King, and Mr. Brooke, who were uniformly informative, helpful, and very responsive to my questions and needs. The faculty and staff were as delightful to work with as they were extremely competent. I also appreciated the effort made by so many members of the Program Alumni Board to meet with me on a weekday.

The MS-HCA self-study and five-year plan document adhered to the required report format and table of content template, self-study template, and provided an informative overview of the program's activities since the last review. The report was based on solid analysis of program- and School-specific evidence collected and thoroughly analyzed. In addition, the meetings with you, administrators, faculty, MS-HCA Advisory Board, alumni, and students helped to supplement my understanding of the program. 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, and expressed great appreciation of the work done by the department on behalf of the program and the students. As you will discover when you review the evaluation and recommendations, however, I do have some concerns regarding the long-term sustainability of the program, all of which stem from the limited number of program-specific faculty and limited staff and other resources. Despite the ongoing budgetary issues that the State is experiencing, there must be a way to support your program further.

Please let me know if you have any questions or need additional information regarding my evaluation and recommendations.

Sincerely,

Gleb Nikitenko

Gleb Nikitenko, EdD

External Program Reviewer's Report
Master of Science in Health Care Administration (MS-HCA)

Department of Public Affairs and Administration
California State University, East Bay

Submitted by

Gleb Nikitenko, EdD

JUNE 2012

I. Self-Study

The MS-HCA self-study provided a summary of the previous review and 5-year plan, including aspects of networking and program recruitment, details regarding program curriculum, assessment, and student learning, an analysis of Academic Performance Review Statistics, the impact of patterns and trends as evidenced by the APR statistics, the level of program resources, including library and instructional technology, and information regarding faculty, students, advising, and retention.

Summary of Previous Review and 5-Year Plan

The summary contained a brief history of the MS-HCA program and the program's mission, vision, and values statement, as well as a summary of the previous five-year plan and the progress made in implementing the plan. The previous plan focused on four areas – curriculum development and redesign, networking, student recruitment, and program assessment. The program has made measured progress in all four of these areas.

In the area of curriculum development and redesign, based on input from the MS-HCA Advisory Board and other stakeholders, the curriculum guidelines established by the Commission on Accreditation Healthcare Management Education (CAHME), the five health care administrator/manager competency domains developed by the Health Care Leadership Alliance (HLA), the assessment of program and student learning outcomes, and the results of a survey of over 150 Bay Area health care employers, the program conducted a major revision of the curriculum, which was implemented in Fall 2011. In the previous five-year plan, the goals included expanding program depth by increasing the number of options and the required number of units and gaining accreditation from CAHME. As part of the redesign, the Administration of Healthy Communities option was discontinued, leaving the program with one option area – the Management and Change in Health Care. Although the redesign better aligned the curriculum with the CAHME curriculum content requirements, it did not lead to enhancing the program curriculum and specifically its depth, thus not allowing the program to achieve its goal of CAHME accreditation. However, the lack of depth in the program is far from being the principal factor that is keeping the MS-HCA program from CAHME accreditation. The critical factor remains the insufficient number of tenure-track faculty who teach in the program: per CAHME and similar accrediting bodies, the number needs to be increased to a minimum of five faculty members. With these additional faculty resources, the number of concentrations or track options could be increased, and the program could strengthen both its content and depth of coverage instead of offering a more generalist curriculum.

In the area of networking, the program developed relationships with health care employers, established internship programs, partnered with the Alameda County Education and Training Center to design a workforce development and succession plan for Alameda County employees, and was accepted as a participant in the American College of Health Care Executives' (ACHE) Higher Education Network (HEN). Since ACHE is the primary professional association for health care executives and administrators, the connection with ACHE will open additional networking opportunities for the program and its students. It is particularly important for the program to develop and sustain these and other similar networks to remain current and competitive among similar programs in the Bay Area and to offer a variety of professional development opportunities for mostly in-service students, who form the bulk of the program's student body. The fact that

much of that networking was conducted by the department chairperson alone in addition to her teaching, research, and other administrative responsibilities was quite remarkable in itself.

In the area of student recruitment, the program developed a number of marketing materials, participated in the CSUEB Graduate Fair and Pathway to Graduate School events, conducted two major revisions of the program website, and gave several in-person program presentations and two webinars for employees in the Alameda County Health Care Services Agency. The program has experienced significant student growth since its inception in 2000. The Fall 2000 headcount enrollment was 16 students; in Fall 2010 it was 85 students; and in Fall 2011, the headcount enrollment was 120 students. It is evident that much of the growth can be attributed to the demographics-specific and labor market changes in the Bay Area and nationally and to the program's affordability to large segments of the university-education-bound population. The program's popularity and affordability speak volumes for its important role in the local educational market.

In the area of program assessment, the program has developed a comprehensive assessment plan, which utilizes five competency domains, a curriculum map, course-level student learning outcomes (SLOs), and both direct and indirect methods of learning assessment. The SLOs are directly assessed through pre- and post-testing for each course and an evaluation of student performance by the external capstone supervisor, which is an important element of the sound and robust program assessment process. The SLOs are indirectly assessed by a 20-item exit survey and a project report that is a required component of the capstone course (HCA 6899).

Curriculum and Student Learning

The self-study included details on the adoption of the HLA five competency domains that health care administrators and managers should possess for the MS-HCA program outcomes. The domains are: communication and relationship management, leadership, professionalism, knowledge of the health care environment, and business skills and knowledge. These domains are imbedded in the curriculum and the curriculum map shows the alignment of instruction with the five domains. This section of the self-study included the SLOs for all of the required program courses, all which were appropriately aligned with the defined competency domains, and also included details on the SLO assessment plan, SLO assessment plan implementation, a summary of the assessment results, and a summary of the measures identified to improve the program based on the assessment results. The program seems to be making a good and measured progress with its assessment activities.

The self-study provided course descriptions and how the course offerings compare to comparable CSU programs and nationally recognized programs. The program compared itself in-depth to the CSU Long Beach MS-HCA and the CSU Bakersfield Master of Science in Administration-Health Care Management (MSA-HCM) programs. The CSU Long Beach MS-HCA program is accredited by CAHME, while the CSU Bakersfield MSA-HCA program is not. In the comparison, the self-study concluded that the CSUEB MS-HCA program has the breadth of content similar to the CSU Long Beach program, but does not yet have the depth of content. Compared to the CSU Bakersfield MSA-HCA program, it has both more breadth and more depth. Although additional and perhaps more detailed analysis may be necessary, I tend to concur with these conclusions on the whole.

The self-study discussed the program's transition to offering hybrid courses, its development of departmental policies for hybrid and online courses, and the approval it received to offer the program fully online beginning Fall 2012. The self-study also discussed issues concerning multicultural learning and how the program is addressing these issues, especially in light of the increase in the number of international students. These aspects of the program development are of particular importance to the program faculty and staff in terms of the program's ability to sustain such growth and expansion into these course-delivery modalities amid shrinking resources and increasing student population.

Students, Advising, and Retention

The self-study provided the Academic Performance Review Statistics (APR) from Planning and Institutional Research showing student demographics, student level, and faculty and academic allocation. However, the department houses two graduate programs and the data provided is departmental data, not program data. It is thus difficult to draw any meaningful conclusions about the program from the FTEF and SFR data. The self-study did include data provided by the CLASS Dean's Office in regards to SFR for Fall 2011 and Winter 2012. The graduate lecture SFR in Fall 201 was 30.97 and in Winter 2012 the SFR was 31.0. These are high SFRs for a graduate program, however, not unreasonable given the budget constraints faced by the CSU system.

The self-study included a discussion of the impact of the observed patterns and trends in the APR statistics, as well as a discussion of the continued growth in program demand. In essence, the low number of tenure-track faculty and the high SFRs have made it difficult for the program to make much progress in critical program work, such as building an alumni association, creating more partnerships with health care facilities and employers, pursuing grant opportunities, and developing multiple option areas.

Faculty

Of the four tenure-track faculty in the department, only one primarily teaches the MS-HCA courses. The program is currently conducting a faculty search and hopes to finalize the hire for Fall 2012. The position announcement was appropriate for the needs of the program. As discussed previously, more faculty resources are critical to sustaining the program but mostly at its current level of admission for the on-ground program. To meet the needs of the program's growth and especially its hybrid and online components, even more faculty resources would be needed in the not-so-distant future.

Resources

The self-study included a discussion of library resources with respect to the program. The library resources for the program appear appropriate, including the primary online databases needed for research in the field, relevant textbooks, website lists, and streaming videos. The self-study also included a discussion of instruction and assistive technology. Tenure-track and part-time faculty have participated in appropriate training workshops and the program has worked with Accessibility Services to provide necessary academic accommodations for students with disabilities. It is not entirely clear, however, to what extent these resources are sufficient from the

students' and other program stakeholders' perspectives, as no specific survey-based data regarding such resources and their use by students, for example, have been provided.

Units Requirement

Not applicable to the MS-HCA program.

II. Five-Year Plan

The five-year plan details plans for curriculum changes, outlines anticipated changes in students trends, and discusses the faculty and other resources needed to implement the plan.

Curriculum

The five-year plan identified the three factors that would drive changes in the program curriculum: results from program assessment activities, changes in the needed knowledge base and skill set needed by effective administrators, and the curriculum content requirements of CAHME. The plans to have one department meeting or retreat to review assessment data will help "close the loop" on the assessment activities, as will the review of changes in the CAHME content requirements and input from the MS-HCA Advisory Board. The five-year plan included the goal of increasing program depth, but it is realistic about the need for increased departmental resources to do so. The five-year plan is also realistic about the need for research into student demand before it adds additional options in the MS-HCA program.

Students

The five-year plan discussed the growth in the employment in the field of health care administration, and provided ways in which it is trying to meet the demand for the program. Having the program continue to be offered in a cohort fashion is an effective way to manage the demand, and the degree completion roadmaps the program has developed will help students move through the program effectively. The five-year plan also acknowledged the expected increase in the number of international students in the program, and identified several ways it would meet the challenges that would come with that increase. Monitoring the changes in the student body, its demographics, perceptions, and other trends will remain extremely important and should be made one of the program's key priorities considering the rapid changes in the labor market and California's population trends.

In the previous five-year review, the program had planned to write a grant for the Robert Wood Johnson Foundation to fund a collaborative effort between the MS-HCA program and community nonprofits. This goal was not accomplished – in part due to the reduction in program resources – but the program is now planning to use the work done of the grant to establish more internship opportunities for students, especially those from underrepresented groups. The idea of a Center for Diversity and Inclusion in Health Care and Public Administration is a good one, and could be funded through a grant, fundraising, or funds generated by the department's self-support activities.

Faculty

Assuming success with the Fall 12 hire, the plan to add three additional fulltime tenure-track faculty positions within the next five years will give the program the ability to increase program depth, to sustain its current and future growth, and to begin to move towards seeking CAHME accreditation. While CAHME-accreditation is not required for a MS-HCA program to be successful and effective, it is desirable to have. The plan to increase the number of active part-time lecturers in the lecturer pool is also needed. It may also be important to look into the faculty diversity and academic qualifications factors for both full-time and part-time faculty to maintain and increase the program quality, especially for the purposes of accreditation maintenance.

Other Resources

The other resources identified by the five-year plan are minimal. Basically the program is requesting the reinstatement of resources that the program had previously: graduate coordinator release time and administrative support. In addition to the facts presented in the plan, I can attest to the bare minimum level of resources (especially staff and other administrative support) that the program is currently enjoying. It was both impressive and disconcerting to see how much the program gets done with such limited resources by essentially running almost every single aspect of its operation with only the chairwoman and her staff of two involved.

Recommendations

Employment in the field of health care administration in the US is increasing and is expected to increase 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. Given the budget constraints and budget uncertainty faced by the CSU system, the MS-HCA program has requested the bare minimum of the resources it needs to sustain itself. As mentioned earlier, the program should be commended on what it has been able to achieve with its limited amount of resources, its creativity in creating department resources through its self-support activities, and its ability to leverage its limited resources though its community partnerships. It therefore remains extremely important for the program to obtain high-level support for its efforts in recruiting additional faculty and hopefully increasing staff hours and possibly even adding at least one more either entry-level or even mid-level staff position to help in coordinating some of the program activities related to student services, including advising, registration, retention, and student event/ networking support.

Even though the lack of multiple options does not give the program as much depth and necessary specialization as it would like to have, the curriculum is appropriate in its breadth of content coverage for the Management and Change option area. As options are added, more depth can be built into the program. The curriculum is currently meeting the needs of students and health care employers. Since the department is doing well in its self-support offerings, it might consider developing self-support certificate programs in health care administration/management as a way to increase department resources and build depth in the MS-HCA program. The program is already considering Long Term Care Administration and Healthy Communities Administration as future options. They could first be developed as self-support certificate programs, along with other areas of specialization such as HIPAA compliance, health care informatics, or pharmacy

management. Possible certificate programs or even minors in patient navigation and hospital quality control assessment/ administration could be considered and gradually added to the program as it expands, recruits more faculty and staff, and further strengthens its operations.

At the same time, the program faculty and administration should be vigilant of the program changes and especially its expansion into the distance-learning-based modalities, such as online and hybrid learning, and should be prepared to monitor such expansion closely to avoid overextending itself, diluting the program resources, and possibly experiencing some deterioration of program quality.

The program has implemented a good assessment plan that collects both direct and indirect assessment data. The use of the five competency domains developed by HLA is appropriate, and reflects currency in the health care administration education assessment field. While aligning the competencies to the courses in the curriculum map is a start, the program should work to provide more specificity in its curriculum map, showing how the courses are aligned with emerging, strengthened, and mastered competencies. The program should also frequently revisit the pre/post tests it uses to measure SLOs, as well as the course-level SLOs. Additional and more consistent data tracking and gathering in addition to a more consistent way of using such data for making programmatic and other decisions ("closing assessment loops") will be important areas for the program to continue improving on and reporting accordingly.

Finally, faculty and especially the department chair should be provided with consistent and constantly increasing support for their research, teaching, and professional service efforts to remain academically and/or professionally qualified, thus continuing to be one of the principal program assets and the source of admiration and support for the program among its external and internal stakeholders. For example, an incentive program helping faculty to better align their research and service activities with the program's mission and goals may be a worthwhile undertaking.

5. Program Response to Outside Reviewer's Report

The Department of Public Affairs and Administration (PUAD) is grateful for Dr. Gleb Nikitenko's detailed and perceptive review of the MS-HCA's program self-study and five-year plan. Dr. Nikitenko was selected as our outside reviewer based on his current position as the Director of Career Planning and Assessment at the University of San Francisco (USF) and on his previous position as Associate Program Director for the Master of Public Administration, Bachelor of Health Services Management (BHSM), Bachelor of Public Administration (BPA), and Master of Nonprofit Administration (MNA) programs at USF. In addition, Dr. Nikitenko is an active member of the American College of Health Care Executives (ACHE), which is the professional association for health care administrators and executives.

Dr. Nikitenko based his report on his review of the MS-HCA self-study and five-year plan document, his understanding of "CAPR Policies and Procedure for Five-Year Reviews and Plans" and "Five Year Review Preparation – A Guide for Programs." In addition, Dr. Nikitenko visited PUAD on May 23 and met with CLASS Dean Kathleen Rountree, CLASS Associate Dean Jsh Guo, PUAD Chair Toni Fogarty, Associate Professor Frank Scott, Administrative Support Coordinator Kathleen King, Administrative Support Assistant Dominic Brooke, members of the MS-HCA Advisory Board, alumni, and current students. Due to illness, Dr. Nikitenko was not able to submit his report until June 18, which delayed the submission of the final MS-HCA self-study and five-year plan to CAPR and the Academic Senate, but we are grateful that Dr. Nikitenko was able to complete his report before the beginning of AY 2012-13 in spite of his illness.

Dr. Nikitenko's report is shaped around the subheadings that are the required content for the self-study and five-year plan. In its previous five-year plan, the MS-HCA program focused on four areas – curriculum development and redesign, networking, student recruitment, and program assessment. He stated that the program "has made measured progress in all four of these areas" and that "the program should be commended on what it has been able to achieve with its limited amount of resources, its creativity in creating department resources through its self-support activities, and its ability to leverage its limited resources through its community partnerships." We appreciate his acknowledgement that we have been able to make good progress in our goals in spite of the severe reduction in our department resources.

Dr. Nikitenko acknowledged that the recent program curriculum redesign had "better aligned the curriculum with the CAHME curriculum content requirements." He pointed out that the "principal factor that is keeping the MS-HCA program from CAHME accreditation" is not the curriculum but rather "the insufficient number of tenure-track faculty who teach in the program." He concurred with our assessment that the lack of multiple options in the program affects the depth of the curriculum, but viewed the curriculum as "…appropriate in its breadth of content coverage" for the current option. The current curriculum is "…meeting the needs of students and health care employers." He recommended that we consider developing self-support certificates as a way of both increasing department resources and building depth in the program.

Certificates in areas of specializations, such as HIPPA compliance, health care informatics or pharmacy management, could then be further developed as new options in the program. We agree with this recommendation and the development of additional program options is part of the five-year plan. We will pursue using certificates as a way to build new options.

Dr. Nikitenko acknowledged the amount of networking that the program has accomplished, and stressed the importance of sustaining those networks "to remain current and competitive among similar programs in the Bay Area." He viewed the idea of a Center for Diversity and Inclusion in Health Care and Public Administration (Center) as a good one that could establish more networking and internship opportunities for students. We concur, and pursuing funding for the Center is included in our five-year plan.

In regards to student recruitment, Dr Nikitenko acknowledged the significant growth experienced by the program and stated that the "program's popularity and affordability speak volumes for it important role in the local educational market." He concurred that offering the program in "a cohort fashion is an effective way to manage the demand, and the degree completion roadmaps the program has developed will help students move through the program effectively." He also concurred that the "demand for the MS-HCA program should continue to grow, with or without CAHME accreditation."

Dr. Nikitenko acknowledged that the program "has developed a comprehensive assessment, which utilizes five competency domains, a curriculum map, course-level student learning outcomes (SLOs), and both direct and indirect method of learning assessment". He viewed the use of "the five competency domains developed by HLA is appropriate, and reflects currency." He recommended that we should "provide more specificity in the curriculum map" and better indicate how the alignment with "emerging, strengthened, and mastered competencies." We concur that more specificity in the curriculum map would be desirable, but given the limited amount of department resources, it will take time to develop this amount of specificity.

Throughout the review, Dr. Nikitenko stressed the necessity of increasing program resources, primarily tenure-track faculty. The program's plan to add three additional tenure-track faculty positions with the next five years will give the program "the ability to increase program depth, to sustain its current and future growth, and to begin to move towards seeking CAHME accreditation." Even though he acknowledged the "budget constraints faced by the CSU system," he evaluated the resources requested in the five-year plan as "the bare minimum" and stated that it was "both impressive and disconcerting to see how much the program currently gets done with such limited resources." We are gratified that he has supported our request for additional program resources and his assessment that the requested resources are the minimal amount required to sustain the program.

APPENDIX A
Degree Completion Roadmap

MS-HCA DEGREE-COMPLETION ROADMAP

<u>Program Overview</u>

The MS-HCA program requires the completion of 12 4-unit courses, for a total of 48 units. We generally do not accept transfer or substitution courses for any of these 12 courses. You must maintain an overall GPA of 3.00 (B average) or better in the program.

Course Number	Course Title	Quarter Offered	Pre-Requisites
HCA 6200	US Health Care System	Fall Spring	None
HCA 6210	Leadership and Change in Health Care Organizations	Winter Summer	HCA 6200 HCA 6225
HCA 6225	Organization Theory and Behavior in Health Care	Fall Spring	HCA 6200 or concurrently
HCA 6230	Information Technology in Health Care	Winter Summer	HCA 6200 HCA 6225
HCA 6240	Health Care Financing and Budgeting	Fall Spring	HCA 6200 HCA 6225
HCA 6250	Strategic Management of Health Care Organizations	Fall Spring	HCA 6200 HCA 6225
HCA 6260	Health Care Policy Analysis	Winter Summer	HCA 6200 HCA 6225
HCA 6270	Health Care Management	Winter Summer	HCA 6200 HCA 6225
HCA 6275	Evolution of Managed Health Care	Winter Summer	HCA 6200 HCA 6225
HCA 6280	Legal and Ethical Issues in Health Care	Fall Spring	HCA 6200 HCA 6225
HCA 6290	Health Care Quality Assessment and Improvement	Fall Spring	HCA 6200 HCA 6225
HCA 6899	Graduate Project	Winter Summer	Taken in last quarter

<u>STAT 1000</u>
If you have not completed an introductory statistics course with a grade of C or better within the last five years, you must complete STAT 1000 or its equivalent with a grade of C or better no later than the 2rd or 3rd quarter after entering the MS-HCA program. If you do not, you may be blocked from enrolling in courses until you meet the requirement.

<u>Writing Skills Test</u>
The Writing Skills Test (WST) is required for all CSUEB students, including graduate students. You will not be able to enroll in HCA 6899 (Graduate Project) nor file to graduate until you successfully meet the WST requirement. Please contact the CSUEB Testing Center for information regarding the WST: http://testing.csueastbay.edu/. If you do not meet the

WST requirement by your 3rd or 4th quarter in the program, your degree completion may be delayed.

<u>Roadmaps</u>

- We admit students to the MS-HCA program in the Fall and Spring quarters only.
- Some students enroll in one course per quarter; others enroll in two courses.
- Two courses per quarter is the maximum number of courses in which you may enroll, unless you receive <u>prior permission</u> from the MS-HCA Graduate Coordinator.

Fall Admission, 2 Courses per Quarter Roadmap

YEAR 1	Fall 1 HCA 6200 HCA 6225	Winter 1 HCA 6270 HCA 6275	Spring 1 HCA 6280 HCA 6250	Summer 1 HCA 6260 HCA 6230
YEAR 2	Fall 2 HCA 6240 HCA 6290	Winter 2 HCA 6210 HCA 6899		

Fall Admission, 1 Course per Quarter Roadmap
Must complete <u>2 courses</u> in the 1st quarter

YEAR 1	Fall 1 HCA 6200 HCA 6225	Winter 1 HCA 6270	Spring 1 HCA 6280	Summer 1 HCA 6260
YEAR 2	Fall 2 HCA 6240	Winter 2 HCA 6275	Spring 2 HCA 6250	Summer 2 HCA 6230
YEAR 3	Fall 3 HCA 6290	Winter 3 HCA 6210	Spring 3 SKIP QUARTER	Summer 3 HCA 6899

Spring Admission, 2 Courses per Quarter Roadmap

YEAR 1	Spring1 HCA 6200 HCA 6225	Summer 1 HCA 6270 HCA 6275	Fall 1 HCA 6280 HCA 6250	Winter 1 HCA 6260 HCA 6230
YEAR 2	Spring 2 HCA 6240 HCA 6290	Summer 2 HCA 6210 HCA 6899		

Spring Admission, 1 Course per Quarter Roadmap
Must complete <u>2 courses</u> in the 1st quarter

YEAR 1	Spring 1 HCA 6200 HCA 6225	Summer 1 HCA 6270	Fall 1 HCA 6280	Winter 1 HCA 6260
YEAR 2	Spring 2	Summer 2	Fall 2	Winter 2

	HCA 6240	HCA 6275	HCA 6250	HCA 6230
YEAR 3	Spring 3 HCA 6290	Summer 3 HCA 6210	Fall 3 SKIP QUARTER	Winter 3 HCA 6899

APPENDIX B
Course Descriptions

Health Care Administration Course Descriptions

HCA 6200 US HEALTH CARE SYSTEMS (4)
Major characteristics of the US health care system, its strengths and weaknesses, the roles of different stakeholders including providers, patients, policymakers and payers; the role of health insurance and its impacts, and definitions of health and health determinants. Prerequisites: STAT 1000 or its equivalent. A-F grading only.

HCA 6210 LEADERSHIP AND CHANGE IN HEALTH CARE ORGANIZATIONS (4)
Issues and practices of health care administrators that impact leadership style. Emphasis on developing capacities for leading health organizations in a changing environment, in particular strategic planning, human resources management, facilitation, negotiation and collaboration skills, as well as those needed for innovation and creative management practice. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6225 ORGANIZATION THEORY AND BEHAVIOR IN HEALTH CARE (4)
Explores the application of classical and emerging theories in organizational design, behavior, and effectiveness to health care organizations. Topics include organizational purpose, design, structure, change, power and politics; and the impact of internal and external factors on structure and design. Prerequisite: STAT 1000 or its equivalent. A-F grading only.

HCA 6230 INFORMATION TECHNOLOGY IN HEALTH CARE (4)
The impact of information systems on the design and delivery of health care. Different information technologies; use of information systems in policy making and quality assurance and improvement; relationship of information technology to organizational design. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6240 HEALTH CARE FINANCING AND BUDGETING (4)
Functioning of health care markets; impact of economic incentives on health care decision-making; U.S. health care financing; impact of uninsured; role of nonprofit organizations; impact of managed care model; forecasting of health care expenditures; role of technology, prices, utilization rates, and demographics. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6250 STRATEGIC MANAGEMENT OF HEALTH CARE ORGANIZATIONS (4)
Explores the application of strategic management principles to health care organizations. Topics include analyzing the external and internal environments, responding to change, developing mission and goal statements, strategy formulation, evaluation of strategic alternatives, and implementation. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6260 HEALTH CARE POLICY ANALYSIS (4)
The health care policy process; impact of health care on broader social policy; influence

of political and economic forces on health policies; impact of emerging models of health care such as community-based programs. Critical analysis of market-based models. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6270 HEALTH CARE MANAGEMENT (4)
Develop the knowledge and skills needed to manage organizational resources: develop clear policies, position descriptions and expectations; build cohesive employee teams, coach and discipline employees, provide effective employee feedback and development, maximize advantages of diversity, and provide leadership. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6275 EVOLUTION OF MANAGED HEALTH CARE (4)
Overview of managed health care organizations, including their history, evolution, regulation, and financing. The course explores issues that are common to most managed care organizations, including accreditation and performance measurement, compensation, use of incentives, and the regulatory environment. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6280 LEGAL AND ETHICAL ISSUES IN HEALTH CARE (4)
Contemporary legal issues in health care administration. Overview of recent health legislation and regulations. Personal and organizational liability. Ethical issues in health care administration. Impact of the market model on health care delivery. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6290 HEALTH CARE QUALITY ASSESSMENT AND IMPROVEMENT (4)
Development of skills in evaluation methods and performance management with particular emphasis on the management of quality, standard setting, and performance assessment processes. Course includes historical beginnings, state-of-the-art voluntary and governmental efforts and proposed means of quality assessment and improvement. Prerequisites: HCA 6200, HCA 6225, and STAT 1000 or its equivalent. A-F grading only.

HCA 6899 PROJECT (4)
Development of an original project which is summarized in a written abstract. Both the project and the abstract are submitted to the department, which specifies their formats. Supervision by a departmental faculty member. Oral defense may be required. Prerequisites: Advancement to Candidacy, approval of project supervisor. A-F grading only.

APPENDIX C
Online and Hybrid Course Policy

PUAD Hybrid Course Guidelines

In hybrid courses:

- Instructor must let department know which sessions are online and which are in-person at least two weeks prior to the schedule deadline for the quarter
- One to five sessions may be online (no more than 5)
- Generally, the first session should be an in-person session
- Generally, no more than 2 consecutive online sessions
- Generally, the in-person sessions should be full-length class sessions
- One of the forums in Blackboard should be a forum for students to post questions to the instructor, with an expected 48-hour response time, excluding weekends and holidays
- For the online sessions, the instructor must specify a specific one-hour time period when the instructor will be available to answer email/phone calls ("office hour")
- The online sessions must have a variety of instructional activities and materials, including but not limited to textbook and instructor-created PowerPoint presentations, mini-lectures, videos, podcasts, lists of websites to visit, quizzes, and discussion questions
- Instructors should have departmental approval prior to offering a course in hybrid mode; once approved, the instructor may use the hybrid mode for other courses
    - Factors the department will consider include:
        1. Has the instructor participated in basic Blackboard training or have previous experience with designing hybrid or online courses?
        2. Does the instructor have a variety of instructional activities and materials planned for the course?
        3. Is the course approved to be offered in hybrid mode? PUAD 5000 and PUAD 6811 are not approved to be offered in hybrid mode

PUAD Online Course Guidelines

For ease of student navigation and to provide virtual boundaries for the courses, each online course will adhere to the same course structure. Within the Blackboard course management system, each course will have:
- Course description area
- Syllabus area, module area
- Discussion board

The course description area will contain the following:
- Course number
- Course title
- Course description
- Student learning objectives
- Instructor name
- Instructor photograph
- Instructor contact information
- Required course textbooks, materials, and computer capability and software

The syllabus will contain:
- Course outline by modules, with beginning and ending dates
- Designated dates for exams, assignments, and holidays
- Statements regarding academic dishonesty and adherence to the American With Disabilities Act
- Grading criteria and policies, including late policy and incomplete policy
- Exam and other evaluation information

Each course will have ten instructional modules, each with:
- Overview of the module
- Student learning objectives
- Assignments and due dates
- Instructional materials (mini-lecture, podcast, graphics, images, annotated PowerPoint presentation, video, case study, audio, etc.)
- Hyperlinks to value-added websites
- Quiz, problem set, exercises, student-product, or other method of student participation and learning evaluation

The discussion board will contain the following forums:
- Questions for the instructor, where students can post questions to the instructor and the instructor can respond
- Conference organized by instructor-designated topics, which will allow students to discuss module-related topics with other students and the instructor
- Work areas reserved for use of assigned student groups working collaboratively online

APPENDIX D
Marketing and Recruitment Materials

MAKING THE CHOICE BETWEEN
THE MS-HCA AND THE MPA WITH HEALTH CARE OPTION

The Department of Public Affairs and Administration offers two degrees for those interested in a career in health care – the Master of Science in Health Care Administration (MS-HCA) and the Master of Public Administration (MPA) with an option in health care administration. Although both degrees are excellent choices for those who want a career in health care, each degree program meets the needs of those with an interest in health care in substantially different ways.

In the MS-HCA program, the entire focus of the program is on the health care sector and all of the courses have a health care emphasis. For example, Health Care Financing and Budgeting is one of the required core courses in the MS-HCA program. That course covers the topics and issues that would typically be covered in any graduate-level finance course, but does so in the context of the health care sector. The course emphasis is on the application of financial concepts, skills, and techniques in health care organizations.

If you want the primary focus of your education to be on health care administration, the MS-HCA program would be a better choice for you. Another way of thinking about it is in terms of your career goals. If you have decided that your career will firmly be in the health care sector, either in for-profit, nonprofit, or public organizations, the MS-HCA program would be a better choice for you.

In the MPA with an option in health care administration, the majority of the courses focus on public administration and public service. With the health care administration option, four of the courses have a health care focus, and are the same courses that are offered in the MS-HCA program. If you want the primary focus of your education to be on public administration rather than purely on health care administration, the MPA with an option in health care administration would be a better choice for you. If you have an interest in health care administration, but wish to have that career primarily in government organizations at the federal, state, and local levels or organizations in the nonprofit sector, the MPA with an option in health care administration would be a better choice for you. The MPA with an option in health care administration would also be a better choice for you if you think that you may one day want to work in a non-health care related field, but still in the government or nonprofit sector.

If you would like to have additional information to help you make your decision, the Graduate Coordinators of the programs would be glad to help. For information on the MS-HCA program, contact Toni Fogarty at toni.fogarty@csueastbay.edu. For information on the MPA with an option in health care administration, contact Frank Scott at frank.scott@csueastbay.edu.

**MAKING THE CHOICE BETWEEN
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Department of Public Affairs and Administration
CAREERS AND OPPORTUNITIES
IN HEALTH CARE ADMINISTRATION AND MANAGEMENT

Health care has become one of the largest service sectors in the U.S. economy. Like every other business, health care organizations require good management to keep them running smoothly. Health care administrators and managers plan, direct, coordinate, and supervise the delivery of health care services in a variety of settings. These settings include:

- Hospitals, both for-profit and nonprofit
- Long-term care facilities
- Physician medical groups
- Community health centers
- Clinical laboratories
- Family planning centers
- Public health clinics
- Mental health facilities
- Ambulatory care centers
- Hospices
- Home health care agencies

In addition to organizations that directly deliver health care services, some health care administrators and managers work in organizations that are an essential part of the overall health care industry but do not directly deliver health care services. Examples of these organizations include:

- Medical device manufacturers, such as Medtronic
- Medical supply companies, such as Johnson & Johnson
- Voluntary health care agencies, such as the American Red Cross
- Health care research, such as the National Institutes of Health
- Health care policy groups, such as the National Business Group on Health
- Pharmaceutical companies, such as Merck
- Disease advocacy groups, such as the Alzheimer's Association
- Professional associations, such as the American Nursing Association
- Health care insurance carriers, such as Blue Cross and Aetna
- Accreditation bodies, such as the Joint Commission of Health Care Organizations
- Trade associations, such as the American Hospital Association
- Government agencies, such as Centers for Medicare and Medicaid Services

The structure and financing of health care is changing rapidly. Future medical and health care managers must be prepared to deal with evolving integrated health care

delivery systems, technological innovations, an increasingly complex regulatory environment, restructuring of work, and an increased focus on preventive care. They will be called upon to improve efficiency in health care facilities and the quality of the health care provided. Increasingly, medical and health care managers will work in organizations in which they must optimize efficiency of a variety of interrelated service - for example, those ranging from inpatient care to outpatient follow-up care.

To meet these responsibilities, medical and health care managers must be familiar with management principles and practices. A master's degree in health care administration, long-term care administration, health sciences, public health, or public administration is the standard credential for most generalist positions in this field. For clinical department heads, a degree in the appropriate field and work experience may be sufficient for entry. However, a master's degree in health care administration or a related field may be required to advance in the field. For example, nursing service administrators usually are chosen from among supervisory registered nurses with administrative abilities and a graduate degree in health care or nursing administration.

Medical and health care managers held about 244,000 jobs in 2002. About 37 percent worked in hospitals, and another 17 percent worked in offices of physicians or nursing care facilities. The remainder worked mostly in home health care, Federal government health care facilities, ambulatory facilities run by State and local governments, outpatient care centers, insurance carriers, and community care facilities for the elderly.

Employment of medical and health care managers is expected to grow faster than the average for all occupations through 2012, as the health care industry continues to expand and diversify. The U.S. Department of Labor defines growth "faster than average for all occupations" as being increases in employment from 21 to 35%.

Employment opportunities will be especially good in offices of physicians and other health practitioners, home health, and outpatient care centers. Applicants with work experience in the health care field and strong administrative and management skills should have the best opportunities.

Hospitals will continue to employ the most health care administrators and managers over the projection period. However, the number of new jobs created in hospitals is expected to increase at a slower rate than in many other industries, as hospitals focus on controlling costs and increasing the utilization of clinics and other alternate care sites. Health care administrators and managers with experience in large facilities will enjoy the best job opportunities, as hospitals become larger and more complex. Employment will grow the fastest in practitioners' offices and in home health care agencies. Many care previously provided in hospitals will continue to shift to these sectors, especially as medical technologies improve. Demand in medical group practice management will grow as medical group practices become larger and more complex. Medical and health care managers will need to deal with the pressures of cost containment and financial accountability, as well as with the increased focus on preventive care. They also will become more involved in trying to improve the health of

their communities. Administrators and managers with specialized experience in a particular field, such as reimbursement, should have good opportunities.

The median annual earnings of medical and health care managers were $61,370 in 2002, and are expected to increase. The middle 50 percent earned between $47,910 and $80,150. The lowest 10 percent earned less than $37,460, and the highest 10 percent earned more than $109,080. Median annual earnings in the industries employing the largest numbers of medical and health care managers in 2002 were as follows:

General medical and surgical hospitals	$65,950
Home health care	$56,320
Outpatient care centers	$55,650
Offices of physicians	$55,600
Nursing care facilities	$55,320

Earnings of health care administrators and managers vary by type and size of the facility, as well as by level of responsibility. For example, the Medical Group Management Association reported that, in 2002, median salaries for administrators were $78,258 in practices with fewer than 7 physicians; $92,727 in practices with 7 to 25 physicians; and $125,988 in practices with more than 26 physicians. According to a survey by *Modern Health Care* magazine, median annual compensation in 2003 for managers of selected clinical departments was $71,800 in respiratory care, $79,000 in physical therapy, $84,500 in home health care, $85,100 in laboratory care, $89,100 in rehabilitation care, $89,500 in medical imaging/diagnostic radiology and $98,400 in nursing care. Salaries also varied according to size of facility and geographic region.

APPENDIX E
MS-HCA Advisor Board Membership

MS-HCA Advisory Board

The members of the 2010-2011 MS-HCA Advisory Board include the following:

- Aaron Chang, Business Operations Manager, Lucille Packard Children's Hospital
- Peg Jackson, Partner, Peg Jackson and Associates
- Drew Kain, MS-HCA alumnus
- Elsie Lum, Director, Alameda County Training and Education Center
- Jignesh Parikh, MS-HCA alumnus
- Amy Pradnan, Program Coordinator, Minority Training Program in Cancer Control and Research, University of California, San Francisco (UCSF)
- Tejal Shah, MS-HCA student
- Savannah Shaw, MS-HCA alumna
- Donna Siu, MS-HCA alumna
- Icurus Trang, Quality Assurance Team Leader, California Pacific Medical Center
- Claudio Lane, Program Liaison, Alameda County Training and Education Center
- Jeffrey Wong, MS-HCA alumnus

APPENDIX F
Curriculum Map

MS-HCA Curriculum Map

Competency Domains/ HCA Courses	Communication and Relationship Management	Leadership	Professionalism	Knowledge of the Healthcare Environment	Business Skills and Knowledge
HCA 6200 Health Care System	X		X	X	B & C
HCA 6210 Leadership	X	X	X	X	C & B
HCA 6225 Org Theory	X	X	X	X	B, C, & D
HCA 6230 IT			X	X	C & E
HCA 6240 Finance			X	X	A, C, D & F
HCA 6250 Strategic	X	X		X	C & D
HCA 6260 Policy	X	X		X	D
HCA 6270 Management	X	X	X	X	A, C, D, E & F
HCA 6275 Managed Care	X	X		X	A, C, D, & F
HCA 6280 Legal/Ethics	X		X	X	B, E, F & G
HCA 6290 Quality	X	X		X	C, D, F & G
HCA 6899 Project	X	X	X	X	A, B, C, D, E, F & G

APPENDIX G
Course Student Learning Outcomes (SLOs)

Course SLOs

HCA 6200 - US Health Care System
- Describe the organization, administration and financing of the US health care delivery system and the principal health care programs and administering agencies
- Outline the major historical events that shaped the US health care system
- Identify and describe the functions of various health care providers, professionals, and technicians
- Appraise the governance structure in for-profit, nonprofit, and public health care organizations
- Evaluate the performance of the US health care system in terms of mortality, morbidity, patient satisfaction, and quality of life indicators
- Identify and discuss the major health care professional associations and societies
- Discuss the history, mission, goals, and procedures of the major health care accreditation bodies
- Describe the characteristics of the major health care system components, such as 3rd party payors, providers, patients, medical device manufacturers, pharmaceutical organizations, regulators, and educational facilities
- Evaluate the effects of various political, economic, social, health, environmental, and resource factors on the health care system
- Design alternative health care systems based on an evaluation of the health care systems of other countries

HCA 6210 - Leadership and Change in Health Care Organizations
- Assess, analyze, and discuss one's own leadership abilities, attributes, strengths, and weaknesses
- Conceptualize and define differing approaches to leadership
- Critically analyze and synthesize leadership and management concepts and principles, such as conflict resolution, communication, empowerment, and emotional intelligence
- Demonstrate the ability to think systemically and strategically as a leader
- Discuss and evaluate differing change management models
- Cultivate an effective leadership style
- Differentiate between decision making approaches, while applying decision-making methods to health care issues
- Interpret the needs of a health care organization related to leadership based on current and future economic and political realities

- Demonstrate critical thinking regarding visionary leadership as well as leading and managing in a diverse world

HCA 6225 - Organization Theory and Behavior in Health Care
- Compare and contrast the major organizational theories
- Evaluate the relationship between theory and practice in the health care field
- Discuss the distinctive challenges facing health care organizations globally
- Analyze multiple organizational approaches from different perspectives
- Explain the roles of leaders and managers in influencing organizational culture, performance, and change
- Identify core leadership and managerial methods with regard to:
  - Motivating people
  - Guiding teams
  - Designing teams
  - Coordinating work
  - Communicating effectively
  - Exerting influence
  - Resolving conflict
  - Negotiating agreements
  - Improving performance
  - Managing innovation and change
- Describe the managerial implications of several emerging trends and issues such as:
  - The growth of strategic alliances in the health sector
  - The expansion and complexity of health law and regulation
  - Health information technology
  - The rise of consumerism in health care
  - The global interconnectedness of health systems

HCA 6230 - Information Technology in Health Care
- Analyze the implications of the cost, quality, and access challenges for the management of health care information systems
- Illustrate the history and current state of health care information systems development
- Summarize and assess
- Identify the primary causes of information management project failures and propose solutions
- Distinguish among operating systems, utility programs, and application software

- Outline the elements of a computer network and give examples of various network structures
- Discuss the evolution of medical documentation toward an electronic medical record (EMR)
- Distinguish between clinical decision support software and executive information systems
- Define data warehousing, data mining, and data analytics capabilities
- Apply fundamental technology skills necessary for health information management
- Interpret the requirements of major pieces of legislation relevant to health information technology, including the Health Insurance Portability and Accountability Act (HIPAA)
- Demonstrate the ethical, professional and legal standards of conduct appropriate for the environment of health information technology
- Evaluate the effectiveness of different computer systems and software applications for electronic medical records (EMR)

HCA 6240 - Health Care Financing and Budgeting
- Discuss the common ownership forms of health care organizations, including their advantages and disadvantages
- Demonstrate an understanding of health care finance, including concepts, terminology, classifications, methods, and trends
- Explain the reimbursement methods of the major 3rd party payors, including public payors such as Medicaid and Medicare
- Construct and interpret the four basic financial statements for different ownership forms
- Employ liquidity ratios, profitability ratios, activity ratios, and capital structure ratios for financial analysis
- Utilize multiple financial techniques to analyze capital investment and production-level decisions
- Avoid financial risks that could result from a failure to plan for the health care legal and regulatory environment
- Outline the provisions of various pieces of legislation that affect the operational environment of health care organizations, including the Emergency Medical Transfer and Active Labor Act (EMTALA), Health Insurance Portability and Accountability Act (HIPAA), antitrust laws, and False Claims Act
- Describe and utilize economic indicators to make investment decisions
- Construct and analyze the four major budgets (statistics, operating, cash, and capital)

- Discuss the legislative requirements of SOX, and their implications for financial management in health care organizations

HCA 6250 - Strategic Management of Health Care Organizations
- Utilize different communication strategies to facilitate a strategic planning process
- Describe and utilize methods for facilitating constructive interactions with stakeholder individuals and groups
  Give examples of the role that leadership plays in the successful completion strategic planning and in the implementation of the strategic plan to achieve the strategic goals
- Determine the leadership qualities needed to successfully manage change to attain the organization's strategic ends and successful execution of the plan
  Design a strategic plan within the context and parameters of a healthcare system and the environment in which healthcare managers and providers function
  Prepare and present a strategic plan document that serves as a roadmap for the organization to achieve the stated strategic goals
- Research and construct the various elements of a strategic plan including, but not limited to:
  - External review including business and litigation trends
  - Internal review including SWOT analysis
  - Identify the types of resources necessary to execute the plan including financial, intellectual and regulatory resources.
  - Make use of business principles, including systems thinking, to the healthcare environment; basic business principles include organizational dynamics and governance, strategic planning and marketing in designing the Strategic Plan Project.

HCA 6260 - Health Care Policy Analysis
- Analyze alternative public insurance mechanisms that have been proposed or have been enacted
- Describe the activities in each stage of the policymaking process - policy formulation, policy implementation, and policy modification
- Strategically utilize governmental relations and lobbying to influence health care policy
- Outline the interplay among the demanders and suppliers of health care policy in the political marketplace
- Understand the managerial challenges of policy implementation
- Discuss the evolution of health care policy in the U.S., including selected federal laws pertaining to health

- Critique different models of the public policy making process
- Analyze and influence public policy environments
- Define the roles of the three branches of government in making policies
- Discuss the evolution of health care policy in the U.S., including selected federal laws pertaining to health
- Outline the prevalent issues in current health policy, including the opposing views
- Apply the public policymaking model to the case of health care reform and the Obama administration
- Identify the primary issues in health care reform

HCA 6270 - Health Care Management
- Identify the methods that managers can employ to communicate clearly and concisely with subordinates, colleagues and superiors
- Describe and apply written and verbal communication techniques that would establish and maintain professional relationships. Devise communication materials that would facilitate constructive interactions with individuals and groups including bargaining units
- Prepare examples of written materials to provide effective employee feedback and development
- Give examples of leadership theory that provide a framework for today's managers in implementing change, maintaining workplace morale and successfully coaching subordinates to improve their individual performance
- Prepare clear policies, position descriptions and expectations for workplace operations. Outline methods for building and managing cohesive and cooperative employee teams
- Design strategies based on leadership theory and practice to improve professional conduct with an emphasis on responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement
- Give examples of how leadership and management affect the quality and safety of treatment in the healthcare system and the environment in which healthcare managers and providers function
- Apply business principles and practices in healthcare operations including systems thinking, financial management, organizational dynamics and governance, strategic planning and marketing, information management and risk management

HCA 6275 - Evolution of Managed Health Care
- Identify the different models of health care organizations
- Describe impact of Federal HMO Act on health care delivery
- Outline major state statutes and Federal regulations relevant to managed care

- Identify essential aspects of provider contracts and compensation arrangements
- Describe the components of a marketing plan for a managed care system
- Identify problems of financial management in an HMO
- Design a competitive health care product taking into account benefits and costs
- Determine premium rates set under different rating systems
- Analyze industry trends and their implications
- Define the needs of a management information system in managed care
- Differentiate case management from disease management
- Identify components of utilization review and quality assurance in different types of managed care

HCA 6280 - Legal and Ethical Issues in Health Care
- Identify and describe some of the basic concepts of the US legal system
- Evaluate contracts for enforceability
- Outline the health care policy making process in the US
- Identify and describe the respective rights and duties of providers and patients of health care and the way in which the legal system regulates or attempts to regulate the delivery, financing, quality and access to health care
- Define and describe the power of the state over individuals in matters of public health and the way in which individual rights limit this power
- Provide a critical analysis of the legal, ethical, and medical issues associated with the delivery of quality patient care
- Compare and contrast the different philosophies and principles of ethics
- Prevent, identify, or resolve ethical problems in the health care organization
- Identify the different sources of law (common, statutory, and administrative)
- Summarize the areas of corporate liability
- Appraise the responsibilities and the legal risks of physicians, nurses, other health professionals, and health care organizations
- Explain the legal and ethical issues underpinning current health care controversies

HCA 6290 - Health Care Quality Assessment and Improvement
- Demonstrate an understanding of the basic concepts, techniques, and methods of health care quality, quality assessment, and quality improvement
- Utilize statistical tools for quality improvement
- Describe the evolution of quality assessment and control in health care
- Identify health care quality issues that affect health outcomes.
- Discuss the evolution of Six Sigma, its methodologies, and its approaches

- Utilize the basic tools and concepts of Lean Manufacturing.
- Identify and use the statistical and visual tools used with Lean Six Sigma.
- Discuss the rationale for a quality improvement process and the key factors involved in the organization of change
- Apply quality improvement tools and techniques to improvement tasks, including control charts
- Implement effective organization-wide quality improvement programs

APPENDIX H
Assessment Data

Course - Quarter	Pre-Test	Post-Test	Difference
HCA 6240 – Winter 07	13.3	83.6	70.3
HCA 6240 – Winter 08	0.0	86.9	86.9
HCA 6260 – Spring 07	46.7	90.4	43.7
HCA 6260 – Spring 08	53.3	92.8	39.5
HCA 6260 – Spring 09	80.2	89.3	9.1
HCA 6280 – Fall 07	75.8	92.6	16.8
HCA 6280 – Fall 08	73.7	90.8	17.1
HCA 6280 – Fall 09	80.2	95.4	15.2

APPENDIX I
HCA 6899 (Capstone, Graduate Project)
Exit Survey and External Student Evaluation
HCA 6899 Exit Survey

SA= Strongly Agree   AG=Agree   DA=Disagree   SD=Strongly Disagree   DK=Don't Know

1.	I can identify the major providers of health care in terms of their characteristics, supply and demand, and their roles in the health service system	SA	AG	DA	SD	DK
2.	I can articulate the principles of modern leadership and management	SA	AG	DA	SD	DK
3.	I can identify the HIPAA requirements for electronic medical records and discuss the privacy concerns associated with electronic records	SA	AG	DA	SD	DK
4.	I can identify the primary issues in health care reform, and compare and contrast alternative proposals	SA	AG	DA	SD	DK
5.	I can calculate and interpret liquidity ratios, profitability ratios, activity ratios, and capital structure ratios	SA	AG	DA	SD	DK
6.	I can compare and contrast the underlying assumptions, values, and governing paradigms of various management methods	SA	AG	DA	SD	DK
7.	I can discuss the evolution of health care policy in the US, including selected federal laws pertaining to health	SA	AG	DA	SD	DK
8.	I can compare and contrast the different models of Managed care organizations	SA	AG	DA	SD	DK
9.	I can discuss the responsibilities and the legal risks of physicians, nurses, other health professionals, and health care organizations	SA	AG	DA	SD	DK
10.	I can assess health care quality issues that affect health outcomes	SA	AG	DA	SD	DK
11.	I can identify and discuss the primary underlying principles of health care insurance	SA	AG	DA	SD	DK
12.	I can compare and contrast long-term care in the U.S. with other developed countries	SA	AG	DA	SD	DK
13.	I can analyze and influence health care public policy environments	SA	AG	DA	SD	DK
14.	I can participate in the strategic planning process, including analyzing the external and internal environment, service competitors, and competitive advantage	SA	AG	DA	SD	DK
15.	I can use concepts, terminology, classifications, methods and trends in health care finance and budgeting	SA	AG	DA	SD	DK
16.	I can utilize marginal costs, average total costs, and price elasticity in pricing decisions	SA	AG	DA	SD	DK
17.	I can predict the impact of factors on market demand and supply for health care	SA	AG	DA	SD	DK

18. I can discuss the roles played by governmental health agencies, nongovernmental health agencies, and quasi-governmental health organizations in public health   SA   AG   DA   SD   DK

19. I can calculate and interpret standardized measurements of health status, prevalence rates, and incidence rates   SA   AG   DA   SD   DK

20. I can describe the Medicare and Medicaid programs in terms of costs, benefits, and financing   SA   AG   DA   SD   DK

California State University, East Bay
Department of Public Affairs and Administration
HCA 6899 (Graduate Project) Evaluation

Supervisor Name: _____

Organization Name: _____

Student Name: _____

Dates of Work (beginning date and ending date): _____

By circling the number of the appropriate response, please indicate the degree to which the intern demonstrated the following during his/her internship with your organization:

	Low		Med		High	N/A
Ability to perform and complete assigned tasks……….	1	2	3	4	5	0
Initiative and motivation in his/her work……………...	1	2	3	4	5	0
Professional judgment and maturity……………... ….	1	2	3	4	5	0
Ability to take and respond constructively to criticism….	1	2	3	4	5	0
Ability to work productively with other personnel.………	1	2	3	4	5	0
Level of technical skills…………………………………..	1	2	3	4	5	0
If applicable, how would you rate the quality of work produced by the intern for your organization (for example research, grants, reports, etc)?.................	1	2	3	4	5	0
How would you rate this intern's overall performance?...	1	2	3	4	5	0

Please provide any comments that you would like to make regarding the intern's work:

_____

_____

_____

_____

_____

Signature: _____ Date: _____

APPENDIX J
Student Demographics
Faculty, Academic Allocation, Headcount, and Course Data

Overall Enrollment by Ethnicity and Gender
California State University, East Bay
Fall 2007, 2008, and 2009

Health Care Administration	Fall 2007			Fall 2008			Fall 2009		
	Master			Master			Master		
	GENDER		All	GENDER		All	GENDER		All
	Female	Male		Female	Male		Female	Male	
Race/ethnicity unknown	16	4	20	8	4	12	7	4	11
Black, non-Hispanic	17	4	21	6	3	9	7	3	10
Asian or Pacific Islander	16	7	23	9	5	14	15	6	21
Hispanic	4	1	5	3		3	3	6	9
White	11	3	14	5	4	9	8	5	13
American Indian or Alaska Native							1		1
Nonresident aliens	9	5	14	10	5	15	18	7	25
Multiple ethnicity								1	1
All	73	24	97	41	21	62	59	32	91

California State University, East Bay
APR Summary Data
Fall 2007 - 2010

Public Affairs & Administration				
	2007	**2008**	**2009**	**2010**
A. Students Headcount				
1. Undergraduate	0	0	0	0
2. Postbaccalaureate	0	0	0	0
3. Graduate	303	298	289	223
	303	298	289	223
B. Degrees Awarded	**06-07**	**07-08**	**08-09**	**09-10**
1. Undergraduate	0	0	0	0
2. Graduate	106	111	124	119
3. Total	106	111	124	119
	2007	**2008**	**2009**	**2010**
C. Faculty				
Tenured/Track Headcount				
1. Full-Time	7	7	7	4
2. Part-Time	1	1	1	0
3a. Total Tenure Track	8	8	8	4
3b. % Tenure Track	47.1%	44.4%	44.4%	40.0%
Lecturer Headcount				
4. Full-Time	0	0	0	0
5. Part-Time	9	10	10	6
6a. Total Non-Tenure Track	9	10	10	6
6b. % Non-Tenure Track	52.9%	55.6%	55.6%	60.0%
7. Grand Total All Faculty	17	18	18	10
Instructional FTE Faculty (FTEF)				
8. Tenured/Track FTEF	7.0	6.8	6.7	3.5
9. Lecturer FTEF	9.0	1.9	0.8	1.9
10. Total Instructional FTEF	16.0	8.7	7.5	5.4
Lecturer Teaching				
11a. FTES Taught by Tenure/Track	98.9	90.9	125.9	64.0
11b. % of FTES Taught by Tenure/Track	59.2%	56.3%	87.2%	51.9%
12a. FTES Taught by Lecturer	68.3	70.7	18.4	59.2
12b. % of FTES Taught by Lecturer	40.8%	43.7%	12.8%	48.1%
13. Total FTES taught	167.2	161.6	144.3	123.2
14. Total SCU taught	2508.0	2424.0	2164.0	1848.0

D. Student Faculty Ratios				
1. Tenured/Track	13.6	14.1	13.3	18.9
2. Lecturer	22.3	7.6	37.8	23.0
3. SFR By Level (All Faculty)	16.7	10.5	18.6	19.3
4. Lower Division	0.0	0.0	0.0	0.0
5. Upper Division	26.8	15.9	28.5	31.8
6. Graduate	13.6	9.0	15.1	15.9
E. Section Size				
1. Number of Sections Offered	30.0	32.0	25.0	19.0
2. Average Section Size	23.5	20.5	24.9	29.0
3. Average Section Size for LD	0.0	0.0	0.0	0.0
4. Average Section Size for UD	32.7	34.1	38.2	34.4
5. Average Section Size for GD	20.8	16.2	20.8	26.3
6. LD Section taught by Tenured/Track	0	0	0	0
7. UD Section taught by Tenured/Track	5	3	5	2
8. GD Section taught by Tenured/Track	14	18	17	10
9. LD Section taught by Lecturer	0	0	0	0
10. UD Section taught by Lecturer	1	4	0	3
11. GD Section taught by Lecturer	10	7	3	4

Headcount Enrollment	2007	2008	2009	2010
Health Care Administration				
1. Undergraduate	0	0	0	0
2. Postbaccalaureate	0	0	0	0
3. Graduate	97	62	91	85
4. Total Number of Majors	97	62	91	85
Public Administration				
1. Undergraduate	0	0	0	0
2. Postbaccalaureate	0	0	0	0
3. Graduate	206	236	198	138
4. Total Number of Majors	206	236	198	138

Degrees Awarded	06-07	07-08	08-09	09-10
Hearth Care Administration				
1. Undergraduate	0	0	0	0
2. Graduate	25	28	32	40
3. Total Number of Majors	25	28	32	40
Public Administration				
1. Undergraduate	0	0	0	0
2. Graduate	81	83	92	79
3. Total Number of Majors	81	83	92	79

APPENDIX K
Tenure-Track Position Announcement

CALIFORNIA STATE UNIVERSITY, EAST BAY

FACULTY EMPLOYMENT OPPORTUNITY

DEPARTMENT OF PUBLIC AFFAIRS AND ADMINISTRATION
FULL-TIME TENURE-TRACK
MS-HEALTH CARE ADMINISTRATION/MANAGEMENT
OAA Position No. 12-13 PUAD-MSHEALTHCARE-TT

THE UNIVERSITY: California State University, East Bay is known for award-winning programs, expert instruction, small classes, a highly personalized learning environment, and a choice of more than 100 career-focused fields of study. There are two scenic campuses—one in the Hayward Hills overlooking San Francisco Bay and the other in the Concord foothills of Mt. Diablo—plus a professional center in dynamic downtown Oakland. The two campuses' proximity to the major Bay Area cities provides unique cultural opportunities including museums, art galleries, aquariums, planetariums, plays, musicals, sports events, and concerts. Their nearness to the Pacific Ocean and Sierra Nevada Mountains offers recreational diversion as well as excellent laboratories for educational studies. The ten major buildings of the Hayward Hills campus, on 342 acres, contain over 150 classrooms and teaching laboratories, over 177 specialized instructional rooms, numerous student oriented computer labs and a library, which contains a collection of over one million items accessible through HAYSTAC, its on-line catalog. CSUEB's Concord Campus provides full instructional support for over 1,600 upper division and graduate students. Its five buildings on 395 acres feature lecture halls, seminar rooms, computer labs, science labs, an art studio, theatre and library. The University has an enrollment of approximately 13,000 students with 600 faculty. CSUEB is organized into four colleges: Letters, Arts, and Social Sciences; Business and Economics; Education and Allied Studies; and Science. The University offers bachelor's degrees in 45 fields, minors in 66 fields, and master's degrees in 31 (in addition to Special Majors). Other programs lead to teaching, specialist, pupil personnel services, and administrative services credentials. To learn more about CSU, East Bay visit http://www.csueastbay.edu.

THE DEPARTMENT: The Department of Public Affairs and Administration offers two degree programs: a M.S. in Health Care Administration (MSHCA) and a Master of Public Administration (MPA). Both programs admit students in the Fall and Spring quarters and are year-round programs with courses offered each quarter. Both degrees are offered at the Hayward Campus; the MSHCA program is also offered fully online through the Online Campus. The MSHCA degree program currently has approximately 100 students, all of whom focus on management and change in health care. The MPA degree program with three option areas currently has approximately 225 students. One of the option areas is Health Care Administration. The Department is a collaborating partner in the Minority Training Program in Cancer Control and Research (MTPCCR), which is funded by the National Cancer Institute. This is a joint project of the UCSF Helen Diller Family Comprehensive Cancer Center and the UCLA School of Public Health designed to encourage minority students to pursue doctoral programs. It is a participant in the American College of Healthcare Executives (ACHE) Higher Education Network and is a member of the National Association of Schools of Public Affairs and Administration (NASPAA). The Department's Institute for Governmental Research and Training provides research and training activities for U.S. and international practitioners and governmental agencies. The Institute is currently in discussion to develop a joint health care administration degree program in partnership with a university in China.

DUTIES OF THE POSITION: The successful candidate for this position is expected to teach graduate courses in both the MSHCA and MPA degree programs, participate in curriculum and program development, and serve as the Graduate Coordinator for the MSHCA program. The MSHCA Graduate

Coordinator is the principal advisor and mentor for the MSHCA students, who are from diverse educational, ethnic, and cultural backgrounds. Approximately 65% of the students are female, 11% are African American, 22% are Asian or Pacific Islander, 10% are Latino American, and 27% are international students. The MSHCA Graduate Coordinator is also the lead faculty member in our collaboration with the Minority Training Program in Cancer Control and Research (MTPCCR). Candidates should have broad-based expertise in core curricular areas such as health care administration and management, including health care finance and budgeting, technology, quality assessment and improvement, and strategic planning. Please note that teaching assignments at California State University, East Bay include courses at the Hayward, Concord and Online campuses, as well as other off-site locations. In addition to teaching, all faculty have advising responsibilities, assist the department with administrative and/or committee work, and are expected to assume campus-wide committee responsibilities.

RANK AND SALARY: Assistant Professor. Salary is dependent upon educational preparation and experience. Subject to budgetary authorization.

DATE OF APPOINTMENT: Fall Quarter, 2012.

QUALIFICATIONS: Candidates with a doctoral degree or master's-level with significant professional experience will be considered. Candidates with a Ph.D. in Health Care Administration, Ph.D. in Health Services and Policy Analysis, Doctorate of Public Health (Dr.P.H.), Doctorate of Public Administration (D.P.A.), or a doctoral-level degree in a related health care field earned no later than the effective date of appointment are preferred. Candidates with a master's degree in health care administration (MSHCA or MHA), health care management (MBA), public health (MPH), or a related health care field will be considered if the candidate has significant professional experience in the field of health care administration or management. Experience that has fostered development of an effective university-level teaching style is highly desirable, as is the demonstrated ability to create research and community involvement opportunities for a diverse student population. Demonstrated ability to teach, advise, and mentor students from diverse educational and cultural backgrounds. Additionally, applicants must demonstrate a record of scholarly activity. This University is fully committed to serving students with disabilities in accordance with applicable state and federal laws. For more information about the University's program supporting the rights of our students with disabilities see: http://www20.csueastbay.edu/af/departments/as/

APPLICATION DEADLINE: Review of applications begins October 17, 2011. The position is considered open until filled. Please submit a letter of application, which addresses the qualifications noted in the position announcement; a complete and current vita; graduate transcripts; copies of major publications and other evidence of scholarly activity; and three letters of recommendation to:

> Toni E. Fogarty, PhD, MPH
> Chair, Department of Public Affairs and Administration
> California State University, East Bay
> 25800 Carlos Bee Blvd.
> Hayward, CA 94542
> Office Phone No.: 510-885-2268
> Office Fax No.: 510-885-3725
> E-Mail Address: toni.fogarty@csueastbay.edu

NOTE: California State University, East Bay hires only individuals lawfully authorized to work in the United States. All offers of employment are contingent upon presentation of documents demonstrating

the appointee's identity and eligibility to work, in accordance with the provisions of the Immigration Reform and Control Act.

As an Equal Opportunity Employer, CSUEB does not discriminate on the basis of any protected categories: age, ancestry, citizenship, color, disability, gender, immigration status, marital status, national origin, race, religion, sexual orientation, or veteran's status. The University is committed to the principles of diversity in employment and to creating a stimulating learning environment for its diverse student body.