

## **COMPACT FOR THE COLLEGE OF HEALTH AND HUMAN SERVICES FY 2008-12**

### **Introduction**

The compact between the Provost and Vice President for Academic Affairs and the Dean of the College of Health and Human Services for 2008-12 follows:

In 2007-08, the College of Health and Human Services at BGSU is celebrating its 35<sup>th</sup> year as a collegiate unit, although some of its programs were originally begun in the 1930s. The College has a history of developing and offering academic programs to educate the allied health and human service professionals who provide a broad spectrum of healthcare and human services in Ohio and beyond. The College is distinctively collaborative in that some programs (e.g., Nursing, Masters in Public Health) are conducted jointly with other institutions in Northwest Ohio and all programs have components in which students are engaged with health and human service agencies as part of their educational experience. Thus, the College is well positioned to meet the demands of the environment confronting higher education over the next 10 to 15 years.

The environment for higher education in 2020 will be affected by trends in demography and diversity, economics and work, technology, and education itself. In 2020, the cohort of older Americans will be larger, retiring later, and living longer. As a result, they represent “one of the greatest untapped resources for the future of education” because of their career changes and a desire to be mentally vigorous and active (Dryden and Vos 1999). The racial and ethnic diversity of the population will be greater. The population will also include more people not born in the United States (i.e. foreign immigrants). This diversity also clusters at the lower end of the socio-economic scale. Income disparity will be greater and more people will be living in poverty. The young children living in poverty in 2007 will be at traditional college student ages in 2020. More than half of all high school graduates will not have a good foundation for higher education or for securing a good job. In spite of these problems, the information age will continue to revolutionize education. The home will reemerge as a vital center of learning through the diffusion of innovative or lower cost computer technology and distance education. However, preparation for higher education, equity of access, and affordability will still continue to be significant problems limiting full participation. Higher education will become more like work not only with respect to accountability and its focus on quality and outcome measures, but also in its processes. Prospective students will favor colleges and universities that implement programs of study that are more like work, with curricula and learning experiences based on real problems to be solved by small groups or teams of mixed ages, diversity, and different types of abilities (Handy 1989).

In light of this environment for higher education in 2020, the College of Health and Human Services envisions its future in terms of three fundamental themes that will guide its mission and programs over the next 10 to 15 years. These themes are: **Health and Quality of Life Across the Lifespan; Healthy Choices for Healthy Lives; Partnerships for Health and Human Services.**

“**Health and quality of life across the lifespan**” embodies the education of allied health and human service professionals who provide effective and ethical services that enhance human well being and the quality of life to clients (and organizations serving clients) at all stages of the lifespan.

This traditional mission will be retained by the College in future years through 2020 and beyond because professional staff will still be required to provide healthcare and human services. In addition, the College will continue to provide short-term continuing education training events for professionals. However, lifelong learning will become an increasingly important focus of College programs by 2020 requiring that health and human service content areas be delivered to new target audiences by non-traditional means like interactive distance education, videoconferencing, and new technologies yet to be implemented.

**“Healthy choices for healthy lives”** captures the essence of two fundamental trends of the future. One is the increasing importance of prevention initiatives in health and human services. The other is a centerpiece of current and future education at BGSU—the values initiative. The increasing emphasis on prevention in health and human services may involve new policy-related activities or organizational practices analogous to today’s anti-smoking legislation, healthier food production processes (e.g., removal of trans fats), or corporate policies aimed at reducing obesity (e.g., payroll fines for being overweight). The prevention initiative also involves educating people to make healthy and safer choices and to avoid risky behaviors. Since new public or organizational policies, and individual choices about healthier and safer behaviors, clearly involve values and ethics, the College of Health and Human Services will become more centrally involved in the development of curricula, service learning, problem solving, and policy analysis in conjunction with the BGSU Values Initiative in the years leading up to 2020 (<http://www.bgsu.edu/offices/president/page541.html>).

**“Partnerships for health and human services”** embodies the idea that many of the future activities of the College of Health and Human Services (such as training professionals, providing lifelong learning opportunities, values education for healthy choices) are impossible to do well without meaningful productive partnerships with other programs and organizations. In fact, the College is already heavily engaged with health and human services organizations today and this will continue to increase. A 2005 report documented over 250 external agencies or programs with which students and faculty of the College worked and learned through partnerships. These partnerships are the fabric of the College. The intersection of College programs with agency or community needs provides both students and faculty with opportunities for active learning and discovery. The College will continue its emphasis on partnerships for active learning through 2020 and beyond because (a) the learning models and curricular approaches behind active learning through engagement are valid; (b) students benefit more from engaged programs; and (c) prospective students will prefer programs of study in which curricula and learning experiences are based on real problems to be solved by small groups or teams of mixed ages, diversity, and different types of abilities.

#### **A. College Mission and Key Functions**

The abbreviated mission of the College of Health and Human Services at Bowling Green State University is to contribute to the improvement of the spectrum of health and human services in Northwest Ohio, the state of Ohio and the nation through instructional programming, research and community service.

The College’s Strategic Plan 2006-2011 has five themes that are aligned with university-wide priorities in the BGSU Academic Plan (<http://www.bgsu.edu/offices/provost/academicplan/index.htm>) and in Building Dreams: The Campaign for BGSU (<http://giving.bgsu.edu/development/buildingdreams/>). These five themes guide the organization of goals, objectives, implementation strategies and

performance indicators in the Strategic Plan and are embedded elements of the College Compact. The themes are:

- Academic Excellence and Program Development
- Research Excellence
- Engagement with External Communities
- Leadership in Learning
- Resource Development

## B. Performance Measures

UNDERGRADUATE ENROLLMENT					
	Fall 2007	Fall 2006	Fall 2005	Fall 2004	Fall 2003
AHS	350	340	289	271	241
CDIS	148	145	117	94	67
CRJU	352	365	382	396	395
ENVH	25	21	17	25	24
GERO	44	51	39	37	39
MEDT	45	56	48	36	40
NURS	504	492	558	484	412
SOWK	141	169	177	165	134
UNDECIDED	22	27	28	24	25
<b>TOTAL</b>	<b>1631</b>	<b>1666</b>	<b>1655</b>	<b>1532</b>	<b>1377</b>
Male	27%	28%	27%	26%	26%
Female	73%	72%	73%	74%	74%
Minority Percentage	16%	18%	18%	16%	13%
Total BS Degrees Awarded (calendar yr)	282 (May & Aug) Approx 50 for Dec.	316	277	251	269
GRADUATE ENROLLMENT					
CDIS (Master's)	45	41	41	43	44
CDIS (Doctoral)	8	9	5	8	9
CRJU	11	11	12	10	10
MPH	103	83	75	78	58
REHB	N/A	N/A	41	34	34
<b>TOTAL</b>	<b>167</b>	<b>144</b>	<b>174</b>	<b>173</b>	<b>155</b>

### Four Year, Five Year, and Six Year Graduation Rates (source: IR Migration Report)

Cohort Year	2001	2000	1999	1998	1997
4 yr graduation	37.6%	42.1%	38.1%	44.5%	37.8%
5 yr graduation	50%	52.8%	53.8%	63%	53.7%
6 yr graduation	n/a	54.4%	55.9%	65.9%	58.5%

### First-to-Second Year Retention Rates

2006	2005	2004	2003	2002	2001	2000	1999	1998	1997
74.4%	74.5%	76.5%	75.2%	71.5%	71.1%	78.5%	76.3%	82.4%	75.9%

Retention data over the last decade show the low retention rate of 71.1% in 2001 and the high retention rate of 82.4% in 1998. The mean over that time is 75.6%. Analysis of the 2006-07 college retention data by program clearly shows that the three largest freshman enrollment programs (pre-nursing, applied health science, pre-criminal justice) drive this figure. In

particular, the pre-nursing students display a 66.9% first-to-second year retention rate. Given that the pre-nursing students are the largest student group in the college, this program significantly affects the college's retention rate. The nursing students also are in the most competitive selective entry program with twice as many qualified students applying for the 60-70 available clinical admission spots each year. This large student group will be a focus for improved retention. The community health track within applied health science may be an attractive option to retain some of the quality students who may not make it into the nursing program. The HSRC will continue to focus on the academic needs of these students and the college advisors will continue to work very early to retain the students at risk for not returning.

The college will focus on increasing the most recent retention rate (74.4%) 1% each year whereby in approximately 6 years the retention can be stabilized at around 80%.

Six-year graduation rates for the College of Health and Human Services range from a high of 66% for the cohort of students entering HHS in the fall of 1998 to 53% for the cohort entering HHS in the fall of 2001 (the most recent 6-year data). The decline in overall six-year graduation rates is driven by three of the four largest programs in the college: pre-nursing, pre-physical-therapy, and communication disorders. Of the four, only the criminal justice program had a higher six-year graduation rate for the 2001 cohort than the 1998 cohort. But the criminal justice program had the lowest six-year graduation rate for the 1998 cohort. All four of these larger programs in the college have become more competitive for progression to the degree in the past 10 years. So students who declare these programs initially or who are admitted to pre-major status are increasingly not progressing to the degree. However this situation does not reflect an accurate picture of the overall graduation rate since many of the students in the nongraduating category of the data actually graduate in alternative health or justice related programs at the university. More detailed student migration studies will be completed to determine the real graduation rate of the students.

It is difficult to envision a major increase in six-year graduation rates based on entering cohort data. The pre-nursing program has become even more popular as an entry program but progression to the professional part of the program at the UT Health Science College of Nursing has become even more competitive. It is projected that the new HHS specializations in health care administration and community health will lead to improved retention and graduation rates.

	2006-2007	2005-2006	2004-2005	2003-2004	2002-2003
CDIS					
# Taking exam	17	22	20	20	19
# passing	16	21	20	20	17
BGSU Percentage	94%	95%	100%	100%	89%
National Rate	78%	*	*	*	*
GERO					
# Taking	1	3	1	7	6
# Passing	1	3	1	6	6
BGSU Percentage	100%	100%	100%	85.7%	100%
National/State Rate	74/88%	77/91%	79/93%	75/89%	unknown
MEDT					
# Taking	7	11	8	8	2
# Passing	7	9	8	8	2
BGSU Percentage	100%	81%	100%	100%	100%
National Rate	not reported yet	82%	83%	82%	83%
NURS					
# Taking	55	56	60	42	60
# Passing	53	54	53	40	51
BGSU Percentage	96%	96%	88%	95.24%	86%
National Rate					
SOWK					
# Taking	46	Unknown	Unknown	Unknown	Unknown
# Passing	39	Unknown	Unknown	Unknown	Unknown
BGSU Percentage	85%	Unknown	Unknown	Unknown	Unknown
National Rate	78%	Unknown	Unknown	Unknown	Unknown

\* CDIS National passage rates average near 75% each year.

Employment placement for students from all of our undergraduate programs is excellent with many programs having a 100 percent placement rate for years.

Students from the CDIS graduate program are in demand and have had a 100 percent placement rate for over 15 years that the data has been collected.

The College's Spring 2007 newsletter, *Signature*, featured 5 recent MPH graduates who serve as local health department commissioners. No other MPH program in the state has graduates in such leadership positions.

Medical technologists who graduated from BGSU have assumed positions of leadership at all hospitals in Northwest Ohio.

Of the 17 students admitted to the CDIS doctoral program since 1999, 88 percent have either graduated or are still in the program. Those who graduated are employed either as faculty at universities, clinical specialists or, in one case, enrolled in an MBA program at BGSU before taking a hospital position.

In a 2007 survey of recent AHS graduates (5-year survey), over 80 percent of respondents stated that they entered a post baccalaureate training program or graduate school in an area related to their desired career path.

### **College of Health and Human Services Instructional Contribution to Non-HHS Students**

There were 31 Health and Human Services courses offered over 4 semesters from Spring 2006 through Fall 2007 that had enrollments of students who were not HHS majors. The overall percent of non-HHS majors was about 13 percent of the total enrollment in those courses. We anticipate several of these programs will have increased numbers of non health and human services majors over the next few years, particularly as entering students are exploring opportunities in the health and human service professions and establishing minors (public health, gerontology) to strengthen their major degree.

Dept/Program	Avg enrolled/sem		Number of courses	Percent of enrollees not in CHHS
	Non HHS	Total		
CDIS	10.3	158.3	2	6.5%
CRJU	22.8	141.0	1	16.1%
ENVH	25.5	98.3	12	26.0%
GERO	13.0	115.8	2	11.2%
MEDT	60.3	445.5	6	13.5%
NURS	1.0	68.3	1	1.5%
PUBH	25.3	155.3	6	16.3%
SOWK	5.3	64.3	1	8.2%
College total	162.3	1178.3	31	13.1%

The college also serves as an educational option for students transferring from Firelands or other two-year colleges. Approximately 6-7% of the college's total enrollment is from transfer students.

**The Health Science Residential Community (HSRC)** is available to all students interested in health sciences and health-related fields. In fact, of the 145 freshman enrolled Fall 2007, 52% of the students are enrolled in colleges other than Health and Human Services (32% A&S; 10% EDHD; 10% Academic Enhancement; 48% HHS). Enrollment in the HSRC has increased significantly over the past three years. In 2002, the number of freshmen choosing HSRC was 85 as compared to 145 freshmen Fall 2007. The cohort of minority students living in the HSRC is higher than the University-wide cohort, and was 15% in 2003 while the University-wide cohort was 10%.

The HSRC is a valuable community that will experience an increase in demand for enrollment as interest in the health sciences and health-related fields increases. The HSRC will continue to receive focus as a community that can increase student success in terms of retention and time to graduation rates. As Success Challenge money is redirected away from the HSRC, additional revenue streams need to be identified to continue the level of services provided through this learning community.

### **Financial Information**

Financial management of the college is another metric of success. The college total education and general revenue for 2006-07 exceeded total expenses and encumbrances by \$1,284,829. This is reflective of the college's pattern of sound fiscal operation over the years. The table below displays the various college budget loads over the past 3 fiscal years.

College of Health and Human Services Historic Financial Summary						
SUMMARY	2005-06		2006-07		2007-08	
Faculty Load	\$2,269,503	49.43%	\$2,318,825	53.86%	\$2,401,435	58.84%
Staff (Admin. & Classified) Load	\$493,567	10.75%	\$469,886	10.91%	\$475,200	11.64%
Operating Load	\$162,850	3.55%	\$162,850	3.78%	\$162,850	3.99%
Grant Budgets **	\$1,286,230	28.01%	\$983,202	22.84%	\$666,340	16.33%
Development - Income on Endowment */**	\$211,598	4.61%	\$216,262	5.02%	\$243,911	5.98%
College and Department/Program Overhead **	\$167,665	3.65%	\$154,546	3.59%	\$131,455	3.22%
TOTAL	\$4,591,413	100.00%	\$4,305,571	100.00%	\$4,081,191	100.00%
* Scholarships						
** as of June 30						

During FY 2006-07 (July 1, 2006-June 30, 2007), the College of Health and Humans Services received 9 grant awards totaling \$1,276,289. These active grant projects had a total of \$691,251 in expenditures during FY2006-07, with a total carryover to FY2007-08 of \$847,143. The 9 funded proposals represent a success rate of 53 percent of the 17 proposals submitted.

Two new awards totaling \$196,803 were received between July 1 and September 30, 2007. When added to the carryover from FY 06-07, the total available funds for grant expenditures for FY 2007-08 is \$1,072,164 at this time (11/1/07). Four additional pending proposals are expected to result in an additional \$469,311 of awarded funds for FY2007-08 by January 1, 2008.

### Grant Expenditures and Available Grant Funds

Grant Awards FY 2006-07	Grant Expenditures FY2006-07	Carry-over to FY2007-08	New grant awards FY2007-08 (7/1-9/30)	Expected grant awards FY 2007-08 (10/1- 12/31)	Available grant funds FY2007-08 (est.)
\$1,276,289	\$691,251	\$847,143	\$196,803	\$469,311	\$1,513,257

A review and analysis was completed of the College's externally sponsored projects over the past nine years and a forecasting was prepared for the next five years. The College will target a steady growth of a 5.5% annual average increase in grant awards over the next five years that will realize a 27.5% increase within five years (2012).

## C. Strategic Goals

### 1. Completed Goals for 2006-07

- a. A Community Health specialization was created in the Applied Health Science bachelor's degree.
- b. An on-line Master of Science in Criminal Justice Program was created in partnership with third party vendor, Embanet. The program began offering courses in the Summer Session 2007.
- c. New faculty were hired for the Criminal Justice program in conjunction with the on-line MSCJ (John Liederbach) and for the Gerontology program for a vacant position (Wendy Watson).

- d. The Medical Technology program successfully obtained reaccreditation.
- e. The Environmental Health program successfully obtained reaccreditation.
- f. The Department of Communication Disorders began its doctoral bridge program to admit and enroll students with bachelor's degrees to the Ph.D. program and have them earn non-clinical masters degrees as part of the program.
- g. Reorganization of the College support staff was accomplished after the loss of four staff due to two retirements, a death, and a relocation, respectively. The reorganization provided shared coverage for the Department of Human Services and the Environmental Health program, and for the Dean's Office and the College Academic Advising Center.

## 2. Carried-Forward Goals for 2007-08

### a. Academic Excellence and Program Development

#### (i) Provide **Excellent Educational Experiences and Programs in Health and Human Services** (Goal A1 from HHS Strategic Plan)

- (a) Recruit faculty, update curriculum, and develop internship opportunities for the new specialty areas of Health Care Administration and Community Health in the Department of Public and Allied Health

The College of Health and Human Services believes the specialty areas in health care administration and community health are central to the mission of the College in regard to substantive content, student recruitment, faculty research and engagement, and placement of graduates. Both the HCA and the CH specialty areas had inquiries and applicants before they were officially available at the university, demonstrating the interest by existing and prospective students. The goal for the current year involves four specific objectives: (1) recruitment of the planned community health faculty position approved by the Provost's Office (Spring 2006) that is critical for continued curricular implementation; (2) refinement of existing courses and addition of new courses to the Community Health curriculum; (3) development of the Health Care Administration internship program as an essential part of the HCA curriculum and establishment of community partnership agreements for internship opportunities; and (4) filling a vacancy as a result of the termination of the contract of an entry level faculty member.

- (b) Finalization of the Respiratory Care specialization in the four year Applied Health Science degree program involving collaboration with Firelands College

This program will provide the opportunity for students obtaining Associates degrees in Respiratory Care at Firelands to take an additional three semesters of coursework at BGSU and graduate with a Bachelor of Science degree in Applied Health Science with a Respiratory Care specialization. About 20 students per year are estimated to enroll in this new program.

- (c) Continue support for the reconfiguration of the Environmental Health Program (ENVH) to the new School of Earth, Environment, and Society (SEES) in the College of Arts and Sciences

The move of ENVH to SEES could add important academic programming to the new SEES unit, strengthen the ENVH program visibility and student recruitment potential, make better space available for the ENVH program, and provide more opportunity for the ENVH program to grow in terms of students and faculty. This new structure should be a very supportive environment for the research and engagement currently performed by the ENVH program faculty because of the increased contact that they would have with faculty in the other units comprising SEES.

(ii) **Optimize Enrollment in All Programs** (Goal A6 from the HHS Strategic Plan)

**Enrollment Management**

Every program is obligated to analyze its enrollment patterns, trends, and demands to determine how to achieve its optimal enrollment under current resources, the desirability and feasibility for enrollment growth, and the resources that would be needed to achieve that growth. Thoughtful program level enrollment management plans will contribute to an effective, strategic college enrollment management plan. That task notwithstanding, an immediate major need cutting across all programs is to enhance the College and Departmental websites as tools for attracting, recruiting, and enrolling prospective students.

A corollary of current enrollment and projected increases is the current deficiency of different types of space in the College and the poor condition of various existing areas. Undergraduate students lack a common space in the College in which students can gather for study or conversation, interact informally with faculty, promote student organization activities, sell simple and healthy food and beverage snack items as organization fund raisers, and have access to computer terminals, photocopying, and current health and human services related periodicals. These student activities are central to the development of a College community integrated around the themes of Health and Quality of Life Across the Lifespan, Healthy Choices for Healthy Lives, and Partnerships for Health and Human Services. Graduate students also lack common space for the same type of community-building activities but also lack adequate space for graduate research and assistantship responsibilities. The current learning space for graduate students is simply not acceptable.

In addition to these College-wide enrollment issues, specific recruitment focal points for the various programs are described below and enrollment targets are summarized in the table that follows this section.

(a)The Department of Public and Allied Health will focus on student recruitment and retention, on two specific sources of students. Every year, a large number (30-60) of **pre-nursing** students are not accepted into the professional phase of the program at the UT Health Sciences campus because it is highly competitive (minimum GPA cut point = 3.3). Early identification and advising of students with a low probability of admission to the professional phase will focus on converting those students into another career direction (HCA or Community Health). Another source of students is the Toledo Public Schools allied health programs that focus on college preparation for health careers. A large proportion of these students are students of color. The Associate Dean, the Director of Advising, and the Chair of the Department of Public and Allied Health will work with the BGSU Office of Pre-College Programs liaison to the Toledo Public Schools to develop recruitment strategies and HHS activities that will attract these students to BGSU and provide pre-college advising regarding academic preparation for allied health careers.

**Applied Health Science (AHS)** consists of 5 specializations but the distribution of students is non-uniform with 80% being in the Health Science specialization. Two of the specializations, Health Care Administration and Community Health, are new having been created in 2006 and 2007, respectively. Enrollments in these have been close to projections with about 16-20 students enrolled in each thus far. Applied Microbiology and Allied Health, the remaining two specializations, are low enrollment programs with different demand, resource and need characteristics. Applied Microbiology is the specialization with the lowest demand and need. Part of the reason for this is that it competes for the same students as the microbiology major in Biological Sciences although the curriculum is significantly different. Currently, there are no more than six applied microbiology students. About one-third of the majors are former medical technology students who failed to complete program requirements. The specialization remains primarily because graduates are able to find work in microbiology and because the department expends no resources to support the major. Allied Health typically has 6-10 majors who are nontraditional students and mostly from the Firelands or Owens campuses. This specialization serves a societal need in that it provides baccalaureate level advancement for allied health fields that are traditionally associate degree programs. As with Applied Microbiology, the Allied Health students mix into PUBH and MEDT courses required for the other majors; no specific courses are taught exclusively for this specialization. However, unlike Applied Microbiology students, many Allied Health students take courses at Firelands in classes that are not filled, so capacity has always been significantly above utilization. The enrollment management for the AHS degree also includes the development of a new specialization in Respiratory Care. This is expected to enroll about 20 students each year from the Associate degree program, and should boost course sizes up to capacity.

The remaining specialization in AHS is Health Science. This specialization has about 300 students. It has grown steadily over the past 5 years with the exception of fall 2007 when enrollment fell by about 15%. Nevertheless, the 2007 class consists of about 100 students and is better balanced with the resources of the department and its class capacities. The need for this program is very high and in balance with demands. However, it has been difficult to keep up with its growth in terms of course staffing and classes have generally become larger than optimal. The enrollment plan for this specialization is to not cap it *per se*, but to try and direct some of the students into Community Health and Health Care Administration. It is important to recognize the potential for these to act as feeders for the MPH program, something that has been successful with medical technology.

Over the past 5 years the overall enrollment in **Medical Technology** has increased from a low of about 35 to 56 majors in fall 2006 only to fall back to 45 majors in fall 2007. The number of applicants to the professional phase of the program, number enrolled, and number completed also increased modestly over the last five years. However, the attrition from the professional phase remains high, making the recruitment of high quality students an imperative. In the past five years we have noted the following: increased enrollment from nontraditional and international students; Increased financial constraints requiring most students to work while in the program; increased attrition from the program. Enrollment in the major needs to be increased. However the increase must be modest because of the limited space for training. While there are a maximum of 16 -18 clinical training sites available (combined University and Hospital based options), there is room for only 12 students in the department's laboratory classroom. Within the next 4-5 years, the Health Center renovation will include new laboratory space that will permit the program to cap its professional enrollment based on the number of hospital sites available. The target for recruitment should be based on having space for 16 students with attrition expected to be no more than 10%.

This would require a professional class application pool of at least 20 students and projects to about 70 total majors and an incoming class of at least 12 freshmen per year.

The consortia nature of the **Master of Public Health** program includes challenging enrollment management complexities. BGSU is a partner in this degree granting program and the partnership is realized in providing core courses that are required for all students. Admission decisions that are made elsewhere (at the University of Toledo) affect the enrollment in BGSU courses.

The societal demand for trained public health professionals continues to exceed the supply of graduates. The demand is not expected to lessen in the coming decade. Approximately 20% of the Master of Public Health program students are full-time. The remaining 80% of students have full time employment and attend school as part time students.

(b) The **Criminal Justice Program** will focus recruitment activities on its on-campus and on-line Master of Science in Criminal Justice programs. The target audiences for these two programs are very different and therefore require different recruitment strategies. The on-campus MSCJ program tends to attract younger students matriculating directly out of undergraduate programs, whereas the on-line MSCJ program is intended for working adults seeking career advancement or career change opportunities. The on-campus MSCJ program will increase its full time enrollment within the next 5 years to 15 entering students per year to meet its initially articulated enrollment target. The on-campus MSCJ program has slightly increased the number of externally funded assistantships and will continue to focus on this strategy as a means of attracting good students. The on-line MSCJ program targeting working adults needs to pursue modifications to two factors known to be detrimental to converting interested students to matriculating students: the out-of-state instructional fee and the GRE requirement. Both of these factors should be modified by December 2007. The on-line program should reach a 150 student enrollment within the next 3 years. The undergraduate program in criminal justice is stable with about 120 pre-major students and 200 students admitted to the major. Within the next five years, the majors will be increased to 225 given the current full complement of faculty.

(c) The **Department of Communication Disorders (CDIS)** will focus on attracting more students to its doctoral program to stabilize enrollment at its originally stated goal of 10-12 full time students. Recent strategic faculty hires now position the department to increase doctoral student enrollment. The research capacity of the faculty has been significantly improved through three recent hires, all of whom have received external funding for their research, two from NIH. The department is also increasing its collaboration with the J.P. Scott Center for Neuroscience, Mind & Behavior to create a research interest area in the neurological aspects of communication disorders. These program developments allow more attractive and compelling doctoral student recruitment strategies and materials describing faculty research, laboratory and clinic facilities, and doctoral student space. It is important to note that adequate research laboratory space and doctoral student space remain a serious concern.

The current master's level class is fully enrolled every year with an entering class of 20 – 25 students. The program receives over 100 qualified applicants every year to compete for these slots. The real limitation to increasing the size of the master's class is the availability of appropriate and varied clinical training sites to provide 3-4 semesters of experience for the student. Currently the available funding for the first year of the entering class of graduate students has allowed recruitment

of top tier students (lowest GPA entering student is around 3.6). Should reduction in available money for graduate students begin to degrade the quality of the entering students, the department will begin to decrease the number of students enrolled to maintain the quality and reputation of the BGSU program.

The undergraduate student enrollment has experienced a 120% increase over the last 4 years placing the 2007 enrollment at 148 students. Given the current faculty and the ability to reinvest in the department to fill vacant lines and fill upcoming retirements the undergraduate enrollment will be limited to 160 students. Any loss of lines will require an intentional decrease in the number of undergraduate students admitted to the major.

(d) Estimates for increased enrollment in the **Environmental Health Program** are predicated on the assumption that ENVH will be merged with the Environmental Studies Program into a new department that is located in the College of Arts and Sciences. Given this reorganization, a 10% increase in student enrollment is anticipated over each of the next five years.

(e) The **Gerontology Program** will focus on student recruitment activities geared toward increasing the enrollments in the two gerontology tracks (general and long-term care administration). The Director of the Gerontology Program and the Director of Advising will continue to work with the Chair of the Department of Arts and Sciences at Terra Community College to facilitate the transfer process of students completing an Associate degree at Terra Community College in pursuing a Bachelor's degree in Gerontology at BGSU. A previous hurdle for students transferring to BGSU's Gerontology Program was the fact that Terra Community College did not offer an "Introduction to Gerontology" course on their campus. The Director of BGSU's Gerontology Program has worked with a faculty member in the Psychology Department at Terra Community College to develop the course (scheduled to be offered beginning Spring 2008). Enrollment will stay at 15 students per year in the pre-gerontology part of the program with 40 students enrolled in the professional gerontology program. Within 5 years, the gerontology professional program will enroll about 55 students.

An interdisciplinary Master Degree in Gerontology is being developed with anticipated approval within a year. The program will attract a mix of full-time and part-time students. The program will encourage up to 40 students with a full-time equivalency of around 20. Yearly admissions will limit enrollment to 20 students

The enrollment in the undergraduate Social Work Program is tightly controlled by accreditation standards that speak to student to teacher ratio in practice classes. Given the current 4 full-time faculty complement, the program has reached maximum capacity at a total enrollment of 100 students. Plans for adding additional faculty resources will be considered as the program begins to put together a thoughtful, strategic enrollment management plan. However, no plans have yet been made to increase the number of students that would necessitate adding a faculty line.

### Enrollment Projections 2008 - 2012

Department/Program	Fiscal Year					
	Current	Projections				
	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13
<b>Undergraduate Programs</b>						
Communication Disorders (a)	148	160	160	160	160	160
Environmental Health (b)	25	0	0	0	0	0
Human Services						
Criminal Justice	352	355	360	365	370	375
Gerontology	44	50	55	60	65	70
Social Work (c)	141	140	140	140	140	140
Department total	537	545	555	565	575	585
Nursing	504	490	500	500	500	500
Public & Allied Health						
Applied Health Science	350	389	400	405	410	410
Medical Technology	45	50	55	60	65	65
Department total	395	439	455	465	475	475
Undecided	22	25	25	25	25	25
College Undergraduate Total	1,631	1,659	1,695	1,715	1,735	1,745
<b>Graduate Programs</b>						
Communication Disorders						
Masters	45	45	45	45	45	45
Ph.D.	8	9	10	11	12	12
Criminal Justice						
Masters on-campus	11	12	15	18	20	20
Masters on-line	5	50	100	150	200	200
Master of Public Health(BGSU/UT consortium)	103	106	112	115	120	126
Interdisciplinary Masters GERO/HMSLS (d)			10	25	35	40
College Graduate Total	172	222	292	364	432	443

#### Notes

- (a) Capped at 160 due to available resources  
 (b) ENVH reconfiguration to School of Earth, Environment, and Society in the College of Arts & Sciences  
 (c) Capped at 140 due to available resources  
 (d) New Master's degree program proposed to begin Fall 2009

#### b. Research Excellence

##### (i) **Promote and Support Scholarship of Engagement** (Objective B1.1, HHS Strategic Plan)

The College will continue its very active development of community partners in research, as evidenced by the recent activities described below.

(a) The Associate Dean is working with the Wood County Sheriff's Office and the Wood County Alcohol, Drug Abuse, and Mental Health Services (ADAMHS) Board to develop funding support for a coordinated program of mental health services to the criminal justice system. A Federal planning grant proposal is pending.

(b) In the past round of the Partnership for Community Action (PCA) grants, the College received three of the ten grants that were awarded in 2006, resulting in new community partnerships.

Education to Reduce Risky Behaviors in Youth

BGSU Social Work program and the Fremont, Ohio schools

Sexuality, Medication, and HIV/AIDS, and the Older Adult

BGSU Gerontology program and the Wood County Senior Center

Summer Program for Enhancing Language and Literacy (SPELL)

BGSU Department of Communication Disorders and the Findlay City Schools

(c) The Environmental Health Program received two major grants working with local communities and containing important research components: The Regents Environmental Learning Academy funded over 50 high school students to come to BGSU over the summer to take college level courses using active learning strategies; the U.S. EPA recently funded the ENVH Program to develop a seven-county collaborative to help prevent lead poisoning throughout Northwest Ohio.

**(ii) Identify, Nurture, and Promote Research Strengths in the College** (Objective B1.3 from the HHS Strategic Plan)

(a) Revitalize the College's Research Presentation Forum

**(iii) Enhance Research in Emerging Areas** (Objective B1.6 from the HHS Strategic Plan)

(a) Continue to develop and expand the CDIS research collaboration with the J.P. Scott Center for Neuroscience, Mind and Behavior.

Recent faculty hires in CDIS and emerging research interests of current faculty in neuroscience aspects of communication disorders have led to the appointment of five CDIS faculty as affiliates of the J. P. Scott Center. One of these CDIS faculty recently received her first NIH grant award as a second-year faculty member. As the neuroscience expertise of the CDIS faculty expands, additional research and grant collaborations will result in productive scholarship. The reactivation of the 2006-07 CDIS faculty search will fill a required content area in the accredited masters program as well as strengthen the Neuroscience of Communication focus in the J.P. Scott Center for Neuroscience, Mind and Behavior.

(b) Continue to develop and expand the GERO research collaboration with the Institute for the Study of Physical Activity and Aging

The mission of the Institute for the Study of Physical Activity and Aging (ISPA<sup>2</sup>) is to "provide a bridge among programs and individuals within the School of HMSLS as well as other schools and colleges at BGSU in terms of research, instructional programs, and community service." Faculty from HMSLS (Amy Morgan) and GERO (Nancy Orel) are currently completing a resubmission of a grant application to the National Institute of Health for funding to support research that will investigate the health, fitness, and psychological impact of an exercise program involving grandparents and their custodial grandchildren. The proposed research will study the psychophysiological benefits for grandparents and grandchildren participating in a physical activity program to improve fitness and family relationships.

### 3. New Goals

#### a. Academic Excellence and Program Development

##### (i) **Provide Excellent Educational Experiences and Programs in Health and Human Services** (Goal A1 from HHS Strategic Plan)

###### (a) Continue the development of an interdisciplinary Masters degree in Gerontology

Initial discussions begun in 2003 with the School of Human Movement, Sport and Leisure Studies and the School of Family and Consumer Sciences conceptualized an interdisciplinary Masters degree in Gerontology with a focus on preparing individuals for leadership roles in agencies/organizations that provide program/services for older adults. The degree program will also provide a base for pursuit of doctoral level of study. Although the program will provide students with a solid background in the biological, cognitive, and psychosocial aspects of adult development, students will also be able to specialize in one of three areas. These core areas include families in later life, exercise physiology and aging, and resident well-being in long-term care settings. This degree is more relevant and needed today than it was when discussions initially began some four years ago. The discussion stalled when there were problems retaining a third Gerontology faculty member and an additional fourth Gerontology faculty position was not in the picture. The Gerontology faculty positions are now stable. A fourth faculty line is needed to handle the additional courses that would be required for the Masters degree program. The goal for 2007-08 is to restart the planning process for this degree and to add a fourth faculty line to gerontology.

###### (b) Make necessary program revisions and address the immediate personnel needs to satisfy program accreditation standards

The Director of the Social Work Program has just recently announced his intention to retire at the end of the Spring 2008 semester and the field coordinator's contract expires at the same time. This action will create a leadership vacancy in the program earlier than anticipated and the need to renew the field coordinator's contract. The Social Work Program is a popular degree program in the College that has about 140 students in various stages of completion, is central to the College mission, and has an extensive network of field placements that form an important engagement component of the College. Therefore, the search for a new program director to lead the program into the second decade of the 21<sup>st</sup> century as well as the renewal of the field coordinator's contract is essential for the College.

In addition to the importance of new leadership for the program, the Social Work Program needs to adapt its curriculum to the realities of professional social work in the next decade. Although a child and family perspective have dominated the field for years, about two-thirds of practicing social workers now work with older adults (Council of Social Work Education [CSWE], 2001). In fact, the inadequate number of gerontological social workers available to meet the current level of need, coupled with future projections of a growing older adult population, has led some to label the geriatric care workforce problem as an "emerging crisis" (Hudson, 2003). Therefore, the program needs leadership that reflects an appreciation and willingness to work collaboratively with the Gerontology Program to incorporate aspects of gerontology into the social work curriculum and field work experiences.

(c) Recruit new leadership for CDIS

The retirement of the current department chair (May 2008 or May 2009) is anticipated. A faculty search will be initiated to have the person in place August 2009.

(d) Explore the development of applied doctoral degrees in Public Health and Human Services Administration

Early conversations have identified the need and demand for a potential doctorate in Public Health that would focus on public health leadership, policy studies, applied problem solving research, and impact management. The target audience for this program would be mid-career public health executives with extensive administrative and management experience. Mid-career administrators in the human service and criminal justice professions form another target audience for a similarly focused program in human services administration. These new programs would provide mid-career executives and managers in public health and human services with advanced leadership skills, consensus-building strategies surrounding major values and choices underlying public policy decisions, the opportunity to work with experienced problem-solving mentors from public health and human service agencies, and the delivery of course work, seminars and conferences utilizing a combination of traditional classroom, engaged case study, and distance learning delivery methods. These programs would be very different than the traditional research-focused doctoral programs in which young scholars spend years as research and teaching apprentices. These programs are conceptualized on the model of advanced leadership competencies that apply across all public health and human service settings and organizations.

(e) Reexamination and distribution of revenue to support graduate assistantships

Given the premise that the funding for graduate assistantships from the Graduate College may be reduced, it is necessary to prepare for a phased reduction and to identify alternate sources of funding to maintain and even increase graduate assistantships. The College currently receives approximately \$233,238 in graduate student funding (80% to program, 15% to college, 5% to graduate dean). The majority of the assistantships are dedicated to communication disorders with few to public health and criminal justice. If needed, the college will reduce its graduate college allocation 4% for the first year, 4% the second year, and 2% the third year for a total of a 10% reduction. A plan will continue to be developed that includes alternate sources of graduate student funding (external grants, increase in graduate student scholarships, external revenue streams such as Embanet, other sources yet to be determined). If available funding decreases significantly and alternate ways to fund students are not available, Communication Disorders will develop a plan to begin to reduce the number of admitted masters students to preserve the quality of the program.

## **D. Space and Facilities**

The majority of the College's programs and the speech and hearing clinic are located within the health center. The College shares the facility with the student health center operations. Due to

insufficient space, the Crime and Justice Laboratory and a Stuttering Research Laboratory are housed in the rented Thurstin annex space across campus. Additionally, the department of public and allied health is split across the health center and Life Sciences building. Medical technology faculty, department secretary and department chair are located in Life Sciences building while the public health faculty have offices in the health center. The student health center operation will be vacating the current structure leaving about 10,000 square feet of space. The space will be renovated to accommodate the relocation of medical technology offices and their instructional and research labs. It is estimated that an additional 15,000 – 20,000 square feet will be needed to accommodate the academic and research programs of the College. The planning for the renovation is in process but planning for additional space has not yet been confirmed through the university process.

### **E. Diversity Assessment and Planning**

Several of the College programs integrate and infuse diversity issues throughout the curriculum. Clinical placements, internships, field placements, etc. provides students with exposure to culturally and linguistically diverse populations. Additionally faculty scholarship demonstrates a wide range of diversity issues. As the College develops an enrollment management plan, attention to student diversity will be included. An initiative focused on recruitment of minority students into our programs has been described in a previous section of this compact.

### **F. Outreach and Public Engagement**

The College is proud of its extensive public engagement and considers it an integral part of its traditional mission as well as its future (see partnerships for health and human services in the introduction of the Compact). The Speech and Hearing Clinic, established in 1938, is a college centerpiece of outreach and public engagement. This clinic is a full-service Speech and Hearing Clinic that is central to the graduate clinical training program in communication disorders and provides services to the campus and local and surrounding communities.

#### **Highest priority outreach and public engagement activities of the College for FY 2007 – 2009:**

(a) The 9<sup>th</sup> Annual Ned E. Baker Lecture in Public Health (April 3, 2008) will present “The Institute of Medicine’s Future of Public Health 20 Years Later,” by Hugh H. Tilson, MD, DrPH (<http://www.bgsu.edu/colleges/hhs/dean/page26390.html>). This is the only endowed lecture series of the College and has grown in size, importance and visibility since its inception. In addition to being web cast to over 30,000 viewers, this lecture series brings the community leaders interested in public health issues to campus as well as the National Association of Local Boards of Health and the last three years, the State Association of Local Boards of Health has joined the audience. Audience participants complete an evaluation form.

(b) The College will offer the 4<sup>th</sup> Annual Homecoming Continuing Education Seminar, (September 28, 2007), “Navigating The Ethical Uncertainties of Your Profession,” by Susan Norris Huss, PhD, LPC. This event offers approved continuing education units to 10 different groups of professionals as a way to say thank you to our alums and area professionals who supervise, train and employ our students. This event has grown in popularity and to date, 200 individuals have registered for the upcoming seminar. Audience participants complete an evaluation form.

(c) The Annual Student Scholarship Luncheon will be held in the BTSU April 21, 2008. This will be attended by student scholarship and award recipients, two of their invited guests, the College Advocate Board, many of the donors of the scholarships, and several faculty and staff of the College and development office. Approximately 100 individuals will attend this award lunch. This year extra features will be added to highlight the College's 35<sup>th</sup> anniversary. College Advocates and College staff provide feedback regarding the event.

(d) Since 1989, the College has been the recipient of the Ohio Department of Health grant, "AIDS Education in Ohio Colleges and Universities." It is currently one of three state wide grants awarded by the ODH for HIV Prevention Services but the only one focused on colleges and universities. Project activities have included the development and state-wide distribution of a videotape series on various aspects of HIV/AIDS; the development and state-wide distribution of an HIV curriculum guide; the development of a state-wide videoconference network among Ohio's colleges and universities; and a series of state-wide and regional HIV Prevention Education conferences. These conferences provide an opportunity for professional continuing education in multiple health and human service disciplines.

(e) The grant funded Ohio HIV Evaluation and Training Project (OHETP) continues in its seventh year to facilitate systematic HIV prevention program evaluations for the Ohio Department of Health. This goal is being achieved through comprehensive evaluation of local HIV prevention programs and ongoing training of local HIV prevention program staff.

### **G. Faculty and Staff Consultation**

The department chairs, program directors, and the college advisory council discussed the Compact with the Associate Dean and Dean. Michael Buerger, Associate Professor in Criminal Justice, is a charter member of the Police Futures Working Group, an adjunct organization working with the F.B.I. Given his experience, he led a discussion with the chairs and directors group on how to systematically think about the future for the College. The College's Strategic Plan 2006-2011, program review documents, accreditation self studies, program reviews, data from institutional research, and various environmental scan reports have contributed to the substance in the Compact. The final compact is the result of consultation with the Provost and the Vice President of Finance.

### **H. Summary and Allocation Summary**

To be completed through consultation with the Office of the Provost and the Office of Finance.

The table below shows the personnel (faculty) requests of the college stratified over a 4-year period (2007-08 to 2010-2011). The request represents only conditions known at this time, and includes those positions necessary to maintain programs, and to invest in a new program (interdisciplinary graduate program in Gerontology and possible DrPH). All of the positions requested are discussed within the strategic goals section of this compact.

College of Health and Human Services							
Personnel Request							
Priority	Department/ Program	Position	Reallocation	Reinvestment	New Investment	Total Salary \$ Needed	Recruitment Cycle
1st	Human Services (Social Work)	Replacement for Retirement of Director of Program (mid-senior level AY)		\$59,292	approx \$30,000	\$90,000	2007-08
2nd	Public and Allied Health (Applied Health Science)	New line for Community Health Program (mid- senior level AY)			\$85,000	\$85,000	2007-08
1st	Human Services (Social Work)	Renew current contract for 3 years		\$46,500		\$46,500	Contract for 2008-2011
1st	Communication Disorders	Retirement of Chair - FY contract		\$102,859		\$105,000	2008-09
2nd	Public and Allied Health (Public Health)	Replacement of Faculty with terminated contract (entry level AY)		\$50,000	\$10,000	\$60,000	2008-09
3rd	Communication Disorders	Replacement for Failed Search - adult language neuro science (entry level AY)		\$55,000	\$5,000	\$60,000	2008-09
1st	Human Services (Gerontology)	New line for new master's program (entry level AY)			\$60,000	\$60,000	2009-10
1st	Human Services (Social Work)	Convert 3 yr term contract ending in 2011 back to a tenure track line	\$51,000		\$15,000	\$66,000	2010-11
2nd	Public and Allied Health (Public Health)	New line for Dr PH			\$110,000	\$110,000	2010-11
Note: The dollars needed have been adjusted up to be competitive to hire and takes into account estimated 3% salary increases from now until hiring cycle.							

## I. Interdisciplinary Initiatives

- Interdisciplinary masters degree in Gerontology (see C. a. (i), (a))
- Research collaboration with the Institute for the Study of Physical Activity and Aging (see C. 2, b. (iii), (b))
- Communication Disorders Faculty contribution to the Neuroscience of Communication focus in the J.P. Scott Center for Neuroscience, Mind and Behavior (see C. 2. b (iii), (a))
- Possible development of an applied doctoral degree in Public Health and Human Services Administration

## J. International Scholarship and Engagement

International scholarship and engagement in the College is realized through course offerings particularly within the public health curriculum that has much content on international health. The Speech and Hearing Clinic offers a program for the BGSU English as a Second Language Students. Graduate students in communication disorders provide the services

to the international students. Faculty are engaged in the international arena through faculty improvement leaves, Fulbright's, and fellowships. Several faculty have focused research agendas that include international partners. For example, Bill King, Associate Professor in Criminal Justice, is part of a team addressing crime problems in Trinidad and Tobago. Hailu Kassa, Associate Professor in Public Health, has made several trips to Ethiopia to teach Environmental Toxicology to postgraduate students at the Faculty of Medicine, Addis Ababa University majoring in Public and Environmental Health. A collaborative research partnership exists between Simon Fraser University in Burnaby, British Columbia and the BGSU Criminal Justice faculty. Faculty in all of the departments present at international conferences and several faculty have their works published in various international journals. Many faculty hold international leadership roles (for example, Fleming Fallon, Professor in Public Health – Medical Director and Board Member US Doctors for Africa and Medical Director and President 2002-05 Sharing America's Resources Abroad; Ron Scherer, Professor in Communication Disorders Voice Science Advisory Faculty for the Edinburgh Voice Centre, Scotland).