Response to Program Review Standards
Master of Health Sciences (MHS) Program

Significance and Scope of the Program

**Standard 1.** The purpose of the program reflects and supports the mission and strategic vision of Western Carolina University and the mission of its School and/or College.

The central mission of Western Carolina University is engaged teaching and learning. The university seeks to create a community of scholarship that supports and complements its central mission by the commitment of its faculty to research, service and other creative activities that enhance the intellectual growth and experience of its students. [http://www.wcu.edu/chancellor/Strategic%20Planning-Mission%20Statement%202004.htm](http://www.wcu.edu/chancellor/Strategic%20Planning-Mission%20Statement%202004.htm) A key partner in the University community is the WCU Graduate School. The mission of the Graduate School focuses on the provision of resources and innovative leadership in supporting graduate education, research and community development. Fostering an intellectual environment that encourages and supports programs and research activities in collaboration with faculty, students, staff and the region facilitates the on-going development, practice and evaluation of educational excellence at the graduate level. [http://www.wcu.edu/3310.asp](http://www.wcu.edu/3310.asp)

The missions of the School of Health Sciences (SHS) and the College of Health and Human Sciences (CHHS) align with the University’s mission with a focus on educational excellence and professional preparation for students in a variety of healthcare related disciplines through promotion of engaged, life-long learning and scholarship by scholarly and collaborative faculty in a dynamic learning community.

The Quality Enhancement Plan (QEP) was developed in concert with the extensive preparation for Western Carolina University’s review by the Southern Association of Colleges and Schools (SACS) in April, 2007. The overarching goal of the QEP is one where “students will synthesize knowledge and skills from their academic and co-curricular experiences to become intentional participants in their own learning”. [http://www.wcu.edu/sacs/QEP/QEP-2-7-07-revised.pdf](http://www.wcu.edu/sacs/QEP/QEP-2-7-07-revised.pdf) Identifying and diminishing barriers to learning, and facilitating student benefit from the interrelationships and connections of both their academic and non-academic experiences is a core activity of the members of the academy.

The mission of the Master of Health Sciences (MHS) program is to offer quality graduate education for a variety of health professional careers. It is designed for practicing and aspiring health professionals in a variety of disciplines. Tenets underlying public health and prevention strategies represent the philosophical focus of the program. Central to this mission is the development of leaders who can think critically, communicate, innovate and perform effectively in a dynamic health care delivery and health policy decision-making environment. The MHS program aligns with the missions of the University and related entities as evidenced by its commitment to excellence in scholarship; collaboration with students and multiple
disciplines in curriculum improvement; innovation in program delivery; partnering with students in research and community service; responsiveness to the educational needs of students and employers; and commitment to eliminate process, tuition structure or geographical barriers to the educational process to educate leaders in the health professions of the region and beyond

**Strengths:** There are seven strengths of the program: (1) an experienced teaching faculty, committed to excellence in student outcomes and program improvement; (2) supportive and collaborative relationships within the School of Health Sciences, where several undergraduate disciplines have already or are planning to develop graduate level concentrations within the program; (3) a student population that represents diverse health care disciplines in North Carolina, South Carolina, Tennessee and Georgia; (4) program flexibility that supports the design of meaningful and appropriate programs of study for students, (5) an increased focus on excellent research skills with dissemination and application in the workplace; enhancing the synthesis of the curriculum with student work setting; and thus improving the health care and health services delivery in our region and beyond, (6) responsiveness to the expressed needs/feedback of students, prospective students and graduates to continue to innovate program curriculum and delivery quality and (7) increased use of online learning course management systems and innovative course meeting strategies that assists working professionals to achieve their educational goals. **Challenges:** There are several challenges for the program: (1) faculty; loss of third faculty member from the program in summer 2005; teaching both undergraduate and graduate courses; workload impact related to increase in the number of 1:1 student research projects; increased decentralized administrative duties; (2) support staff; loss of graduate assistant position; administrative support staff; (3) dedicated instructional technology support for the CHHS and SHS and related programs and (4) barriers of processes, geography and tuition structure for students to focused program growth. (Related items - Appendix 1)

**Standard 2. The program engages in ongoing, systematic planning that is reflective of the University’s strategic priorities.**

The Chancellor lists three primary goals for WCU: 1) improving institutional quality, 2) growing enrollment, and 3) supporting the region. The strategic development of the MHS program speaks to each of these priorities through a social marketing approach.

The driving force for using a social marketing approach is the recognition that competition has arrived. Heretofore the MHS Program had experienced a monopoly in the western North Carolina region in its offering of a graduate degree to practicing health care professionals who wanted to pursue the degree part-time. A 2004 report on the Health Sciences program noted that regionally it is estimated that one out of three new Master of Health Administration (MHA) or Master of Science in Nursing (MSN) graduate students is enrolling in the growing number of proprietary hybrid or distance learning colleges and universities. These schools include University of Phoenix, Ashworth University, Wake Forest University, and UNC-
Chapel Hill. The report further noted that competition for prospective health care students is increasing exponentially with the number of new schools offering online and/or cohort programs in Asheville and Charlotte.

These social marketing considerations are fleshed out within components of a marketing stratagem:

**Price:** Does price matter? MHS courses increasingly are being incorporated into the hybrid format, with classes meeting three to five times in-person and/or in ‘live’ audio conferencing and the remainder of class activity accomplished online. This hybrid format could qualify the program for distance education (DE) tuition rates, which in turn could open an out-of-state market. If the MHS Program is positioned for expansion beyond its regional market, distance education pricing would factor greatly in that equation. A request for DE designation for the MHS program had been submitted in spring 2007. A revised application was submitted in the fall of 2007 following consultation with the new dean of CHHS, the dean of the Graduate School and the dean of Educational Outreach.

**Product:** The standing of the MHS Program in a College of Health and Human Sciences provides a unique potential for establishing a market niche. Each of the undergraduate programs in Health Sciences results in students earning an applied skill that gives them an identified role in the workplace – clinical laboratory scientist, health information management, environmental health, nutritionist, athletic training, and paramedic. This same concept could be applied to the current master’s level concentrations:

- **Management:** applied skill could be reflected in successful completion of national credentialing as a Certified Healthcare Executive (CHE) through the American College of Healthcare Executives (ACHE) or through the American Academy of Medical Administrators (AAME).
- **Nutrition:** applied skill already exists in successfully passing requirements of American Dietetic Association (ADA) to become recognized as a Registered Dietitian (RD).
- **(Health) Education:** successful completion of national certification would provide applied skill as a Certified Health Education Specialist (CHES) through the Society for Public Health Education (SOPHE).
- **Gerontology:** credentialing as a geriatric caseworker and/or as a nursing home administrator provides national recognition of this applied skill.

Such credentialing establishes a baseline to measure success of the MHS Program against nationwide standards; this could be used in the marketing mix to further the reputation of the program, increase perceived value of the degree, expand the market, and build prestige (for both graduates and faculty).
Place: Many of the current MHS courses are offered in Asheville at the UNCA campus or at the Mountain Area Health Education Center (MAHEC) or in Hendersonville at the WCU gerontology center, and many courses use a hybrid format that combines class offerings in these locations with online activities. A review of demographic data reveals that about a third of the student population travels from points west of Cullowhee or from points equal distance to Cullowhee/Asheville. Previous assessments and informal discussion with current students have suggested that students value some in-person contact. Reports in the literature suggest that degree programs offered entirely online are valued less by employers (than degrees that require contact hours) and are held in lower esteem by students/graduates.

Promotion: Much of the current promotion of the MHS Program is passed word-of-mouth (WOM) from current students or alumni. Faculty attends selected gatherings and responds promptly to web-generated inquiries. The gerontology concentration benefits greatly from the services of a fulltime coordinator. Control over the message is lacking in WOM encounters, and there is some evidence that the WOM communications sometimes are less than favorable and/or not completely accurate. This is a target opportunity for the MHS program.

Packaging: All of the MHS classes are built into the WCU 15-week academic calendar, scheduled to meet one evening a week. The MHS program is exploring various combinations of the hybrid format, including intensive weekends. In an intensive weekend format, students would gather as a body of the whole for MHS Program core activities and then break out into areas of concentration for specific course instruction. Locations for such intensive weekends could be the WCU campus, High-Hampton Highlands, Grove Park Inn, Balsam Mountain Inn, or other site where meals/amenities could be provided to enhance the educational experience.

People: An assessment has been initiated to bring more perspective to the admission standards currently established for the MHS Program, seeking to answer these questions: Is there value to continuing the GRE requirement? What weight should be given to work experience? What should be the standard for GPA for both Certificate and degree-seeking students? Do students experience a better education (or perceive a greater market good) when a high standard is advertised and maintained?

Politics: This marketing component considers both the Big P (external politics) and the little p (internal politics). Marketing considerations for the Big P gives reflection to whether the MHS Program should continue its mandate of preparing health care professionals to serve the region or if
the MHS Program should step into the larger mission of feeding people from the region into the healthcare sector at the state, interstate, and federal levels.

Preparation at a master’s level increasingly is a prerequisite for entry into healthcare management roles. There has been a social shift in America in the credence assigned to a high school diploma versus an undergraduate degree versus a graduate degree. Post World War II, a high school diploma was valued as the entry ticket to many openings in the American workforce. That trend moved to an undergraduate degree through the latter half of the 20th century, driven in large measure by the success of the G.I. bill. The new millennium has moved the scale higher, with a graduate degree now viewed as essential for any career progression into and within healthcare management. Repositioning the mission of the MHS Program is a necessary question for the Big P.

The little p necessarily must consider faculty resources. The workload of current faculty members would have to be adjusted to incorporate innovative delivery methods and curriculum redesign, along with the addition of new faculty members, in order to accommodate any expansion of the MHS Program. Projections from the Department of Health Sciences forecast that the MHS Program could skyrocket from its current enrollment of about 60 students to well over 150 students if the supply of faculty could be engaged to satisfy student demand.

Recent initiatives at the University leadership levels set a mandate to balance growth in both resident and distance learning graduate programs. This has implications for the planned focused growth of the MHS program using a distance learning approach, which has necessitated reviewing the application for this program change as alluded to earlier. Current negotiations include a plan to move only a certain number of the MHS concentrations to a distance learning designation, while maintaining others under the present resident hybrid-format designation. Critically examining current and projected enrollment figures, the scope of the discipline in various market regions, geographic location of potential students and the unique features of each concentration’s curriculum are being used to successfully move forward. A divided program designation would result in tuition disparities for students in the same course. This currently occurs with students in the Gerontology Certificate and MHS Gerontology concentration. Additional disparities across multiple concentrations will have implications for student satisfaction and future marketing strategies.

(Related Items - Appendix 2)

**Standard 3.** The program provides and evaluates a high quality curriculum that emphasizes student learning as its primary purpose.

The Master of Health Sciences (MHS) Program originated in the then-College of Nursing and Health Sciences and emerged from a union in 1992 of that College and the College of Technology and Applied Sciences, to become the focal point for graduate education of the newly formed College of Applied Sciences.
The Program now sits within the newly founded College of Health and Human Sciences. Concentrations in the MHS Program included management, education, and nutrition; this was expanded in 2004 to also include a concentration in gerontology. At various points in its history, the MHS Program also has included an executive leadership concentration (taught to a specific cohort of regional health care leaders) and a concentration in environmental health.

In response to recommendations during the last program review, additional MHS courses were converted to a hybrid format using online course management technology (WebCT now WebCAT) by full-time faculty. Adjunct faculty members have been mentored in their increased use of this technology to supplement and augment student interactive learning and communications. During the fall 2007 semester, two adjunct faculty members participated in WebCAT online instructional sessions to set up course tools and develop appropriate learning activities and assignments for the online learning environment, in preparation for teaching during the spring 2008 semester. These activities were facilitated by increased availability of Faculty Instructional Resources through the Coulter Faculty Center.

A **curriculum change** implemented in 2005 eliminated the ‘Comprehensive Exam’ (a 1-day written exam) completion option for students in the MHS program. The last ‘Comprehensive Exam’ was administered during the spring 2005 semester. This change shifted the **focus of program completion** activities to the completion of the student research project or thesis option. This change also impacted faculty workload now required to direct student research projects one-on-one. In addition to MHS 675: Research Methodology (a core course), which had focused primarily on research methods and basic statistical analysis using SPSS, plans were begun to develop a separate Biostatistics course to support student learning and research skills. MHS 696: Research Seminar (a core course) required a total revision, as it had been used to help students prepare for the ‘Comprehensive Exam’. Multiple redesigns of MHS 675 and 696 over the next two years shifted the course focus so that the primary student outcome was a completed research proposal using the five chapter model. Students were now expected to give formal presentations of their research during the WCU Graduate Research Symposium in the spring, a designated MHS Research Day; and in addition, to prepare research manuscripts for presentation to professional organizations or publication in peer-reviewed literature in the appropriate discipline. A draft ‘Memorandum of Understanding’ is currently being piloted to ensure the intellectual property right and scholarly use of research materials by both students and faculty. A detailed chronology, rationale, activities and student outcomes associated with this curriculum ‘ripple effect’ comprised the **2007 Annual Assessment Report**. Student research projects culminate in the analysis, synthesis and evaluation of a contextual area of inquiry that is applicable, discipline-specific and supports the program mission.

The MHS curriculum was reengineered in spring 2007 to eliminate ‘stove pipes’ within the specific concentrations. As part of this collaborative process, plans have been proposed to expand the current
offerings of concentrations to also include athletic training and emergency medical care; these new concentrations are projected to begin in fall 2008 and fall 2009, respectively.

The new design provides for a matrix of courses that cross-feeds to each MHS concentration through a prescribed list of elective options. All MHS students are required to complete three core courses (MHS 510, 675 and 696) and to successfully deliver a Research Project or Thesis. Students select a concentration by taking five courses from a list prescribed for that concentration. The elective option consists of three courses that are taken from a specified list – these courses are taken from the course listings in each of the other MHS concentrations. There is also the option for one advisor approved elective. This mechanism supports additional flexibility in the design of the student’s program of study.

As an enabler for planning, a master list of course offerings for all MHS concentrations was prepared in spring 2007. All MHS core courses are offered each year. All concentration courses are offered at least every other year. Currently a part-time graduate student can complete the program in 3-4 years; a full-time student can complete the program in 2 years if the course sequencing and faculty availability lends itself to this more rigorous schedule. Full-time students are rare, perhaps 1-2 each year. Often courses outside the program and the college must be used to achieve faster completion rates. As student enrollment increases due to the addition of additional MHS concentrations and as a consequence of distance education designation, a goal of the MHS program is to offer all core courses each semester and all concentration courses at least once each academic year. This will be dependent, of course, on availability of faculty. (Related Items - Appendix 3)

Faculty Resources, Teaching, Scholarship & Service

**Standard 4. The program has sufficient faculty resources to meet its mission and goals.**

The MHS program faculty has experienced major changes over the last three academic years. The MHS faculty currently consists of two (2) full-time tenure-track faculty members. This composition has been consistent since the last program review period. However, beginning in the fall of 2005, the full-time faculty composition has experienced a turnover of 150%. An additional MHS faculty position was approved for the 2005-2006 academic year, and with the retirement of an incumbent full-time faculty member, searches began for two (2) new full-time tenure-track positions. Successful searches during the spring of 2005 filled these positions, bringing the total number of MHS full-time faculty to three (3) for the upcoming 2005-2006 academic year. A significant change in faculty composition occurred during the summer of 2005. The MHS Program Director, Scott Higgins, was named the Interim Dean of the Graduate School in July, 2005. Scott offered support and was available for consultation, but this left the MHS program without an experienced Program Director and faculty member. He was named permanent Dean of the Graduate School in the spring of 2007.
The two new full-time, tenure-track faculty members began their employment with WCU and the MHS Program in August, 2005. Bill Miller, with associate professor rank was named new MHS Program Director; coordinating, teaching and advising students in the Management concentration. Marianne Hollis was a new assistant professor. She had been an adjunct faculty member with the MHS program, teaching and developing courses in the Education concentration on an interim basis since 2000. She assumed coordination, teaching and advising duties in that concentration. Teaching duties included both graduate and undergraduate course loads for both new faculty members.

Bill Miller resigned his faculty position during the latter part of the 2005-2006 academic year. A successful search process was completed in April 2006. Ted Chiappelli joined the MHS Program faculty in August of 2006 at the rank of associate professor. Marianne Hollis assumed the Program Director duties during the summer of 2006. Ted Chiappelli assumed the coordination and development of the Management concentration courses and advisement of those students in the fall of 2006.

Marianne Hollis and Ted Chiappelli teach courses in the Education, Gerontology and Management Concentrations of the MHS Program. There are also six (6) part-time adjunct faculty members who teach specific courses within the curriculum of these three (3) graduate Concentrations (Christine Stevens, Judy Babb, Janet Moore, Sandra Capano, Bob Vassian and Greg Ulirsch).

Wayne Billon is the Director of the Director of the undergraduate Nutrition & Dietetics program and coordinator of the MHS Program Nutrition Concentration. Dr. Billon taught one (1) graduate level course during the 2006-2007 academic year. Sally Feltner, a .8 FTE member of the Nutrition & Dietetics program taught one (1) graduate level course in the Nutrition Concentration during the summer 2007 term. A new faculty member to the Nutrition & Dietetics program in August 2007, Susan Bogardus, has taught only in the undergraduate program to date.

The Environmental Health Concentration is currently inactive due to faculty resource issues; faculty phased retirement scheduling and resignations. Burton Ogle is the Director of the undergraduate Environmental Health program. One new tenure-track faculty joined the program in August 2007. An active search for another faculty member is in progress at the time of this writing. It is hoped that recent changes in resident faculty and increasing collaborative discussions with the graduate Environmental Health Program faculty at Eastern Carolina University (ECU) will support revitalization of this MHS program Concentration.

Concurrent with the change in faculty in 2006, the Director of the Graduate Gerontology Certificate Program, Davia Massey, retired. Davia was also the coordinator and advisor of students in the MHS Gerontology concentration, which had begun in 2004. Marianne Hollis assumed the academic advisor duties for students in Gerontology concentration during the summer of 2006. She also assumed academic responsibility for admission recommendations of applicants into the Certificate program and Certificate award recommendations at the end of their program. Ted Chiappelli assumed the coordination and
development of the MHS Gerontology concentration courses and advisement of those students from Marianne Hollis in the spring of 2007.

The Gerontology Certificate Program is a fifteen (15) hour program that employed an interdisciplinary focus in its courses and academically was directly administered from the then College of Applied Sciences (now the College of Health & Human Sciences). The Certificate program is designated as a Distance Education (DE) program and is supported by the Dean of Educational Outreach, Pat Brown, and the staff of Educational Outreach for student registration and support services. A Regional Outreach Coordinator, Marcia Caserio, employed by Education Outreach, provides marketing, recruitment and initial advising services for the Graduate Gerontology Certificate program.

This certificate program has become a very popular program in the regional community, a vehicle for potential students into the MHS Gerontology concentration. At the time of the last program review, an opportunity had been identified to develop an MHS concentration in Gerontology to provide a degree-granting mechanism to students interested in continuing their formal education in Gerontology. Students who initially matriculate in the Certificate program can transfer up to 12 hours into the MHS Concentration. In September 2007, the Provost approved a request made by the MHS Program Director and supported by the Department Head of the SHS and Dean of the CHHS to place the Gerontology Certificate program under the direction of the MHS Program in the SHS. This action occurred in concert with the initial proposal to move the MHS Program to a DE designation.

Professional excellence, innovation, creative thinking and problem-solving have helped the MHS faculty face these many changes to meet the future with confidence and provide a positive learning environment for their students. (Faculty Vitae and Related Items – Appendix 4)

**Standard 5. The program attracts, retains, and graduates high quality students.**

The MHS Program has sustained its enrollment at about 50 students each year over the past decade; a yearly tally of enrolled students (for years available) is presented in the following chart:

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By stated intent, the MHS Program was designed to foster a part-time degree track for health professionals practicing in western North Carolina. Due to limited availability of faculty and consequently the cycle of course offerings, it was not possible to complete the degree program in less than three years;
typically students who completed degree requirements did so in a four- to six-year range. The typical graduate is white and female. Average enrollment each year consistently has been more than 95% white and more than 80% female.

The retention and graduation rates for the MHS program are just over 40%, but are highly misleading. Approximately half of the students enrolled each year in the MHS program are with the nutrition concentration, with a primary interest in completing a dietetic internship and satisfying the requirements to become an American Dietetics Association (ADA) Registered Dietitian (RD). Few stay with the program to complete the MHS requirements. It is rare to have students in the management, education, or gerontology concentrations not complete the program.

The hybrid format of more of the MHS courses and the opportunity of MHS faculty to interact with potential Nutrition students as undergraduates has increased, at least anecdotally, the number of Nutrition students taking MHS courses while participating in their Internship courses. Combination of graduate hours for the Dietetic internship and MHS courses provide full-time status for many of these students. With a minimum of 6 hours per semester, financial aid is also available. A more formal assessment of the factors in retention of this segment of MHS students is planned. The proposed reengineered design of the MHS program makes completion of the MHS program much more achievable for students enrolled in the nutrition concentration. Further, a proposed ADA requirement that, if approved, will take effect in five years would require a master’s degree as a prerequisite to licensure; this would make the MHS degree more desirable.

An early outcome of the MHS program redesign and course matrix for multiple years is the increased effectiveness of advising activities. New advising sheets have been developed and new students starting the program can work with their advisor to match their available time and relevant courses to a schedule for completion. Early anecdotal feedback is positive; students like know where they are going, but how they are going to get there.

The attraction to the MHS program of a larger population pool naturally would increase the quality of students, raise the overall standard, and enrich the academic experience. As stated earlier, much of the current promotion of the MHS Program is via word-of-mouth from current students, alumni or faculty network connections in the health care delivery community of the region. Control over the message is a target opportunity for the MHS program. Faculty attends selected gatherings sponsored by the Graduate School, the annual benefits fair held by the region’s largest health care employer (5000+ employers) and responds promptly to web-generated inquiries. The gerontology concentration benefits greatly from the services of a fulltime coordinator for the gerontology certificate program located in Hendersonville, NC. This coordinator’s contacts have extended the reach of the MHS program into counties east of Buncombe and Henderson; as well as contacts in South Carolina and Tennessee.

If approval is given to the proposed reengineered design of the MHS program as a distance education program, it would be expected that the program would change dramatically in its geographic reach, diversity,
and enrollment patterns. Realistically, the education and management concentrations would be expected to remain mostly grounded in Western North Carolina. The nutrition and environmental health concentrations have potential to gain a foothold in the Southeast and Mid-Atlantic markets. The uniqueness of the proposed athletic training and emergency medicine concentrations opens the MHS program to a national, and perhaps international, audience. Of concern to supporting program growth is a tuition and fee structure that supports interstate students, multiple students from a single organization, and other permutations of customers in regional health care delivery and service organizations.

Our students are in positions of leadership in school & public health, nursing education, rehabilitation, health care management, entrepreneur health services and long-term care. Since the increased focus on research, one student has entered doctoral studies in Gerontology at UNC-Charlotte; another student is applying to doctoral programs in schools of public health with an intention to focus on public policy and advocacy. By ‘raising the bar’, expecting and supporting excellence, the MHS program will continue to attract a diverse, committed student population who will make a difference in the health of their communities. (Related Items – Appendix 5)

**Administrative Structure and Operational Resources**

**Standard 6.** The program has an administrative structure that facilitates achievement of program goals and objectives.

The MHS program practices a collaborative and consensus-based model of decision-making. It is one of seven programs within the SHS, and the only graduate program. The two full-time faculty members make most decisions jointly. The program director regularly updates the SHS department head on key decisions and potential future issues. Because of the connected nature of each of the graduate concentrations with most of the undergraduate programs in the school, coordinators of each concentration are consulted regularly when program decisions are needed; seeking to minimize negative impacts on any one concentration or their students.

The University provides many opportunities and mechanisms for training and professional development for faculty functioning in leadership positions. These opportunities are facilitated primarily by the Coulter Faculty Center. However, the timing of notices and the scheduling of these activities are often less than 72 hours and cannot be attended. MHS faculty is involved in both on-campus undergraduate classes and off-campus evening graduate courses or evening online graduate activities. These commitments make “live” development attendance challenging. A Microgrant of $700 was awarded to the MHS program director in 2006 for a Survey Research Institute (SRI) summer course on survey development. These grants are funded to a maximum of $700 each and supplement college and department funds. The CHHS and the
SHS support training and professional development opportunities by appropriation of budget dollars on an annual basis.

The Graduate School holds annual meetings during the fall semester to update program directors on changes in structure and processes of the Graduate School and provide a forum for expression of issues of concern. A graduate program director’s guide was distributed in October 2007 during the annual meeting. This guide provides a job description and specific duties, preferred qualifications and term of service, release time guidelines, relationships to the department head, and evaluation parameters, which are incorporated in the program director’s Annual Faculty Evaluation (AFE). No formal program director orientation or training has been offered at the University, College or School level during the tenure of the current program director at WCU.

Both full-time MHS faculty participate in the assessment of program structure and activities; curriculum development and review. Ted Chiappelli is currently on the SHS tenure, promotion and reappointment (TPR) document revision committee. There has been extensive faculty involvement in the redesign of the MHS program over the past 18 months. Individual coordinator meetings were held with the full-time MHS faculty to review the concentration curriculum. These individual meetings included an overview of program philosophy, strengths and challenges in market niche, delivery options and unique needs in the specific concentration. Following individual meetings a comprehensive redesign strategy was developed. Follow-up briefings seeking additional input and support were held with each coordinator, the SHS department head, CHHS dean (both CAS interim dean and current dean), dean of the Graduate School and the WCU Provost during the spring 2007 semester. The program director is currently overseeing the processes to (1) add two new MHS concentrations and (2) seek approval of the program designation to distance learning.

**Student and alumni involvement** in improvements and decision-making of the MHS program take several forms. On-going input and anecdotal feedback from graduate students is readily available. Our students share their opinions and suggestions freely. An atmosphere of collegial learning and trust contributes positively to this free exchange of ideas and suggestions. End of course evaluations provide another mechanism for formal input on course organization, activities and application to their future/present work setting or goals. An MHS Student Advisory committee has been planned to begin during the spring of 2008. This group would be composed of current students and graduates representing each of the active MHS concentrations.

Faculty members provide confidential evaluation input for both the department head of the SHS and the dean of the college each year. The program director AFE conference with the department head includes feedback from both faculty and student evaluation data. (Related items – Appendix 6)
Standard 7. *The program has adequate resources to meet its goals and objectives.*

Prior to the current academic year, **MHS program funding** came directly out of funds for the entire department of health sciences (now SHS). The MHS program budget for the 2007-2008 academic year is $500. Funds have been used to support both graduate and undergraduate courses. The Graduate School offered $1,000 grants for program recruitment activities during each year beginning in fall 2005. A Program Assessment Support Grant of $2,500 was sought in 2006 but not funded. The MHS program was awarded a Program Assessment Support Grant of $1,750 in 2007. These funds will be used for Program assessment and analyses activities including focus groups with students, graduates and employers during 2008.

**MHS courses meet off-campus** at the Mountain Area Health Education Center (MAHEC) in Asheville, on the campus of the University of North Carolina – Asheville (UNCA), at the WCU Center for Aging at Hendersonville or online. Occasional sessions are held on the Cullowhee campus to accommodate those students who travel from the far western counties of WNC. Classroom space on campus during the evening hours is adequate for these occasions. There is one classroom in Hendersonville which seats approximately 18 and has audiovisual and internet connectivity. This space has been used exclusively for Gerontology courses. The MAHEC administration and staff are supportive and very helpful with room scheduling and any special needs expressed. The audiovisual and internet connectivity technology at MAHEC is excellent. Use of the computer classrooms at UNCA has been problematic because of evening class scheduling for UNCA courses. Cart-based internet and statistical software access at UNCA is adequate and meets course needs. The program director, Graduate Programs in Asheville coordinator and MAHEC staff work together collegially and often for scheduling of classrooms.

MHS program faculty has adequate **office space** in Moore Hall. Each has appropriate telephone and computer technology for communication, course and program activities. There are two (2) network printers (black & white/ color) that serve seven (7) faculty on the ground floor. No facsimile machine is available on this floor so staff must go to another floor to send/receive fax documents.

A **critical issue** University-wide is access to **statistical analysis software** for graduate students, particularly those involved in hybrid online or fully online programs, such as MHS. Currently, the University has a certain number of licenses for a ‘network’ version of SPSS. This is usually limited to faculty and certain labs. A recent ‘commuter’ license was made available on an ‘as needed’ basis. This too is restricted to faculty use. With the increased program emphasis on research with a required outcome product of either a research project or thesis, gaining access to critical software is important. Prior attempts to have students purchase ‘bundled’ textbook packages which contained ‘Student Versions’ of SPSS was adequate for initial instruction and application of statistical analysis activities. However, with the restrictive size of the ‘Student Version’, student must then re-purchase a ‘Graduate Pack’ version of the SPSS software, incurring an additional expense of approximately $200. Certain computer labs and demonstration
classrooms at WCU and UNCA have SPSS available; however, access to these labs and classrooms is restricted or scheduled with other classes. This unduly burdens certain students who are not ‘local’ to these areas.

We have access to extensive academic databases which can be easily accessed easily through the WCU homepage. Our college has a designated research librarian liaison. Ann Hallyburton is a tremendous asset to both faculty and students. She is proactive and responsive to the information needs of all our programs (Research Help and Reference: http://www.wcu.edu/1595.asp). Her enthusiasm and expertise in the research process make her a regular ‘guest speaker’ in the MHS Research Methodology course. She is also a ‘guest facilitator’ in online discussion sections of several other MHS courses. She and Marianne Hollis presented the redesign of the research courses to the Scholarship of Teaching and Learning (SOTL) Faire in April 2007. Another frequent guest in MHS classes is the director of the WCU Writing Center (http://www.wcu.edu/WritingCenter/). Students have online access to writing resources and tutor services on an appointment basis. In the Research Methodology course, students submit initial drafts of research writing to Turnitin (http://www.turnitin.com/static/index.html). The feedback report highlights potential writing problems and is the basis of group online discussions. In combination with the resources from the Writing Center, student product has improved. Online access to Inter-library loan and the A-B-C Express are additional services provided by Library Services that support MHS students in their research efforts. Research methods are further supported by the availability of Ultimate Survey (US) a WCU server-protected survey software for use by both faculty and sponsored students. Training on US is available through on-campus classes or through 1:1 consultation with a Faculty Fellow in Instructional Technology through the Coulter Faculty Center’s ‘Faculty Sandbox’. The ‘Sandbox’ is a dedicated area in the Hunter Library which provides consultation, training and support in the use of a myriad of instructional technologies.

WCU’s Institutional Review Board (IRB) supports the increased emphasis on student research by providing online IRB guidelines, samples and forms (http://www.wcu.edu/research/Forms.htm). Ted Chiappelli has recently been named to the IRB of WCU. This position provides update information on IRB procedures including the future ‘training’ that will be required of all investigators of human subjects. The Graduate School has guidelines for thesis and dissertations available online (http://www.wcu.edu/WebFiles/PDFs/Thesis-DissertationFormatting.pdf).

WebCAT online course management software powered by Blackboard Vista is the major instructional technology that supports the mission and goals of the MHS program. Information Technology (IT) supports, upgrades and monitors the WebCAT systems. Online tutorials are available for students and faculty. Significant ‘slow-downs’ and off-line occurrences were resolved when WCU moved WebCAT to dedicated Blackboard server in fall 2007. The IT ‘Help Desk’ call center has expanded its services to include ‘after hours’ (5pm–8am) including weekends and holidays. This will greatly benefit our MHS
students, who work during academic holidays, weekends and late at night. Online and ‘live’ development courses are available to assist full-time and adjunct faculty to prepare their WebCAT courses. The online availability of this development course is one exception to the time constraints and scheduling issues addressed earlier for faculty development.

A Graduate Assistant (GA) worked 20 hrs/wk during the 2005-2006 academic year and during the fall 2006 semester; dividing those hours between the MHS program director and the nutrition & dietetics coordinator. Requests for GA support are made each year through the SHS. No additional GA support has been assigned to the MHS program. Most MHS students are part-time and are currently working in other jobs; they do not routinely seek GA positions. This greatly depletes the potential pool for GA support and appropriate matching of GA expertise by the Graduate School. However, GA support would be invaluable in assessment, recruitment and marketing efforts of the program; improving the effectiveness of the two MHS faculty in program activities and decision-making efforts.

Administrative support (1.75 FTEs) is divided between all seven SHS programs. One of these (0.75 FTE) is physically located near the MHS faculty. However, her duties span all faculty; including but not limited to, posting courses for registration, ordering supplies, updating databases, posting budget items and covering for the 1.0 FTE. This inconsistency in support delays or preempts building and/or updating program tools to assess, analyze, plan and implement improvements. With a focus for MHS faculty on teaching and learning activities, tough choices must be made among increasing administrative duties, faculty research agendas and the central mission of the University, ‘teaching and learning’. (Related Items – Appendix 7)

Summary Statement

The MHS Program is uniquely positioned to support and enhance the mission of the University, and addresses the goals to 1) improve institutional quality, 2) grow enrollment, and 3) support the region. The demand for qualified staff and leaders in the field of health sciences (education, management, nutrition, gerontology, athletic training and emergency medical care) is high. Our graduates and future students are improving the lives of the citizens of WNC and enhancing the economic and community development of the region. The MHS program is committed to a plan of ‘focused growth’, which addresses the needs of its target student populations in the region and beyond, and supports a primary focus on high value and facilitation of rigorous graduate education strategies and quality interaction with our students.

The proposed MHS program changes represent strategies to (1) establish identity with the University and the MHS program, (2) build rapport between faculty and fellow students and (3) maintain high value and quality standards of instruction and facilitation. The faculty of the MHS program is committed to using data-driven, collaborative decision-making to continue to innovate and improve the graduate education for health care and health services leaders.