

Report from Task Force on the Establishment of a College of Health and Human Services at Salisbury University¹ March 4, 2016

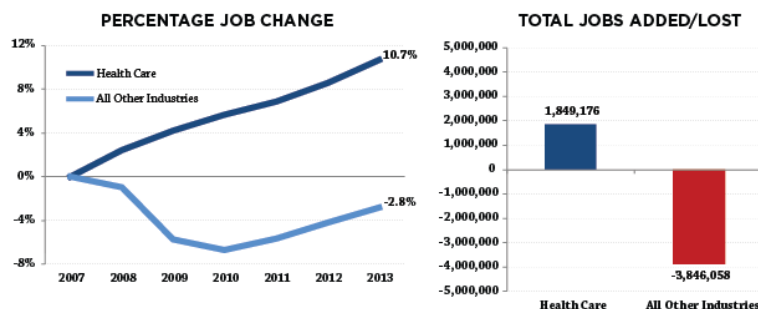
RATIONALE: Healthcare and social assistance are the largest employers in Maryland and a majority of other states in the United States.² Continuous medical advances combined with an aging population have created an ever-increasing demand for healthcare, health science, and community health professionals.³ Indeed, 10,000 people in the US turn 65 every day and this trend will continue until 2035.⁴

In Maryland, as in the rest of the country, the demand for college-educated employees in the healthcare and human services sectors is strong and anticipated to grow significantly in the next several years (Appendix I).

Despite the importance of health care and social service programs to the economy and well-being of our region and nation, Salisbury University does not have a strategic organizational structure related to healthcare and human services academic programs that allows external and internal audiences to easily navigate our rich offerings and many activities in these areas. Social Work, Athletic Training, Exercise Science, and Community Health are housed within the Seidel School of Education and Professional Studies while the Henson School of Science & Technology houses the Health Professions Advising Program, Nursing, Medical Laboratory Sciences, Respiratory Therapy and Applied Health Physiology (a program shared with the Seidel School).⁵ Given the importance and workforce demands for healthcare and human services-related graduates, establishing a College of Health and Human Services (CHHS) would coalesce academic programs, research, services and facilities in one academic unit thereby elevating the visibility of these programs and, through the appointment of a Dean of the College, establish clear responsibility and strong leadership for health and human services on our campus.

There are several other reasons to consider establishing a CHHS at Salisbury University. Many of the programs likely to be housed in a CHHS share similar pedagogical approaches, pre-

HEALTH CARE JOBS VS. ALL OTHER INDUSTRIES (2007-2013)



SOURCE: QCEW Employees, Non-QCEW Employees & Self-Employed - EMSI 2013.3 Class of Worker

¹ We use College as the organization unit to allow for expansion to schools of Social Work, Nursing, Health Sciences, etc. in the future and because of the organizational structure at several of our peer institutions and the establishment of an Honors College at SU.

² US Bureau of Labor Standards, Major industries with highest employment, by state 2013
http://www.bls.gov/opub/ted/2014/ted_20140728.htm

³ Health Care's Unrivaled Job Gains And Where It Matters Most
<http://www.forbes.com/sites/emsi/2013/10/07/health-cares-unrivaled-job-gains-and-where-it-matters-most/#107382914a7b>

⁴ Baby boomers retire. <http://www.pewresearch.org/daily-number/baby-boomers-retire/>.

⁵ In 1993, the School of Nursing and Health Sciences was disbanded as a cost-cutting measure and these programs joined Henson School.

requisite courses and facilities needs as well as accreditation, student credentialing and other administrative responsibilities (e.g., affiliation agreements, background checks). A CHHS would also facilitate interdisciplinary and cross-disciplinary training of students and could provide opportunities for collaborative graduate degree programs. Given increased faculty collaboration and the industry-wide focus on inter-professional education and training, a CHHS would likely increase grant activity. Importantly, a new college provides naming opportunities for programs and spaces.

Several of our peers and other campuses have or are establishing Colleges of Health and Human Services or similar units (see Appendix II). Thus, there appear to be several reasons to consider establishing a CHHS at Salisbury University. A guiding principle of reorganization of units into a CHHS should be that unaffiliated departments remaining in the Henson and Seidel Schools would not be negatively impacted.

POSSIBLE STRUCTURE AND ROLLOUT: A College of Health and Human Services at Salisbury University might include the programs, services and resources listed below and more fully described in Appendix III:

- School of Social Work
- School of Nursing
- School of Kinesiology: Applied Health Physiology, Exercise Science (including FTWL 106 course)
- School of Health Sciences: Athletic Training, Community Health, Med Lab Sciences,⁶ Respiratory Therapy
- Support Services: Academic Advisor, Health Professions Advising Program, Field placement office, Instructional Designer, Health and Human Services Graduate Recruitment and Admissions
- Facilities: Henson Medical Simulation Center, Human Performance Labs and, eventually, a testing center and other facilities that could be shared across programs.

Should the establishment of a CHHS be undertaken, the Task Force recommends a phased roll-out with the first step being the hiring of a founding dean to lead and coalesce planning efforts for the initial establishment of the school and to help build external funding for aspects of the project. The Task Force anticipates that a final step in the establishment of a CHHS would be a new Health and Human Services building(s) that would serve house some or all of the programs and facilities.

BUDGET IMPLICATIONS: There are certainly budget implications for creating a new College of Health and Human Services. One initial cost would involve establishing a new dean's office including support staff. According to an estimate provided from the Office of Administration and Finance, a new dean, an advising services coordinator, a Health Professions Advisor, an instructional designer, a graduate admissions recruiter, and executive administrative assistant would cost: \$511,480 (salary and benefits).

⁶ Medical Lab Sciences could be placed in the College of Health and Human Services based on shared pedagogy, pre-requisite courses, clinical experiences and other aspects of the program or in the Henson School of Science based in the content of the curriculum, required instrumentation, and environmental safety considerations.

A second budget implication would involve necessary and appropriate conversions for existing administrators (e.g., chairs or program directors). More specifically, four current chairs would become department heads and four program directors would convert to department chairs. These position conversions would likely include additional responsibilities and expansion to 12-month-contracts (vs. existing 10-month contracts). Appendix III provides a potential model for the structure of a CHHS at Salisbury University including administrative changes, reassigned time, and additional administrative support.

SPACE IMPLICATIONS: It is important to highlight that there are existing space needs involving most of the programs included in this CHHS proposal. For example, Nursing, Medical lab Sciences and Respiratory Therapy occupy space in Devilbiss hall. This space is already inadequate for instructional programming and funded initiatives (e.g., new faculty offices are being sought outside of Devilbiss) and there is absolutely no room for curricular growth. In addition, Exercise Science currently occupies space in both the TETC and MC. However, the department operates with only one joint lecture/lab space which restricts faculty activities and course programming. Exercise Science could use an additional lecture/lab space and a research lab to advance both research and instructional activities.

As mentioned above, the task force recommends a phased roll-out process for the creation of the CHHS. It would start with the hiring of a founding dean who works with a campus team to identify, assign and develop appropriate and available space. A more cohesive administrative structure for healthcare and human services programs (e.g., School of Health & Human Services for Nursing, MLS, RT as well as Applied Health Physiology, Athletic Training, Exercise Science and Social Work) may better facilitate any project that might include campus space, possible PRMC space, and other healthcare organizations. A single point of contact would allow for timely communication with both internal and external offices. This primary responsible party (e.g., new CHHS dean) could also address questions involving short- or long-term goals.

OTHER CONSIDERATIONS: During its discussions, the Task Force determined that there are several important considerations for evaluating the feasibility and value of establishing a College of Health and Human Services at Salisbury University. The first is the financial and human resources costs that will be diverted from other initiatives in the process of establishing a CHHS. Another budget-related consideration is that most programs in the CHHS would likely have relatively high costs per student FTE without the typical general education and high-enrolled courses delivered in their current schools which offset these costs. Second, the continuity of program identity, traditions, alumni relations and data management should be ensured during the reorganization of academic units. Similarly, clarity and continuity of tenure and promotion expectations should be ensured although these may be harmonized under a CHHS structure given the expectations for professional licensure, maintenance of certifications and clinical activity shared among several of the programs. A guiding principle would be that this transition must not harm individuals who have been pursuing promotion and tenure under current expectations and that changes would be phased in. As a result of establishing a CHHS, it is possible that several smaller departments would be decoupled from larger units (e.g., Physical

Education) and mechanisms should be established to ensure their continued success and viability. Finally, an alternative model to a CHHS would be the establishment of an Associate VP for Health Affairs serving under the Provost and who would serve as the campus leader for healthcare and human services programs (much like the Graduate Dean does for graduate programs). But, this is not the model the committee observed at other campuses and is not recommended.

ISSUES TO BE ADDRESSED REGARDLESS OF ESTABLISHMENT OF A CHHS: The Seidel and Henson School deans will work with their department chairs and others to address the following:

- More clarity on Health and Human Services programs available at SU for easier navigation to campus programs and resources.
- More collaborative communication and decision-making (e.g., regarding space, shared equipment and other resources)
- More collaborative academic programming (inter-professional education, seminar speakers, minors)
- Expansion of the Health Professions Advising Program
- Expansion of administrative support for clinical affiliations and other requirements unique to internships in clinical settings

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