1. Issue 1. Changes in leadership: interim and permanent Provost and Deans in four colleges, including COH.
2. Issue 2. Accomplishing reorganization mandates with undetermined levels of funding for these mandates, new programs or existing levels of productivity. Mandates:
   a. interdisciplinary research,
   b. interdisciplinary curriculum, and
   c. COH Advising Center
3. Issue 3. Establishing a COH structure with policies & procedures, to include new associate dean and advising configurations.
4. Issue 4. How do we better understand the changes ahead in the health and social service system(s) and prepare students to work in the “new system(s)”? In other words how do we get ahead of the curve?
5. Issue 5. Need for succession planning around retirements of Business Managers and/or Directors.
UAA College of Health 2012 Strategic Overview & Direction Initiative
School of Nursing Organizational Issues List

1. Develop nursing and health research capacity
2. Consolidation/seamless transition of AAS and BS programs with goal of increasing BS grads
3. New model for educating students, evidence-based curriculum get faculty buy-in
4. Recruitment and retention of qualified faculty, grow our own, support for experiences and diverse faculty
5. Faculty team building and leadership trust building
1. Reaccreditation - Due 7/1/13
2. Curricula revision: BHS and Graduate Certificate
3. Increasing resources
4. Including and expanding research in department culture and curricula
5. Increase enrollments
   5.1 Development of a student communication system
   5.2 PR Campaign.
1: Expand Justice Center degree programs

2: Facilitate student engagement and success
   1. Broaden delivery options
   2. Expand research and service opportunities Provide adequate resources
   3. Improve student skills

3: Increase research capacity

4: Ensure the Justice Center is involved in the development of an Alaska justice data clearinghouse

5: Expand the research scope and opportunities of the Justice Center

6: Disseminate the results of JC research on a broader basis

7: Improve the focus of our service activities
# UAA College of Health 2012 Strategic Overview & Direction Initiative

## Allied Health Organizational Issues List

**UAA School of Allied Health - Organizational Issues Survey Responses - May 4, 2012**

<table>
<thead>
<tr>
<th>Response Number</th>
<th>The most critical issues the UAA School of Allied Health should consider as we think about the future are:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Funding at current levels.</td>
</tr>
<tr>
<td>1</td>
<td>How does our Allied Health program and its standards compare to other colleges and universities across the country?</td>
</tr>
<tr>
<td>1</td>
<td>Communication with future students</td>
</tr>
<tr>
<td>1</td>
<td>Interdisciplinary studies and training among the health specialties is needed as a part of professional development.</td>
</tr>
<tr>
<td>1</td>
<td>I think the administrative staff is undervalued. They represent a large part of this college and they get very little support. Management should be doing their evaluations, not professors. Or there should be a percentage based evaluation where each faculty member's evaluation and management's evaluation of staff is given a percentage of the overall eval. Then the staff's eval. is graded. One faculty member shouldn't be able to potentially wreck a raise for someone with a bad eval, when that person got positive evals from all the other professors they work under.</td>
</tr>
<tr>
<td>2</td>
<td>Support for distance education.</td>
</tr>
<tr>
<td>2</td>
<td>Are we maximizing health care facility resources in Alaska to our students' benefit? In other words are we taking advantage of every opportunity afforded to us by clinics, hospitals, etc. to ensure students get as much training and experience as possible?</td>
</tr>
<tr>
<td>2</td>
<td>Promoting our programs to future students</td>
</tr>
<tr>
<td>2</td>
<td>The simulation lab needs to be a gathering venue for resuscitation training across the disciplines.</td>
</tr>
<tr>
<td>2</td>
<td>inter-discipline educational opportunities</td>
</tr>
<tr>
<td>2</td>
<td>Instead of being taken out to lunch by department head's I would prefer they take more initiative representing the administrative staff with raises.</td>
</tr>
<tr>
<td>3</td>
<td>Sacrificing smaller programs in favor of the more popular.</td>
</tr>
<tr>
<td>3</td>
<td>More partnering with the local medical and emergency services community is needed for helping UAA achieve true UMED status.</td>
</tr>
<tr>
<td>3</td>
<td>building a stronger distance delivery support network</td>
</tr>
<tr>
<td>3</td>
<td>If faculty members ask for new things from their administrative staff and they depend more on their staff as the staff grows with the department, it would be nice if faculty wrote that on the staff eval... because that has a tremendous influence on the staff's eval, in fact instructor's evals are the only measurement of staff's performance, and I don't know if they are even aware of that responsibility.</td>
</tr>
<tr>
<td>4</td>
<td>Picking the right leader for the college.</td>
</tr>
</tbody>
</table>
UAA College of Health 2012 Strategic Overview & Direction Initiative
Certificate in Civic Engagement Organizational Issues List

Department or Organizational Critical Issues

A.  1. Certificate has no designated faculty and no designated support staff; responsibilities of Chair are fulfilled by Director of Center for Community Engagement & Learning. Faculty positions each semester are filled with combination of CCEL staff and adjunct faculty.

B.  2. Insufficient # of students in the pipeline, which is really a pathway and marketing issue.

C.  3. No designated space or visual presence for Certificate program.

D.  4. Advising staff don’t seem to know about, talk about or recommend the Certificate.
   • Faculty who could recommend the Certificate to students may not know about the Certificate or think to refer students.
1. CHD needs to be more visible and integrated to COH and UAA in general;
2. Greater connection with and use of UAA resources
3. Concern with name of the college which includes only “Health” does not reflect what CHD does.
4. Reliance on soft funding (makes projects and staff/faculty employment uncertain); would like a commitment to sustainability for successful projects.
5. More administrative support during specific event times (e.g., conferences)
6. Adequate infrastructure.
7. Commitment to accessibility of all materials and universal design
8. More collaboration between programs & units
9. HR processes make hiring new staff an incredibly long process
10. Recognition of the importance of non-credit, professional development activities
11. More support for distance IT (design and implementation)
12. Addressing workforce needs (e.g., aging population, autism, )
13. More updates/communication on COH activities
14. Increased support for research
<table>
<thead>
<tr>
<th>Support for research</th>
<th>Undergraduate and Doctoral options in public health; MPH support</th>
<th>New mandate for improvement of student services</th>
<th>Reliance on soft funding (makes projects and staff/faculty employment uncertain); would like a commitment to sustainability for successful projects</th>
<th>Recognition of the importance of non-credit, professional development activities; Addressing workforce needs (e.g., aging population, autism)</th>
<th>More collaboration between programs &amp; units</th>
<th>This Committee needs to determine if and how to provide training opportunities in applied population health research and project management methods for faculty and students alike.</th>
<th>Promoting our programs to future students</th>
<th>Balancing national accreditation standards with both local needs and capacity...how do we leverage unique aspects of local circumstances to compete for limited resources?</th>
<th>Succession planning</th>
<th>New mandate for development of interdisciplinary curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research capacity and productivity of students</td>
<td>BSW/MSW Program curriculum needs to be revised to meet new Educational Policy of competencies based curriculum.</td>
<td>Insufficient # of students in the pipeline</td>
<td>Certificate has no designated faculty and no designated support staff; responsibilities of Chair are fulfilled by Director of Center for Community Engagement &amp; Learning. Faculty positions each semester are filled with combination of CCEL staff and adjunct faculty.</td>
<td>Support for faculty innovation and continuous development; retention issue</td>
<td>Transdisciplinary academic and community partnerships; new IOM reports and dual degree options</td>
<td>The ICHS needs to determine if and how to provide training opportunities in applied population health research and project management methods for faculty and students alike.</td>
<td>Advising staff don’t seem to know about, talk about or recommend the Certificate.</td>
<td>In time of potential diminished resources, need for strong, informed advocacy on behalf of the entire College by the new Dean, while respecting and supporting autonomy of high functioning units.</td>
<td>The College needs to consider the differing needs for research faculty and staff related to professional development and advancement.</td>
<td>The ICHS needs to expand our collaborations with partners of various disciplines within and outside the CoH in order to remain competitive.</td>
</tr>
<tr>
<td>Needs to improve the research capacity and productivity of the Department?</td>
<td>Goal is to articulate the BSW program for better alignment with UAF social work program to better serve students statewide.</td>
<td>Advising staff don’t seem to know about, talk about or recommend the Certificate.</td>
<td>In time of potential diminished resources, need for strong, informed advocacy on behalf of the entire College by the new Dean, while respecting and supporting autonomy of high functioning units.</td>
<td>The College needs to consider the differing needs for research faculty and staff related to professional development and advancement.</td>
<td>The ICHS needs to expand our collaborations with partners of various disciplines within and outside the CoH in order to remain competitive.</td>
<td>Need to explore options for restructuring to maximize limited resources for both distance and campus based programs.</td>
<td>A stronger presence and increased awareness of the programs within and outside the community.</td>
<td>Multiple competing demands on faculty in context of diminished resources; balancing national accreditation expectations with local needs and capacity; growing faculty supports</td>
<td>It is anticipated over 50% of the faculty will retire within 5 years. Need to plan for the future.</td>
<td>Interdisciplinary studies and training among health specialties is needed as a part of professional development.</td>
</tr>
<tr>
<td>Research capacity</td>
<td>New model for educating students, evidence-based curriculum</td>
<td>Broaden delivery options</td>
<td>The number of faculty and staff at the ICHS has more than doubled in the last two years, and continues to increase as we bring on additional work. We need to expand our office space for these personnel.</td>
<td>Need to create infrastructure and systems to support grant applications and management; change the culture to support and encourage research.</td>
<td>The simulation lab needs to be a gathering venue for resuscitation training across the disciplines.</td>
<td>Expand research and service opportunities to include students.</td>
<td>Developing a successful research portfolio for our College and in the ICHS will require investment in developing and fielding training opportunities, supporting research infrastructure (such as biostatistical services), and start-up funding to promote the development of project teams.</td>
<td>Faculty team building and leadership trust building</td>
<td>Support for additional collaboration across and within units-transdisciplinary and multi-disciplinary efforts...for us, support from recent IOM Reports about Primary Care and Public Health integration.</td>
<td>More partnering with the local medical and emergency services community is needed for helping UAA achieve true UMED status.</td>
</tr>
<tr>
<td>The research scope and opportunities</td>
<td>Improve student skills (writing, reading, math, etc.)</td>
<td>Funding at current levels.</td>
<td>Are we maximizing health care facility resources in Alaska to our students’ benefit? In other words are we taking advantage of every opportunity afforded to us by clinics, hospitals, etc. to ensure students get as much training and experience as possible?</td>
<td>Increased collaboration with other departments and health organizations.</td>
<td>Inter-disciplinary educational opportunities</td>
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<td>Consolidation/seamless transition of AAS and BS programs with goal of increasing BS grads</td>
<td>Are we maximizing health care facility resources in Alaska to our students’ benefit? In other words are we taking advantage of every opportunity afforded to us by clinics, hospitals, etc. to ensure students get as much training and experience as possible?</td>
<td>Sacrificing smaller programs in favor of the more popular.</td>
<td>More updates/communication on COH activities</td>
<td>More partnering with the local medical and emergency services community is needed for helping UAA achieve true UMED status.</td>
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<td>Recruitment and retention of qualified faculty, grow our own, support for experiences and diverse faculty</td>
<td></td>
<td>No designated space or visual presence for Certificate program.</td>
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<td>More partnering with the local medical and emergency services community is needed for helping UAA achieve true UMED status.</td>
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<td>Balancing the competing demands on our time</td>
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<td>Changes in leadership can lead to uncertainty</td>
<td>Develop nursing and health research capacity</td>
<td>More partnering with the local medical and emergency services community is needed for helping UAA achieve true UMED status.</td>
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Appendix 12

UAA College of Health

S-W-O-T Summary

Areas: (1) Administration, (2) Standardization, (3) Synergies, (4) Other

Perspectives: (1) Program, (2) COH, (3) Within UAA/Outside COH, (4) External Customers/Stakeholders

May 2012
### Administration Program
- Stable leadership since 2004
- Strong, experienced leaders in each Allied Health program
- Long term departmental staff
- Experienced leadership;
- Very competent business office & staff;
- Considerable experience managing grants & contracts;
- Excellent working relationships with UAA & UA administrative staff;
- Long record of fiscal responsibility;
- Timely management of academic, personnel, & externally funded projects.
- Longevity of key personnel
- Leadership with personal resources to lead programs.
- Strong staff with much experience.
- Experienced faculty with expertise in curriculum planning.

### Administration COH Reorganization
- Interim Dean
- Experienced leadership in schools and depts, as well as dean's office
  - Broad range of programs and at very different levels serve a wide variety of students and constituencies.
  - Long term Dean's Office staff and leadership;
  - Interim Deans;
  - Assoc Deans for Research and Curriculum;
  - New Advising Center and staff
  - Experienced leadership;
  - Very competent business office & staff;
  - Considerable experience managing grants & contracts; Excellent working relationships with UAA & UA administrative staff;
  - Long record of fiscal responsibility;
  - Timely management of academic, personnel, & externally funded projects.
- Reorganization:
  - Admin dean and research dean
  - Engaged and supportive administrative leadership
  - Strong leadership with skills to support programs
  - No micromanaging. Strong and competent staff

### Administration & Outside COH
- Recognize strengths in the COH.
  - Able to speak to the needs of new health programs with buy-in from Regents and President
  - Recognition of Health mission of MAU
  - Recognition of COH as UA’s health college for state
  - Good working relationships and connections with many UA personnel, colleges, and departments
  - UAA designated Health campus;
  - Central administration’s respect for COH responsiveness
  - Successes in workforce development;
  - Potential for support & collaboration with the UA Office of Health Programs Development;
  - Commitment to securing funds for UAA Health Complex.
  - University administration generally supportive of COH structure

### Administration External customers/stakeholders
- Reputation for community engagement and collaboration
- Strong partnerships with healthcare providers/employers/partners
- Community partnerships
- Health providers partner with COH & academic units for program development & expansion;
- Graduates = local employees, saving outside recruitment costs;
- Stakeholders invested in informing curriculum to prepare graduates for "best practices"
- Employers contract with units for training & research;
- COH faculty recognized as local experts.
| Standardization | Program | cohesive departmental administrative and fiscal staff  
Established protocols for T & P;  
experienced faculty on UAB, GAB & COH, UAA & UA committees/initiatives.  
accessibility and universal design  
Program nationally accredited. Meets standards fro both generall accreditation and specific program certifications. |
|-----------------|---------|--------------------------------------------------|
| Standardization | COH     | Programs generally meet national standards  
Majority of programs have accreditation or professional standards for academic programs  
Decentralized college model.  
Cohesive Dean's Office administration and staff.  
COH Business Managers' focus on "COH staff manual".  
Peer Review Committee recommendations/changes including restructuring.  
Potential for COH GER's (e.g., intro health professions, health professional ethics, multi-disciplinary practice, health professional writing);  
Potential economies of scale for shared curriculum (e.g., research methods, program evaluation);  
Policies, procedures, processes are inchoate and open to development.  
Schools nationally accredited. Membership representation on college committees |
| Standardization | Within UA/ Outside COH | UAA growing leader in graduate programs and research  
Importance of accreditation for program recognized  
Protocols being developed for health program proposals & reviews;  
Alignment/priority within UA & UAA Strategic Plan, UA Health Plan and other planning documents.  
Fairly high level of authonomy granted to CoH by leadership.  
Interprofessional experiences with standardization for each profession in a synergistic approach |
| Standardization | External customers/stakeholders | External customers/stakeholders  
Diverse programs meet many educational needs  
Expectations of facilities about new graduates meed standards for minimum requirements |
<table>
<thead>
<tr>
<th>Synergies</th>
<th>Program</th>
<th>Synergies</th>
<th>COH</th>
<th>Synergies</th>
<th>Within UA/ Outside COH</th>
<th>Synergies</th>
<th>External customers/ stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strong faculty with many combined years of teaching experiences in many specialties. Complementary Faculty expertise, Shared admin support Strong collaboration among Allied Health programs Interdisciplinary teaching opportunities of Simulation Center Collegial &amp; collaborative relationships within School; strong teaching faculty with commitment to building research capacity. joint projects with other units</td>
<td>Cross-listed and co-taught courses; shared interests Several disciplines within COH currently collaborating on projects College has built a fairly cohesive team that enjoys working together. Expansion of COH for multi-disciplinary research &amp; curriculum efforts, building of leadership capacity to facilitate process (Associate Deans); history of success stories; small size facilitates building relationships between units. Good opportunities for collaboration. Shared vision of interprofessional efforts. Willingness to work together for the common good of all programs.</td>
<td>Collaborations cross campus common; shared governance Allied Health Alliance and Behavioral Health Alliance cohesive Interprofessional Simulation Team structure CAS &amp; COE faculty motivated to collaborate on health, behavioral health projects, curriculum, research; history of success stories; potential for collaboration with other research institutes. UAA has the health mission Good opportunities for collaboration. Shared governance in curriculum and faculty scholarship. CAFÉ very beneficial to developing faculty scholarship</td>
<td>Good opportunities for collaboration. Use of simulation by many entities to further strengthen the skills and critical thinking of health care personnel Health is high demand field, increased focus on teams Excellent partnerships for clinical site rotations and for employment of students external interest in Simulation Center Extensive experience with applied research; foundation, state &amp; federal grants.</td>
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</table>
| Other | Program | Diverse faculty, high student demand, continued program growth. TVEP funding and Denali Commission funding has allowed expansion in past several years. Articulation with community campuses & UAF social work; experience with distance delivery; accreditation; licensure pass rates; leadership with multi-disciplinary program development; graduates’ employment success; cool newsletter.

Distance delivery model that works well for the state needs. Strong technical staff to support distance delivery. |
<p>| Other | COH | Diverse programs, collaborative leadership model. Expansion of academic offerings through partnerships. Extensive experience with workforce development initiatives, distance delivery, high demand jobs/graduates. Commitment to interdisciplinary education. Methods to get to know the programs better in order to provide appropriate support. |
| Other | Within UA/ Outside COH | CAFÉ, Student Support services, Staff development. COH reorganization funding priority at some level. OHPD support for funding new programs. Advancement focus on COH fund raising. Collegial &amp; collaborative relationships campus-wide; reputation for innovation &amp; responsiveness to industry demands. |
| Other | External customers/ stakeholders | Functional advisory committees; community engaged campus. Excellent student completion rates within programs and high placement rates. Strong connections to community through internships, community engagement projects, alumni &amp; faculty service activities. Strong advisory councils. Visibility. |</p>
<table>
<thead>
<tr>
<th><strong>UAA COH Strategic Direction Initiative - S-W-O-T - Weaknesses</strong></th>
</tr>
</thead>
</table>
| **Administration** | **Program** | Timely fiscal support and expertise  
Director has limited experience in management  
Programs included in College of Health would imply the adoption of a public health model of health and social welfare rather than a strictly medical model.  
Pending retirements of key departmental fiscal personnel (2-3 year)  
Vulnerability of academic programs on soft funds;  
Need for succession planning for leadership positions;  
shrinking GF.  
Funding instability  
Concerns related to administration possibly making decisions about educational programs that should be made within the profession |
| **Administration** | **COH** | Building a new, coherent, and powerful message about who and what the College is could take time.  
Dean’s Office has little influence over faculty hiring decisions –  
No COH Policy and Procedure Manual with performance or customer service standards.  
Cost for building infrastructure in Dean’s office;  
future leadership unknown; change comes very slowly.  
Finding instability; new dean  
Under-staffed relative to other Colleges.  
Still in transition.  
Unknowns about mission and objectives in the future |
| **Administration** | **Within UA/ Outside COH** | Lack of transparent budget processes  
Lots of change in administrative personnel recently  
Transition of leadership; health priority seems to be waning; competition for resources.  
HR processes; new administrators  
Vacuum in leadership advocating for health.  
Competition for resources. |
| **Administration** | **External customers/stakeholders** | Some students poorly prepared for college success  
Not a lot of standardization with external customers/stakeholders (students, employers)  
Frustration with numerous academic programs using multiple/different forms, varied processes for placing students in internships.  
Variations in resources with little explanation of rationale. |
| **Standardization** | **Program** | Limited student support (scholarships, assistantships)  
Accreditation requirements may be more costly  
Program needs to be aligned with new accreditation standards- process labor & time intensive.  
Timely fiscal reports and projections for grants  
Development of the DNP and need for additional resources for program to be accredited |
| **Standardization** | **COH** | Incomplete or inconsistent policies and procedures  
Dean’s Office Structure: do not have a plan to get ahead of the curve  
Lack of clarity of roles & responsibilities for COH committees; reorganization not complete.  
Need to develop and disseminate policies/procedures  
Policies, procedures, processes are inchoate and open to development.  
Reorganization in process with many questions |
| **Standardization** | **Within UA/ Outside COH** | Inconsistent policies and procedures  
Some UA requirements may not fit COH programs  
Disparity with formula for indirect return/ charging of rent for sponsored program facilities.  
Little to no support for research.  
Students with variable academic abilities to begin college programs. Inconsistent |
| **Standardization** | **External customers/stakeholders** | Some students poorly prepared for college success  
Not a lot of standardization with external customers/stakeholders (students, employers)  
Frustration with numerous academic programs using multiple/different forms, varied processes for placing students in internships.  
Variations in resources with little explanation of rationale. |
## UAA COH Strategic Direction Initiative - S-W-O-T - Weaknesses

### Synergies

<table>
<thead>
<tr>
<th>Program</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| Both clinical and non-clinical programs | Synergies Program Both clinical and non-clinical programs  
Faculty have limited time for collaboration, team work  
Allied Health new to college  
Institutional barriers for multi-disciplinary work; Not planned; occur hampenstance  
Need to encourage intraprofessional communication to make AAS and BS curriculums more compatible |
| Synergies COH Both clinical and non-clinical programs | Some activities that are decentralized decrease opportunity for synergy  
Broad range of programs and large size of College could lead to less unity and less commonality around issues needed for advocacy, etc.  
Lack COH GER with a focus on core competencies.  
Faculty too busy with unit demands for taking on interdisciplinary work, COH initiatives; Paucity of collaboration.  
Job demands significant. Not enough time |
| Synergies Within UA/ Outside COH | Collaboration may be penalized in P and T processes  
Funding for team teaching is limited  
Limited opportunities for faculty across disciplines to collaborate  
Again, very busy faculty.  
Paucity of collaboration.  
Promotion and Tenure disparities |
| Synergies External customers/stakeholders | Unrealistic expectations of poorly resourced programs  
Limited time for faculty to work with industry  
Need to improve communication with students  
Unrealistic expectations of graduates.  
Paucity of collaboration.  
Expectations of new grads not at basic levels |

### Other

<table>
<thead>
<tr>
<th>Program</th>
<th>Weaknesses</th>
</tr>
</thead>
</table>
| High faculty-student ratio; multiple demands on faculty | Other Program High faculty-student ratio; multiple demands on faculty  
Salaries not comparable to industry salaries;  
Faculty have 9-month contracts  
Under funding in some departments.  
COH Technology staff (1) overwhelmed by college needs  
Lack of diversity on faculty; significant loss of faculty through retirements in next few years; faculty buy-outs translate into high rates of adjunct instruction.  
Distance delivery very time consuming without equitable structure for workload |
| Lack of strategic plan that guides decision-making | Other COH Lack of strategic plan that guides decision-making  
No new funding to support directives for new college  
Permanent budget cut with reorganization mandates and additional program needs  
Potential for competition between programs. Will expanding Dean's office impact funding for units?  
Distance delivery very time consuming without equitable structure for workload |
| Poor communication; non transparent decision-making | Other Within UA/ Outside COH Poor communication; non transparent decision-making  
Increase in underprepared students;  
Many pre-majors that will not become majors  
Lack of new funding to meet industry demands for program expansion/development.  
Need to decrease competition for resources |
| Unwilling to invest resources for success | Other External customers/stakeholders Unwilling to invest resources for success  
Limited number of clinical sites and employment opportunities  
Agencies under pressure- less time for internships.  
Stakeholders withdraw funds if they think we are not meeting their needs esp. for minority groups. |
| Administration | Program | Regional, national and international collaborations  
Part of a new college, opportunity to work with other health program leaders  
Create not just a continuum but a center of health education and health research that is interdisciplinary and cutting-edge.  
Strong junior faculty ready for mentoring into leadership roles; potential for expansion of WICHE regional social work collaboration (Internet Course Exchange) & “Grow Your Own” partnership with University of Utah distance PhD program; building on successes with Office of Children’s Services Title IV-E funded programs (Child Welfare Academy and Social Work Evaluation Program).  
Partnering with new ideas for growing new programs and improving existing programs. |
| Administration | COH | New leadership; reorg brings new assets and perspectives  
Strategic Planning input to identify priorities  
Potential to be a national leader for interdisciplinary efforts, distance delivery of health programs; joint appointments.  
Financial challenges not overwhelming.  
New partnering opportunities with new administration |
| Administration | Within UA/ Outside COH | Doctoral granting status builds support for research/graduate opportunity for input on selection of new provost  
Strengthening of ties with community campuses; advances in technology supporting distance education; potential of portfolios for demonstrating outcomes.  
Vacuum in leadership at UAA-level is moment of opportunity.  
Change in campus to be able to offer doctoral programs (hopefully) likely. |
| Administration | External customers/stakeholders | Opportunity for UAA to play a larger role in health research in Alaska  
Building development funds/opportunities for students, faculty & programs.  
Growing need for health practitioners/researchers  
Offering stakeholders a stronger role in decisions within the programs and college. |
| Standardization | Program | CEPH accreditation under review-opportunity to comment  
New creative faculty coming on-board can revitalize programs. |
| Standardization | COH | Strategic Visioning underway  
opportunity to determine what is best centralized and what is best decentralized  
New administration can offer innovative ideas to further the plans for the college. |
| Standardization | Within UA/ Outside COH | Leadership in transition; opportunity for growth  
encourage faculty and staff to be involved with governance bodies and ad hoc committees that recommend policies  
Potential for new leadership in several of the colleges and in the provost’s position |
| Standardization | External customers/stakeholders | Demand for new and expanded programs  
communitymember participation through advisory boards  
Increase Visibility; Establish processes for stakeholders to easily access COH resources  
Potential for better understanding of health needs for the community and how the college can meet those needs |
| Synergies | Program | Faculty productivity expands resources and opportunities for impact  
Faculty excited about opportunity to work with faculty from other disciplines  
Support each other in projects and publishing.  
Interdisciplinary mandates for research and curriculum  
Stacking, cross-listing of courses; focus on reaccreditation aligning competencies with assessment measures.  
Developing new curriculum for both the AAS and BS programs provides an opportunity to improve student outcomes. |
|----------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Synergies | COH     | Dual degrees? More doctoral programs? Research teams?  
Opportunity for interdisciplinary curriculum, activities and research  
Publication highlighting community engagement projects from College of Health.  
Event that highlights work of College of Health  
Advising Center mandates  
Shared interests/ expertise of faculty for interdisciplinary teaching, research & service activities; grand rounds series highlighting interdisciplinary teamwork; simulation lab.  
COH has resources to meet professional development needs  
Recognition of and interest in collaboration  
Supporting development of interprofessional education to encourage closer relationships and support for each program. |
| Synergies | Within UA/ Outside COH | New partnership with Advancement  
Establishment of positive relationships/alignments with Office of Health Programs; CBHRS dissolution (opening in Beh Hlth?)  
Further cooperation with the Office of Health Programs |
| Synergies | External customers/stakeholders | Opportunities to work with school districts in preparing students for college readiness  
International & intercultural collaborations/ partnership programs/ service initiatives.  
AMHTA resources  
Growing need for health practitioners/ researchers  
More mutual commitment with partners related to student outcomes in clinical arena. |
| Other | Program | New undergraduate tracks, minor increases campus presence  
Several faculty and staff close to retirement  
Dual MSW/MPH.  
New funding from Federal Grants (HRSA). |
| Other | COH | UAA as acknowledged Health Campus  
Opportunity to develop new advising center  
Joint/dual degree programs.  
Federal Grant funding for interprofessional opportunities. |
| Other | Within UA/ Outside COH | Shared governance gives faculty, staff, students voice  
Looking for other funding opportunities – i.e. more private foundation monies – greater use of Advancement?  
UAA/UAF/APU collaborative, multi-disciplinary Marriage & Family Therapy Graduate Certificate. |
| Other | External customers/stakeholders | Practice community as a potential consumer group for specialty curriculum & CEU opportunities.  
New interest by stakeholders in health care change with educational ramifications. |
| Administration | Program | Multiple competing demands with few resources  
| Burn out is a possibility for program leaders - increased demands in recent years; several faculty and staff close to retirement  
| Projected short-falls of funding.  
| Longtime faculty with difficulties dealing with change. Limited resources with high workloads. |
| Administration | COH | Multiple competing demands with few resources  
| Dean search which someone outside of the college has decision-making authority  
| Provost change, as a key proponent of reorganization mandates and funding support. Underfunding of reorganization mandates  
| Projected short-falls of funding.  
| Upcoming changes in leadership.  
| Limited resources. |
| Administration | Within UA/Outside COH | Leadership transitions  
| Provost Driscoll leaving  
| Change in central Budget & Finance key personnel.  
| Projected short-falls of funding.  
| Upcoming changes in leadership.  
| Limited resources. |
| Administration | External customers/stakeholders | Limited support for higher education in the state policy arenas  
| Diminishing federal, state & foundation funds for sponsored programs.  
| Expect COH to meet all needs  
| Lack of, reduction in, revenues.  
| Lack of understanding of need for continued resources. |
| Standardization | Program | National standards may not fit Alaska needs/capacity  
| Increased expensive may be associated with standardization/accreditation  
| Possible difficulty meeting new standards for DNP. |
| Standardization | COH | Leadership transitions  
| If it is determined that things need to be standardized, change can be difficult for some  
| Change in leadership with possible micromanaging. |
| Standardization | Within UA/Outside COH | UAA Branding diminishes program autonomy/flexibility  
| Change in Provost leadership with possible micromanaging. Lack of understanding of clinical program issues. |
| Standardization | External customers/stakeholders | Open admissions to grad school-diverse expectations  
| Variable expectations of new college. |
## UAA COH Strategic Direction Initiative - S-W-O-T - THREATS

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<tr>
<th>Synergies</th>
<th>Program</th>
<th>Threats</th>
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<tr>
<td>Synergies</td>
<td>Program</td>
<td>Soft funding for new and existing programs</td>
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<tr>
<td>Synergies</td>
<td></td>
<td>lack of time to take on new projects</td>
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<td>Synergies</td>
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<td>Competition between or among units or lack of team unity.</td>
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<td>Synergies</td>
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<td>Disparate units in buildings far apart don’t relate to each other as in “same unit.”</td>
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<td>Synergies</td>
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<td>Variability of faculty buy-in for needed curriculum and program change.</td>
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<tr>
<td>Synergies</td>
<td>COH</td>
<td>Soft funding for new and existing programs</td>
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<td>Synergies</td>
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<td>lack of funds to support collaborative endeavors</td>
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<td>Specialization and tunnel-vision may increase in lean times.</td>
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<td>Synergies</td>
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<td>Potential for new leadership to have different priorities.</td>
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<td>Within UA/Outside COH</td>
<td>Competition for limited resources; turf battles</td>
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<td>Synergies</td>
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<td>Cost-cutting lends to conservative visions, reduction in innovation.</td>
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<td>Synergies</td>
<td>External customers/stakeholders</td>
<td>limited scientific and health literacy in general public</td>
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<tr>
<td>Synergies</td>
<td></td>
<td>Some negative community perceptions about the university (e.g., not responsive, difficult to work with, contracts cost too much)</td>
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<td>Synergies</td>
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<td>More focus on basic mission.</td>
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<td>Synergies</td>
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<td>Partners potential to withdraw current funding for nursing expansion.</td>
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<tr>
<td>Other</td>
<td>Program</td>
<td>Changing expectations for accreditation</td>
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<td>Other</td>
<td></td>
<td>Faculty difficult to recruit when we have vacancies</td>
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<td>Other</td>
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<td>Insufficient funding</td>
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<td>Other</td>
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<td>gap between competitive program outreach and wait lists to get in</td>
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<td>Other</td>
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<td>Competition from multiple new on-line MSW programs; poorly prepared undergraduate &amp; graduate students- particularly with writing &amp; math skills.</td>
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<td>Other</td>
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<td>Many distance delivered RN to BS programs competing for students.</td>
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<td>Other</td>
<td>COH</td>
<td>Competition for limited resources; turf battles</td>
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<tr>
<td>Other</td>
<td></td>
<td>COH is very large and quite diverse in academic programs</td>
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<tr>
<td>Other</td>
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<td>Insufficient funding</td>
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<td>Other</td>
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<td>Diminishing GF impacting units &amp; college infrastructure.</td>
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<td>Other</td>
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<td>limits of University resources impacting college.</td>
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<td>Other</td>
<td>Within UA/Outside COH</td>
<td>Inadequate technological support for distance delivery</td>
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<td>Other</td>
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<td>Statewide goals and directives may not align with COH’s goals and priorities</td>
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<td>Other</td>
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<td>open enrollments, with underprepared students</td>
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<td>Other</td>
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<td>Limitations of technology options, support for distance education; graduate school policies interferring with autonomy of graduate programs.</td>
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<td>Other</td>
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<td>limits of University resources impacting college.</td>
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<td>Other</td>
<td>External customers/stakeholders</td>
<td>Political climate unsupportive of higher education</td>
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<td>Other</td>
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<td>Burn out of clinical sites; Regulatory and legislative rulings that affect health professions</td>
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<td>Other</td>
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<td>Student program goals versus ability to achieve</td>
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<td>Other</td>
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<td>The economy.</td>
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College of Health Mission

Advancing the health and well being of people and communities

College of Health Vision

Leading toward a healthier tomorrow

The World Health Organization Definition of Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.\textsuperscript{1}

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Section I – Project Summary

Purpose

Following the creation of the new UAA College of Health (CoH) and recognizing that the CoH is the Health College of the University, the CoH Leadership Team wished to develop a strategic overview and a collective vision for the College accompanied by supporting recommendations. The process enabled the Leadership Team to collaboratively assess COH structure, existing key strategic dynamics, refresh the College’s mission, vision and values, develop a shared vision, and provide a series of recommendations designed to inform and advise the new Dean and provide a foundation for strategic action.

Process

An important element in any strategic assessment in a multitiered organization is to review other existing strategic documents and direction with which the organization should be aligning. At the outset of their review, the Leadership Team examined five University documents:

- The UAA Strategic Plan: 2017
- The University of Alaska Statewide Academic Plan for Health Programs: 2007
- The UA Board of Regents Resolution Creating the New College of Health: 2011

A list of strategic themes that aligned with the consistent direction contained in the five documents was developed. The Team was then able to determine how well the College was aligning with those directives throughout their review. Section II lists the themes; Section VI indicates how the CoH and its units are aligning with these strategic directives.

Next, based upon an analysis of issues reported by each of the CoH units, the Leadership Team identified a number of issues found to be consistent across all units. Those issues were compared and aligned with the themes identified as a result of the strategic document review in Section II. Eight organizational issues were identified and developed in Section III.

During each step of their process, the Leadership Team identified key issues that they felt were important to highlight in this report. They finalized this list in Section IV, Recommendations.

Once the Team had reviewed and discussed the elements of University strategy, developed and analyzed CoH issues, and, based upon their deliberations and discussions, created a number of recommendations regarding the future direction of the CoH, they were prepared to revisit the CoH’s mission and vision and develop a set of core values. They can be found in Section V.
Document Summary

The College of Health’s Leadership Team’s analysis of key University strategic documents resulted in the identification of strategic themes that appeared consistently across those documents. The themes create a comprehensive picture of the direction in which the University wishes its component units to proceed. They address increasing or improving collaboration, interdisciplinary activities, research capacity, student pathways, technology, distance learning, existing and new programs, the quality of teaching and learning, and responding to the needs of the work force and the people.

The Leadership Team utilized these themes as filters for identifying and analyzing issues within the College as well as foci for developing their recommendations.

The most significant issue identified was how to effectively acquire, manage and deploy limited capital, human and physical assets in an environment that directs University units to grow programs, increase capacities, improve outcomes and increase the use of technology. It was recognized that the strategic directives in the documents reviewed contained significant direction regarding growth, expansion and improvement while remaining relatively moot on how the University would provide support for those activities.

Nevertheless, the recognition that effective asset acquisition, management and allocation were the key to all strategies frequently led the Team into productive dialog about issues, solutions and recommendations.

Recognition of University’s strategic direction to increase interdisciplinary collaboration and grow research capacity and capability has already been reflected in the College’s planning with the appointment of an Associate Dean for Research and the hiring of an Associate Dean for Curriculum. The Team documented a number of collaborative interdisciplinary opportunities such as increasing the quantity and quality of research, fielding interdisciplinary research teams, building shared interdisciplinary courses and programs, and developing common core curricula. At the same time, they recognized that these activities would require significant changes in the way units, faculty and staff have traditionally worked together.

Discussions regarding the expansion of research within the CoH led to parallel discussions about bipartite and tripartite workloads, the need for faculty to have flexibility in meeting their professional goals, and the fact that more research can contribute positively to fiscal programs.

There was significant focus on students during the project. The Team accepted responsibility for improving student success and retention, reducing student costs, and helping underprepared students successfully transition into college-level coursework. Discussions illuminated the need to help students to progress effectively through their chosen programs and to assist students in understanding their options and opportunities after completing undergraduate requirements. The Team pointed to the current focus on improving student advising being led by the Assistant Dean of Student Affairs as evidence that the College is already moving forward in this area.

There was recognition that student pathways begin early in life, progress through the learning years and then extend beyond higher education. The targeted engagement of future students, effective student
counseling, and identification of needs for ongoing professional development, whether degree-associated or not, were all identified as needs that should be addressed.

One of the ultimate roles of an institute of higher learning is to turn out graduates who can effectively fill vacancies in the workforce. This issue was the focus of a number of discussions around both issues and recommendations. The Team agreed that accurate and effective ongoing communication between the College, employers and agencies was necessary to be sure that curriculums always would focus on meeting needs that would be extant when graduates move into the workplace; i.e., that curriculums are always relevant. The difficulty of maintaining relevancy is exacerbated by constantly changing needs, non-traditional students, and the need for continuously developing distance learning capabilities.

The Leadership Team is enthusiastic about the unique role that UAA and the CoH fill as the health campus of the UA system and health college in the University. Recognizing both the issues and opportunities they identified in their deliberations, they are excited about the opportunity that the CoH has to lead, innovate and collaborate.

With all of the foregoing in mind, the Leadership Team revisited the College’s mission and vision statements. They also decided to develop an initial set of core values for the College. The new mission statement, “The UAA College of Health advances the health and well being of people and communities”, embodies the concept that the mission of a health college is simple; it’s the execution of the mission that is complex.

After developing their initial vision statement, the Team added a paragraph that illuminates how the College will enable its vision.
The following five strategic documents were reviewed in order to understand the current collective strategic direction for the University. They can be found in the appendix.

- The UAA Strategic Plan: 2017
- The University of Alaska Statewide Academic Plan for Health Programs: 2007
- The UA Board of Regents Resolution Creating the New College of Health: 2011

A number of common themes that ran through the documents were identified and earmarked as benchmarks for the CoH strategic review.

The themes were:

- Increase collaboration and interdisciplinary activities both internally and externally
- Increase the quantity and quality of research
- Improve student pathways
- Increase distance learning capabilities
- Maximize the use of technology to enable growth and expansion
- Revise existing programs and add new programs to meet University goals
- Improve and support professional development resources and programs for faculty and staff
- Create an environment that fosters excellence in teaching and learning
- Improve health in Alaska, the circumpolar region, and globally with our programs
- Respond to Alaska’s growing workforce development needs
Section III – CoH Organizational Issues

1. **Preparing students for the workplace of the future.** As health care and social services systems change, it’s extremely important for the units to keep their fingers on the pulse of the workplace. Dynamic factors such as the aging population and the rural and remote locations in which many services are delivered impact both the demand for and the availability of a diverse and well-trained public health workforce. CoH units understand it is important to change programs as needs evolve, but often struggle with how to meet the needs of rural and nontraditional students, the demands of low density remote populations, and the cost of enabling technology, all within an administrative environment that can be slow and cumbersome.

2. **Improving the quality and quantity of research.** It’s clear to all CoH units that expectations are for units to engage in more and better research. CoH units currently reflect the entire spectrum of capacity and capability – from units that engage almost solely in high-quality research activities to those who conduct virtually no research at all. Regardless of their current state, all units embrace the concept of expanding research grants and contracts. At the same time, in an environment of tightening fiscal, physical and human resources and multiple competing and compelling demands, many units struggle to plan realistically to expand their research programs.

3. **Curriculum revision and/or redevelopment.** Many CoH units all feel a need to periodically revise and/or expand their current programs. Some understand the need to revise programs that serve the changing demographics of students or employers. Others want to expand their degree programs. And there is growing support for creating interdisciplinary courses in which various units will need to collaborate and compromise. Considering the amount of work required to accomplish any of these objectives, many units wonder how they can successfully achieve them without allowing other priorities to fall behind.

4. **Improving student pathways.** CoH units agree that improving student pathways is a key to improving student success and retention, reducing costs, helping underprepared students successfully transition into college-level coursework helping students to progress through their chosen programs while shortening average time to graduation, and assisting students in understanding their options and opportunities after completing undergraduate requirements. They also support the idea of developing some common undergraduate core curriculum. Because the road to developing and implementing these improvements would be very similar in each unit, it makes sense that leadership for these can be shared between the unit and the College itself. The current focus on improving student counseling being led by the Assistant Dean of Student Affairs is an example of this.

5. **Professional development.** With the possibility of a significant number of faculty leaving within the next five years, there is a need to focus on retention, succession planning and providing enhanced and innovative support for professional development. The issues surrounding improving and increasing research across the College as well as the emerging focus on interdisciplinary programs also bring focus to the need to provide an environment that supports professional development.
6. **Interdisciplinary and collaborative opportunities.** CoH units understand that there is a growing need and market for interdisciplinary education and research. This presents a number of opportunities to the units. Among these are: (1) support for a focus on increasing the quantity and quality of research in various units, (2) fielding interdisciplinary research teams that can successfully win research grants and contracts, (3) collaborating with other units to build shared interdisciplinary courses and programs and (4) working together to develop common core curriculum for health programs including, among other important subjects, such things as professional ethics, teamwork practice, patient research, and information management. In an environment which has historically been siloed, the need to forge new paradigms is evident and is supported within CoH units. Leadership on these issues needs to emerge, leading to pilot programs which can help remove both real and perceived barriers.

7. **Technology.** Technology is an extremely important resource in the university environment. The areas that CoH units particularly need support are in the expansion of distance delivery options, including technical support and enabling computer-based testing.

8. **Increasing resources and capacities.** This is the largest single area of concern voiced by the CoH units. The need to acquire and effectively manage human, financial and physical resources touches every aspect of CoH programs, particularly when strategic direction from University leadership focuses heavily on increasing reliance on soft money. There is a lot of focus by all units on how they can balance competing demands for the limited resources they have while, at the same time, competing against each other to attract additional resources. Developing and analyzing trade-offs, agreeing on how many roles a faculty or staff member can effectively manage, and ensuring priorities are met can be a difficult task. Possible emerging solutions being discussed are ensuring students and faculty can access as many external resource opportunities as practicable (health care facilities), collaboration and cooperation between units to ensure resources are fully utilized, reassessing curriculums, and improving student pathways.
Section IV – Recommendations

The following recommendations are not listed in order of priority.

1. **Develop an interdisciplinary curriculum.** CoH units should collaborate on innovative ways to foster common core and interdisciplinary curriculums.

2. **Promote a wide range of collaborative opportunities.** Collaboration is not an activity; it’s a culture that promotes and encourages working together with others. The CoH should seek *more* opportunities to collaborate on research, curriculum, service, workforce development, partnering with business, industry, agencies and our communities.

3. **Innovate.** The challenges and opportunities at our doorstep will require creative solutions. The CoH should become the interdisciplinary convener, collaborator and incubator as new directions and solutions are developed in a culture that embraces original thought.

4. **Take a leadership role in health research.** Capitalizing upon the CoH commitment to collectively address health research, the CoH should develop a shared vision of the domains which the College can collectively work within. This would support an effort to build a strong cross-functional interdisciplinary health research capability.

5. **Fully develop career pathways.** Understanding that successful pathways to careers begin early in life and extend beyond higher education, the CoH should proactively engage potential students, provide a multifaceted and student-centric advising program for UAA students, ensure that UAA graduates meet professional standards, and provide ongoing professional development and continuing education opportunities.

6. **Utilize technology to drive opportunities and innovation.** We need a robust technological infrastructure that provides the capacity, training and support for applications such as distance learning, blended courses, clinical simulation, and student, faculty, staff and administrative support.

7. **Enhance workforce development efforts.** We need to fully engage our community partners to ensure we understand workforce needs and trends so that we can provide curriculums and courses that meet those needs. This includes aligning student expectations with those needs and providing training and professional development programs that support them.

8. **Promote collaborative leadership.** CoH leadership should take a visible and active role in supporting, promoting, driving and rewarding CoH priorities and opportunities including the development of supportive and enabling policies.

9. **Promote scholarship.** The CoH should understand and promote scholarship (teaching and learning) based upon national trends and practices and should recognize and reward those who excel in those areas.
10. **Value teaching, research and service.** The CoH recognizes the need to allow its faculty members the flexibility and support to meet their own professional goals while fulfilling the CoH mission. Teaching, research and service are linked and are equally important in fulfilling the UAA mission.

11. **Promote positive public perception.** The CoH should improve our internal processes and customer service and should promote awareness of our high quality programs.
Section V – Mission, Vision & Values

Mission: The UAA College of Health advances the health and well being of people and communities

Vision: Leading toward a healthier tomorrow

The CoH will become a recognized leader in health research, education and service by collaborating on innovative approaches with all of our partners and stakeholders. We will develop and leverage interdisciplinary resources and engage communities in a culture that promotes health and academic and research excellence. We will embrace original thought, effective solutions and fully recognize the strengths and contributions of our students, faculty and staff.

Values

- Excellence: We demonstrate a commitment to rigor and exhibit the highest quality in all of our products.
- Respect: We are noted for our respect for the diversity of our students our faculty, our staff, our partners, and our commitment to understanding the issues of our community.
- Integrity: We abide by the highest professional standards to improve the health of people and communities.
- Innovation: We create new and better products, processes, services, technologies or ideas and are open to new ways of doing things.
- Collaboration: We work with others in meaningful partnerships.
- Caring: We are humanitarian in our approach and acknowledge a worldview that values the unity of life and the connectedness of spirit. We are comforting, honest, responsible, patient, and attentive listeners.
Section VI – Alignment With UA Strategy


The Academic Master Plan (AMP) of the University of Alaska sets the system academic priorities for the next five years. The plan provides a vision for the continuing development of UA’s academic programs, guides enhanced collaboration between UA’s three major academic units (MAUs: UAA, UAF, UAS), suggests expanded opportunities for students, and structures UA’s management of both public and private resources. Because UA needs to be responsive to real-world events that might happen during the span of this plan, this plan is a flexible guide rather than an inflexible blueprint.

The AMP aligns major goals with measurable objectives, and provides the concrete activities designed to meet the objectives. Because the goals are interrelated, some activities will apply to objectives under more than one goal. The five major goals for the UA system are:

Goal 1: Educate students to become informed and responsible citizens.

UA is a publically-funded university with special responsibility to prepare Alaskans for the state’s future. The University has identified several activities that, over the next five years, will educate more Alaskans, provide them with a range of educational experiences, and benefit from Alaska’s cultural diversity.

- **CoH alignment:**
  - Improve “student pathways” by ensuring K – 12 students understand higher education opportunities and how they can prepare for and access them. Provide high quality counseling to UAA students so they can be successful in freshman-level courses, take developmental education courses to prepare for college-level coursework, progress through their chosen programs to shorten average time to graduation, and understand their options and opportunities after completing undergraduate requirements.
  - Expand partnerships with the community and industry partners to optimize training, use of public facilities, internships and service learning.

Goal 2: Advance research, scholarship, and creative activity.

The University also has a responsibility to produce and disseminate new knowledge. In this document, UA outlines objectives to promote basic research, applied research, scholarship, creative activity, and partnerships with communities and businesses in Alaska, in the circumpolar North, and around the Pacific Rim.

- **CoH alignment:**
  - Provide sufficient time and opportunities for faculty to engage in research, scholarship, or creative activity appropriate to their position and the mission of their unit. Provide adequate resources for the professional development of faculty. Improve the infrastructure for research, including personnel, facilities, and equipment. Implement processes to increase success in growing and maintaining research grants and contracts.
Goal 3: Engage Alaskans via lifelong learning, outreach, and community development.
Because UA’s mission to advance and disseminate knowledge applies to all Alaskans, UA has identified several ways in which it will address more of the needs of life-long learners and place-based students across the state, partner with PK-12 schools, and strengthen connections with Alaska’s communities.

- CoH alignment:
  - Encourage partnerships and pre-college opportunities that connect youth with career pathways supported by UA programs.
  - Recruit, advise, and serve non-traditional students.
  - Support continuing education and workforce development.

Goal 4: Develop and enhance programs to respond to state needs.
UA has identified activities that will focus on Alaska Native topics, the preparation of PK-12 teachers, technical training, engineering, biomedical research, and healthcare professions.

- CoH alignment:
  - Ensure applicable programs are aligned with relevant biomedical and health programs and workforce training needs.

Goal 5: Increase consultation, collaboration, and coordination across UA.
The UA system encompasses three thriving, separately accredited universities that serve the nation’s largest state. Some duplication of programs and curriculum is necessary to meet UA’s mission. This document identifies some ways in which the three universities can consult, cooperate, and collaborate during the next five years to avoid unnecessary duplication.

- CoH alignment:
  - Encourage collaboration and interdisciplinary program development between CoH units, business and industry partners, nonprofit groups, communities and other CoH stakeholders.
  - Collaborate on biomedical and health research and education at UA.
This is the most recent version of the academic plan posted on the UAA Academic Affairs website.

The Academic Plan marks out the major themes and emphases that will guide the University of Alaska Anchorage for the period from 2005 to 2009, affecting decisions on program improvement; new program development; faculty, staff, and student recruitment; resource allocation; and the development of information technology, physical facilities, and library and information resources. The plan is a dynamic document for a dynamic institution. It is intended to define strategic directions, tactical approaches, and implementation plans without precluding new opportunities that may arise in the plan period. The university’s leadership must be prepared to act on such opportunities as circumstances and good judgment indicate. The major themes outlined in this document will be a significant factor in determining which opportunities will be pursued.

1. Priority: Undergraduate Education and Scholarship
   a. Goal: Strengthen UAA’s position as a leader in undergraduate education and scholarship

   • CoH alignment with plan strategies
     o Increase opportunities for undergraduate research.

2. Priority: Research, Discovery and Graduate Education
   a. Goals:
      i. Strengthen UAA’s contributions to the advancement and practical application of knowledge
      ii. Involve more undergraduate and graduate students in research and discovery
      iii. Meet Alaska’s advanced degree needs

   • CoH alignment with plan strategies
     o Aggressively foster an environment that supports, promotes, and rewards academic research and discovery in both its basic and applied forms.
     o Increase collaborations, co-locations, and internal partnerships, particularly between researchers in centers, institutes, and departments.
     o Increase opportunities for undergraduate and graduate student participation in research.
     o Strengthen graduate programs to support growth of UAA’s research and sponsored program effort; build competitive research capacity in relevant new advanced degree programs.

3. Priority: Workforce, Career and Professional Education
   a. Goals:
      i. Further develop statewide emphases on health care, teacher education, and workforce development
      ii. Strengthen UAA’s capacity to meet the educational and expertise needs of Alaska’s leaders and professionals

   • CoH alignment with plan strategies
     o Health professions
Add programs that complement and strengthen existing offerings to address Alaska’s physical, mental, public, and behavioral health education requirements.

* Explore cooperative agreements with outside institutions.*

- **Graduate and Professional Programs**
  - Strengthen graduate and professional programs to meet the expertise needs of Alaskan businesses, professions, and government.

---

### 4. Priority: Community Engagement

#### a. Goals

1. Fully engage in the economic, cultural, and civic life of the communities UAA serves
2. Serve as a setting for public discourse, a venue for artistic expressions, and a partner in community endeavors

- **CoH alignment with plan strategies**
  
  1. Increase the capacity and reach of the Center for Community Engagement and Learning.
  2. Create new partnerships with public and private organizations to deliver training, education, research, and other services.
  3. Increase visibility, outreach, and interaction to enhance community awareness and appreciation of partnership programs.
3. UAA Strategic Plan - 2017

Priority A. Strengthen and Develop the Total UAA Instructional Program

- **CoH alignment with plan strategies**
  - Collaborate closely with public and private sector partners to maintain and develop our programs supporting workforce development and high-demand careers.
  - Design and implement new, mission appropriate academic programs with special attention to advanced graduate studies.
  - Build organization and support for our distance education efforts.
  - Increase the active participation of our students, both undergraduate and graduate, in academic research and service learning.
  - Consolidate, reduce, or eliminate programs, where indicated by program review, to assure the best use of limited resources.

Priority B. Reinforce and Rapidly Expand our Research Mission

- **CoH alignment with plan strategies**
  - Build a physical infrastructure and foster an institutional culture to support, promote, and reward both basic and applied research.
  - Strengthen our capacity for competitive sponsored research and greatly expand the number and value of externally-sourced research grants.
  - Significantly increase the quantity and quality of scholarly presentations and peer-reviewed publications by our faculty.
  - Build selected research-centered graduate programs of distinction by recruiting critical masses of the most highly qualified faculty and graduate students.

Priority C. Expand Educational Opportunity and Increase Student Success

- **CoH alignment with plan strategies**
  - Work with school districts to increase the UAA share of Alaska’s college-bound students and to improve student transition to higher.
  - Improve the efficiency with which students navigate our programs and campuses from entry to completion.

Priority D. Strengthen the UAA Community

- **CoH alignment with plan strategies**
  - Build an institution recognized for its collaborative efforts between and among programs, schools, colleges, campuses, and universities.
Priority E. Expand and Enhance the Public Square.

- CoH alignment with plan strategies
  - Become a national model for wide-ranging community partnerships in training, education, research and service.
4A. University of Alaska Statewide Academic Plan for Health Programs – 2007 – Alignment

Development of a statewide academic plan for health programs of the University of Alaska commenced in the middle of the 2006 academic year. The purpose of this comprehensive effort has been to collect in one document the strategic and operational plans for health programs throughout the State university system. Guided by the Health Programs Alliance, an affiliation of deans and directors of health programs from across the system, working closely with the Associate Vice President for Health Programs, this planning document provides a summary of intentions and attendant needs for the broad span of health professions and occupations programming offered and planned in the near future.

The Alaska health care industry has strongly expressed its workforce requirements for the past decade, and the University of Alaska has stepped up vigorously to address state needs. Shortages have been identified in many critical occupations, some at crisis stage. Over the past few years, many health programs have been developed, implemented, and expanded. Especially impressive has been a movement to provide education for essential, high demand and long-term jobs throughout the state using distance education methodologies. Many place-committed students have been served in this manner, augmenting the workforce in places of especial need.

Principle 1. Statewide academic planning for health programs is continuous and outcomes-driven

- CoH alignment with plan strategies
  - Streamline cross-MAU collaboration.

Principle 2. Advances, including technology, are embraced and incorporated

- CoH alignment with plan strategies
  - Utilize distance/blended educational approaches
  - Provide sufficient instructional design and technology support for faculty.

Principle 3. Workforce needs are met through employer, university and community engagement

- CoH alignment with plan strategies
  - Develop integrated career pathways and career webs; Start early, K-12.

Principle 4. Academic programs are accessible and high quality

- CoH alignment with plan strategies
  - Ensure student success
    - Achieve seamless enrollment and other student services processes.
    - Repair preparation inadequacies.
    - Support students through to completion.

Principle 5. An effective program for public relations, including marketing, is implemented

- CoH alignment with plan strategies
  - Tell our story.
4B. University of Alaska Statewide Academic Plan for Health Programs – 2007 - Barriers

The CoH also recognizes the five system barriers to developing a functional academic plan that were described by the Health Programs Alliance during the development of the Statewide Academic Plan for Health Programs as follows:

1. General UA system issues:
   - Balkanization; faculty and campus silos; turf protection; territoriality; competition instead of collaboration; intra- and inter-MAU issues negatively impacting students
   - Banner and other university systems and processes for enrollment, student services and financial aid do not support distance education; student and program frustration abounds; fixes are endless, manual and time-consuming
   - Student preparation issues have not been consistently assessed and addressed, causing preventable failures

2. Inadequate data systems:
   - Banner data is not consistent with program experience
   - Institutional Research resources and responsiveness limited

3. Planning implementation limitations:
   - Overlapping planning processes

4. Inadequate financial and human resources:
   - Resource competition between university units causes incessant and wasteful lack of collaboration
   - Receiving campuses are not adequately and consistently compensated to support distance courses and their students – this needs a system-wide solution
   - Too busy doing the work to take time out to plan and innovate
   - Lack of support for distance education and all that entails
   - Simple lack of sufficient funds to support current programs and develop new

5. Resistance to forward movement:
   - Often due to time pressures and excessive workload
   - Sometimes due to inertia
   - Has involved a lack of shared vision and coherent mission and goals
5. UA Board of Regents Resolution Creating the New College of Health – 2011

Section 2. The principal goals of this action are to create an organization that will:

1. Enhance student success by providing unified support for academic advising, counseling, and career guidance from recruitment to graduation across the full range of health education programs at UAA
2. Expand and reinforce UAA’s teaching, training, and research capacity to address the principal health challenges faced by Alaska, its communities, and its peoples
3. Support and develop existing and new organizations, initiatives, and projects that teach, train, and do research between and across academic disciplines
4. Work in concert with the UAA Office of Health Programs Development to facilitate cooperation and strengthen the mutually supporting relationships between UAA, our community partners, our sister UA institutions, our partners outside Alaska, and Alaska’s larger community of health provider institutions and individuals
5. Strengthen capacity to compete for external funding
6. Build centralized institutional capacity for strategic choice (set and develop strategic priorities)

How the CoH is addressing these goals

- The need for these initiatives is fully recognized by CoH and CoH unit leadership as indicated throughout this report.
- In the face of competing priorities and issues (balancing national accreditation standards with local needs and capacity, faculty and staff are already performing matrixed activities and are/feel stretched, supporting growth initiatives, student and faculty recruitment and retention, space restrictions, seeking to maximize external resources for student training and experience, etc.) the College is struggling to marshal needed resources to begin making strong definitive progress on these issues across the College.
- Conceptually, the potential benefits from asset (human, physical and financial) rationalization collaboratively across unit, college and community lines are understood, but actually taking first steps appears to exacerbate the problems being experienced due to the increased demands already being placed on existing resources.
- Some units have identified first steps in their own strategic or operating plans, but a coordinated effort by CoH and unit leaders is needed to address the transformational change needed at this juncture. Momentum to actualize this appears to be growing.

Section 6. The content and the delivery of the curricula of the new college are the responsibility of the faculty, supported by staff and administration in partnership with the health provider community. The faculty is responsible to the communities of Alaska, Alaskan health providers, and their individual academic disciplines for the content and the quality of the curriculum. In carrying out these responsibilities the faculty is strongly encouraged to:
a. Develop a common core curriculum for health programs including, among other important subjects, such things as professional ethics, teamwork practice, patient research, and information management

b. Build structure and curriculum that will support and develop trans-disciplinary education focused on solving major health problems

c. Apply the integrated career pathway principle to curriculum development to assure that all academic programs, especially those taken in shorter time-frames, support long-term career growth and development

The CoH is addressing the directives in this section in the same manner as it is addressing the directives outlined under the resolution’s goals (Section 2).

Section 7. The reinforcement and acceleration of research in all of the health determinant fields (health care practice, human biology, environment, and behavioral choices) are strategic priorities for the new college. In this work, it will be especially important to employ multi- and inter-disciplinary approaches and to focus increasingly on the mutually reinforcing “bench to bed” relationships in translational research. To maintain momentum and to continue to build critical mass in health and biomedical research, the Provost will move to form an inter-college research group.

How the CoH is addressing this section

- The BOR makes it clear that they expect “the reinforcement and acceleration of research in all of the health determinant fields” to be a strategic priority in the new CoH.
- Clear direction about this priority is needed from CoH leadership in order to eliminate confusion about tripartite policies and activities as well as apparent conflict with some of the direction provided to the CoH in Sections 2 and 3 (many of the directives in sections 2, 3 and 7 are congruent).
- Once CoH leadership makes it clear to all CoH units what the priorities from this resolution are, then the CoH and its units can confidently align behind those priorities.

Section 8. Significant new costs are not expected. Some smaller start-up investments may be required as the college moves to unify advising, develop curriculum, and accelerate research. These and related administrative costs will be met by UAA internal reallocation. It is expected that these costs will be more than compensated for by the increased strength, improved flexibility, and additional effectiveness of the new organization. As has been the case in the past, we will continue to pursue new initiative funding for the development of health programs within the framework of the Alaska Health Workforce Plan.

How the CoH needs to address this section

- While, over a longer term, the concept regarding “costs will be more than compensated for by the increased strength, improved flexibility, and additional effectiveness of the new organization”, those efficiencies will not be recognized as the CoH reorganizes and incurs start up costs.
• These costs are to be derived from “UAA reallocation” and new initiative funding may come from within the framework of the Alaska Health Workforce Plan.

• The CoH needs to determine what these start up costs are and work with UAA leadership to acquire the necessary short term resources.


Addendum 3. UAA Strategic Plan – 2017


Addendum 5. UA Board of Regents Resolution Creating the New College of Health – 2011
University of Alaska System

Academic Master Plan

Spring 2011 to Fall 2015
Academic Master Plan
Spring 2011 to Fall 2015
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Introduction

The University of Alaska inspires learning, and advances and disseminates knowledge through teaching, research, and public service, emphasizing the North and its diverse peoples. 
(UA Mission Statement)

The University of Alaska system consists of the University of Alaska (UA) statewide administration, and three separately accredited universities: the University of Alaska Anchorage (UAA), the University of Alaska Fairbanks (UAF), and the University of Alaska Southeast (UAS). Each of these has community campuses across the state. The UA offers educational opportunities ranging from certificates and associate degrees, through bachelor’s degrees, to master’s and doctoral degrees. Much of UA’s strength comes from its unique geographic and cultural setting. In fields like engineering, biology, Alaska Native studies, and ocean and earth sciences, the state itself is a natural laboratory and classroom. UA programs have grown and gained international recognition while addressing specific needs in Alaska.

The University of Alaska system is a major economic force throughout the state with an annual economic impact of nearly $1 billion1. Alaska’s investment in the university returns over $3 in total economic activity for every $1 from the state. The return for investments in research is even greater: $7.60 for every $1 in state funding2. The two-thirds of UA graduates who remain in Alaska fill many leadership positions in business, government, education, and community service. There are also important tangible effects brought about by UA campuses in communities, ranging from granting degrees, to engagement with PK-12 schools, to hosting athletic competitions, theatrical and musical performances, art exhibitions, and other cultural events. UA campuses are integrated into the heart of the communities and regions they serve. Strengthening UA pays benefits to these communities and to Alaska as a whole.

The Academic Master Plan (AMP) of the University of Alaska sets the system academic priorities for the next five years. The plan provides a vision for the continuing development of UA’s academic programs, guides enhanced collaboration between UA’s three major academic units (MAUs: UAA, UAF, UAS), suggests expanded opportunities for students, and structures UA’s management of both public and private resources. Because UA needs to be responsive to real-world events that might happen during the span of this plan, this plan is a flexible guide rather than an inflexible blueprint.

The AMP aligns major goals with measurable objectives, and provides the concrete activities designed to meet the objectives. Because the goals are interrelated, some activities will apply to objectives under more than one goal. The five major goals for the UA system are:

Goal 1: *Educate students to become informed and responsible citizens.*

UA is a publically-funded university with special responsibility to prepare Alaskans for the state’s future. The University has identified several activities that, over the next five years, will educate more Alaskans, provide them with a range of educational experiences, and benefit from Alaska’s cultural diversity.

Goal 2: *Advance research, scholarship, and creative activity.*

The University also has a responsibility to produce and disseminate new knowledge. In this document, UA outlines objectives to promote basic research, applied research, scholarship, creative activity, and partnerships with communities and businesses in Alaska, in the circumpolar North, and around the Pacific Rim.

Goal 3: *Engage Alaskans via lifelong learning, outreach, and community development.*

Because UA’s mission to advance and disseminate knowledge applies to all Alaskans, UA has identified several ways in which it will address more of the needs of life-long learners and place-based students across the state, partner with PK-12 schools, and strengthen connections with Alaska’s communities.

Goal 4: *Develop and enhance programs to respond to state needs.*

UA has identified activities that will focus on Alaska Native topics, the preparation of PK-12 teachers, technical training, engineering, biomedical research, and healthcare professions.

Goal 5: *Increase consultation, collaboration, and coordination across UA.*

The UA system encompasses three thriving, separately accredited universities that serve the nation’s largest state. Some duplication of programs and curriculum is necessary to meet UA’s mission. This document identifies some ways in which the three universities can consult, cooperate, and collaborate during the next five years to avoid unnecessary duplication.
Goal 1: Educate students to become informed and responsible citizens.

To prepare students to contribute to a sustainable future in Alaska, UA must focus on developing students’ leadership and civic skills, and prepare them for careers in our unique Alaskan economy. UA will provide the resources to develop students’ skills in writing, oral communication, critical thinking, and quantitative reasoning; improve students’ understanding of the physical, biological, and social sciences, technology, social institutions, and economic systems; advance their understanding of and involvement in government; and enhance students’ knowledge of and opportunities to appreciate the arts and humanities, diverse cultures, and values.

In this effort, UA will work to recruit and retain more students, shorten the average time to graduation, increase access to post-secondary education in all parts of the state, integrate different types of educational experiences, and benefit from Alaska’s cultural diversity. For the next five years, UA will concentrate on these objectives.

Objective 1: Increase student retention and timely graduation rates.

Activity: Use initial course placement and developmental education courses to ensure student success in freshman-level courses.

Activity: Provide developmental education courses that enable underprepared students to meet rigorous academic standards.

Activity: Provide targeted academic support to first-generation university students and encourage course selection that shortens the average time to graduation.

Activity: Evaluate and implement the most successful retention approaches, such as first-year experience courses, learning communities, student-engagement programs, mentoring, student advisors, undergraduate research and community-based learning.

Activity: Provide opportunities for faculty to explore innovative teaching methods.
Objective 2: Increase access to post-secondary education in all parts of the state.

Activity: Employ e-learning, articulation with two-year programs, and other approaches to accommodate place-based students.

Activity: Continue to adjust class schedules to accommodate lifestyle-driven schedules of non-traditional students.

Objective 3: Integrate education, training, research, and hands-on opportunities for students.

Activity: Expand partnership with industry and communities for student training, including the use of public facilities.

Activity: Increase student opportunities for community-based, engaged learning, including internships and service learning.

Objective 4: Embrace the cultural diversity of Alaskans and promote cross-cultural understanding.

Activity: Recruit, retain, and graduate a diverse student body that reflects the population of Alaska.

Activity: Recruit and support professional development of Alaska Native and other minorities as faculty and staff.

Activity: Include a wide variety of cultures in the curriculum and co-curricular activities.

Activity: Incorporate the knowledge and wisdom of Alaska Native elders in curricular and co-curricular activities.

Activity: Maintain and expand opportunities for students to gain international knowledge and experience.
One of the core missions of any university is the production, dissemination and application of knowledge gained from research, scholarship and creative activity. Basic research increases our fundamental understanding of the world around us and provides the basis for applied research that addresses issues of current concern. UA will continue to support faculty, staff and students engaged in a broad range of these efforts.

In addition to enhancing research and scholarship capacity, UA will respond to emerging opportunities and needs in the circumpolar North, the Pacific Rim and Alaska. UA will work with communities and businesses across Alaska. The following objectives address the goal of advancing research, scholarship and creative activity.

**Objective 1: Support faculty scholarship, research, and creative activity.**

*Activity:* Provide sufficient time and opportunities for faculty to engage in research, scholarship, or creative activity appropriate to their position and the mission of their institution.

*Activity:* Provide adequate resources for the professional development of faculty.

*Activity:* Improve the infrastructure for research, including personnel, facilities, and equipment.

*Activity:* Implement processes to increase success in growing and maintaining research grants and contracts.

**Objective 2: Engage students in scholarship, research and creative activity.**

*Activity:* Introduce undergraduate students to research, scholarship and creativity through hands-on experiences.

*Activity:* Encourage students to progress from undergraduate experience to more advanced levels of scholarship, research, and creative activities, including graduate education and professional activities.

*Activity:* Mentor graduate students for professional success in world-class research.
Objective 3: Focus organized research on areas in which special opportunities exist in Alaska, the circumpolar North, and the Pacific Rim.

Activity: Lead research on Alaska-specific topics, such as natural hazards, climate change, rural health issues, and Alaska Native language and culture.

Activity: Foster research partnerships with international agencies and universities in other countries, especially northern and Pacific Rim nations.

Objective 4: Conduct research on state needs and priorities.

Activity: Expand research on topics that support basic Alaska industries, such as fisheries, natural resources, and energy, as well as others important to the state such as transportation, gas/oil exploration and drilling technology, and aerospace applications.

Activity: Engage in research, scholarship and creativity on topics that enrich Alaska society, such as arts, culture and language.

Activity: Study the causes and propose solutions for education challenges in Alaska.

Objective 5: Contribute to the preservation and perpetuation of Alaska Native cultures, languages, and values.

Activity: Continue and expand efforts to record and preserve Alaska Native languages.

Activity: Improve understanding of and knowledge about Alaska Native peoples and their cultures.

Objective 6: Engage communities and partner with businesses and industries to achieve a socially, environmentally, and economically sustainable State.

Activity: Conduct applied research to meet the specific needs of businesses, industry, Native corporations, communities, federal government departments, state agencies, and other entities.

Activity: Partner with businesses and industry to develop marketable products and services.
Goal 3: Engage Alaskans via lifelong learning, outreach, and community development.

The University of Alaska serves Alaskan communities by fostering a culture of learning and promoting community development. This includes formal and informal education for people of all ages. The geographic scale of the state makes place-based education particularly important.

For PK-12 students, UA can support the Alaska Education Plan and partner with local school systems to help open doors and show career pathways. More broadly, UA will help cultivate an environment of learning within communities by offering opportunities for continuing education and lifelong learning. Alumni can assist in this effort as ambassadors who connect their communities with the University of Alaska. The following objectives describe how UA will engage Alaskans in lifelong learning, outreach and community development over the next five years.

Objective 1: Encourage partnerships and pre-college opportunities that connect youth with career pathways supported by UA programs.

*Activity:* Provide academic support and enrichment for students from PK-12 schools where few parents have college degrees.

*Activity:* Inform PK-12 students, parents, and teachers about the academic preparation needed to succeed in college and in career pathways.

*Activity:* Work with the PK-12 education system in Alaska, including early college programs, to increase the proportion of high school graduates who attend college and are prepared for college-level work without developmental coursework.

*Activity:* Reach out to middle and high schools to provide students and parents with information on the advantages of post-secondary education, academic preparation for college, financial aid options, and UA programs.

Objective 2: Cultivate an environment for place-based students in which learning is encouraged and supported.

*Activity:* Examine local and regional needs for university courses and programs, basing additions and expansions of programs on demonstrated needs.

*Activity:* Increase community involvement through internships and service.

*Activity:* Expand partnerships with industry and communities to maximize the use of public facilities for training of place-based students.
Objective 3: Meet the demand for continuing education and lifelong learning, including both credit and non-credit courses and other educational activities.

Activity: Provide courses scheduled to meet the needs of community learners.

Activity: Support faculty development of teaching technologies, including those for e-learning.

Activity: Provide research-based information to communities, through formal extension programs and outreach.

Activity: Recruit, advise, and serve non-traditional students with attention to their differences from recent high school graduates.

Objective 4: Strengthen connections with Alaska communities.

Activity: Maintain connections with students after graduation.

Activity: Engage alumni as university ambassadors.
A state university should be responsive to current and emerging state needs, in addition to its traditional roles. UA has recognized current needs in Alaska Native topics, teacher preparation, technical training, engineering, natural hazards assessment, biomedical and health research, and healthcare professions. By 2015, UA will undertake to develop or enhance programs in these areas. For new and enhanced programs, UA must determine appropriate levels of faculty, staff, and facilities required to sustain high quality education of an increased number of students.

To deliver these programs, the strengths of each MAU should be leveraged, resources should be used efficiently, and unnecessary duplication has to be avoided. During the next five years, there will be no duplication of doctoral programs within UA. Ph.D degrees will be awarded by UAF, with the exception that the clinical-community psychology Ph.D may be awarded jointly by UAF and UAA. UAA will be the lead MAU for coordinating health academic programs, in consultation with campus leaders, and deans and directors from throughout the UA system.

**Objective 1: Support new programs of study of Alaska Native languages, cultures, and communities.**

*Activity:* Consult with Alaska Native communities, corporations and tribes about their needs for new programs.

**Objective 2: Educate teachers for the PK-12 school system across Alaska.**

*Activity:* Recruit and retain more students in education.

*Activity:* Enhance educator-preparation programs in special education and in math and science teaching.

*Activity:* Promote and support participation of Alaska Native students in teacher-education programs.

*Activity:* Increase access to teacher-preparation programs through multiple delivery methods.

*Activity:* Proceed with UAA’s development of a professional doctorate in education leadership, with application for approval of this program by the Board of Regents and NWCCU.

**Objective 3: Meet the demands for technical and workforce training in Alaska.**

*Activity:* Anticipate workforce training needs in alignment with the Alaska Career and Technical Education Plan.

*Activity:* Recruit more students to high demand job area programs.
Activity: Increase the number of graduates with occupational endorsements, certificates, and academic degrees.

Activity: Partner with state and federal agencies, employers, the Alaska Workforce Investment Board, and other entities to develop training programs.

Activity: Maximize the ability of students to transfer credit in workforce programs, including programs of study that transition students from secondary education to the UA campuses.

Activity: Assess and meet the workforce and leadership needs for Alaska Native corporations.

Activity: Investigate the viability of new or enhanced programs in emerging areas of Alaska’s economy, for example environmental chemistry, fisheries, tourism, and film production.

**Objective 4: Train engineers in Alaska to build the infrastructure and development of the state.**

Activity: Produce 200 undergraduate engineers annually by 2014.

Activities: Determine appropriate levels of faculty, staff, and facilities to provide high quality education to this increased number of students.

**Objective 5: Develop biomedical research programs, building on the programs that are currently in place.**

Activity: Propose new, enhanced and/or collaborative programs in biomedical research.

Activity: Recommend which MAU should lead and house each program.

**Objective 6: Increase the number of healthcare professionals trained by UA.**

Activities: Update the health academic plan or progress report annually, with reference to state needs.

Activities: Proceed with the development of a UAA professional doctorate program in nursing, with application for approval of this program by the Board of Regents and NWCCU.

Activities: Proceed with securing NWCCU approval of a joint UAF/UAAPh.D. program in clinical-community psychology.
Goal 5: Increase consultation, collaboration, and coordination across UA.

The missions of the MAUs provide the foundation for integrated policies to guide growth of the entire university system. The UA system is comprised of three separately accredited universities, and some duplication is required to serve wide-spread populations. UAA, UAF, and UAS will work together so that resources are allocated carefully and programs are operated equitably, efficiently, and in alignment with system plans, policy, and regulation. With that in mind, the MAUs will consult, collaborate, and cooperate to meet UA’s missions without unnecessary duplication.

A range of efforts may be employed to meet this goal. One level of effort is to clarify course-credit transfer among MAUs, and how that applies to program degree requirements. Another level of effort is to facilitate inter-MAU collaboration on specific programs. For the next five years, UA will focus on the following objectives.

**Objective 1: Assist students with registration, and facilitate their understanding of how credits transfer between MAUs.**

*Activity:* Provide additional clear and readily accessible assistance on which courses from one MAU satisfy degree requirements at another MAU.

*Activity:* Improve individual advising to promote student success in meeting degree requirements via transfer options.

**Objective 2: Reduce institutional barriers to collaboration among MAUs and campuses.**

*Activity:* Create tangible incentives and opportunities for collaboration.

*Activity:* Equitably share credit for educational programs, research, and outreach or service activities.

*Activity:* Provide system-wide access to academic resources, such as library materials and software, with commensurate cost sharing by MAUs.
Objective 3: Commit to ongoing collaboration and transparent discussions on areas of potential collaborative academic programs.

Activity: Coordinate programs that utilize distance education at UA.

Activity: Encourage collaboration between workforce programs within the UA system or between UA and state-supported regional training centers.

Activity: Examine coordination of distance-delivered MBA program(s).

Activity: Collaborate on biomedical and health research at UA, with focus on the following:
   - Increased UA success in securing research grants and contracts.
   - Effective and efficient use of capital and operating resources.
   - Partnerships with business, industry, or nonprofit groups.
   - State needs.
   - Capacity and mission of each MAU.
Mission statements:
University of Alaska (UA)
   http://www.alaska.edu/bor/
University of Alaska Anchorage (UAA)
   http://www.uaa.alaska.edu/chancellor/uaa-mission-statement.cfm
University of Alaska Fairbanks (UAF)
   http://www.uaf.edu/uaf/about/mission/
University of Alaska Southeast (UAS)
   http://www.uas.alaska.edu/UAS_StrategicPlan/core-values.html

Statewide Academic Council Operating Plan (SACOP), formerly the University of Alaska Academic Master Plan, Version Number 28, September 3, 2010.

University of Alaska Board of Regents, Policies & Regulations,
Chapter 10 - Academic Policy and Regulation.
http://www.alaska.edu/bor/policy-regulations/


http://www.iser.uaa.alaska.edu/Publications/ua_econent.pdf

http://www.eed.state.ak.us/edsummit/pdf/AK_Education_Plan.pdf
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This publication was released by the University of Alaska and printed in Fairbanks, Alaska.
Introduction

The Academic Plan marks out the major themes and emphases that will guide the University of Alaska Anchorage for the period from 2005 to 2009, affecting decisions on program improvement; new program development; faculty, staff, and student recruitment; resource allocation; and the development of information technology, physical facilities, and library and information resources.

The plan is a dynamic document for a dynamic institution. It is intended to define strategic directions, tactical approaches, and implementation plans without precluding new opportunities that may arise in the plan period. The university’s leadership must be prepared to act on such opportunities as circumstances and good judgment indicate. The major themes outlined in this document will be a significant factor in determining which opportunities will be pursued.

The plan is divided into the following primary sections:

- **Vision and Mission.** Our aspiration for the future, along with UAA’s mission statement and details from the operational missions of teaching, research, creativity, and service.
- **Standards.** The core standards that guide all activities.
- **Priorities, Strategies, and Resources.** Four core priority areas and six strategies and resources that have been identified to move us closer to our vision.
- **References.** Links to key resources and supporting documents.

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The ultimate purpose of the university is to increase the capacity of individuals to solve problems, to do productive work, to lead rewarding lives, and to contribute to the common good.

UAA’s 2005 Academic Plan Committee
Vision

UAA aspires to build the University of the 21st Century. We seek to become an important metropolitan university recognized as a leader in the Pacific Northwest for the quality of our teaching, research, creativity, and service to our communities, Alaska, and the nation. We aim to lead in our commitment to academic distinction, student success, lifelong learning, international and intercultural perspectives, and innovative approaches. We seek to build the university as a public square, engaged with our communities, working in partnership with public and private institutions to address the needs of urban and rural Alaska, and serving as a protected space for the free inquiry, debate, and creative performance essential to a democratic society.

Mission

OUR MISSION *

The University of Alaska Anchorage inspires learning and enriches Alaska, the nation and the world through our teaching, research, creativity and service.

The University of Alaska Anchorage is a comprehensive university that provides opportunities to all who can benefit from educational programs of high quality in an inclusive environment rich in diversity. Located in Anchorage and on community campuses serving Southcentral Alaska, UAA is committed and uniquely situated to serve the needs of its communities, the state, and its diverse peoples.

OUR CORE VALUES

UAA faculty, staff, students and alumni are a community bonded together by these shared values: To continuously improve learning and scholarship; to engage our talents and knowledge in service to Alaska; and to act with integrity and good stewardship.

* Approved by the University of Alaska Board of Regents April 18, 2003
To fulfill our institutional missions of teaching, research, creativity, and service, we operate in six major areas.

**Core Teaching Mission**

UAA offers a rich variety of academic programs:

- A general education curriculum that constitutes the foundation of a university education
- Certificate and associate degree programs in vocational and para-professional fields that support workforce development and career education
- Certificate, associate, baccalaureate, and graduate degree programs in professional and technical fields; arts and humanities; social, mathematical and natural sciences; and across disciplines
- Credit and non-credit courses to support lifelong learning, workforce development, career education, and the maintenance and improvement of technical, para-professional, and professional qualifications
- Developmental and college preparatory courses to assist students to succeed in higher education
- A University Honors program to attract and challenge highly qualified students with an integrative intellectual experience beyond the boundaries of majors and disciplines
- Service learning courses to produce engaged, collaborative learning for students and problem-solving benefit for the community

**Co-Curricular Teaching Mission**

The core teaching mission is complemented by formal and informal programs and opportunities intended to enrich the learning experience:

- Co-curricular activities that allow students to pursue their personal and academic interests and benefit from ongoing student leadership opportunities, university events, programs, and student-directed projects and organizations
- Athletic and exercise-related opportunities that promote fitness, develop physical skills and endurance, contribute to team goals, teach the value of dedicated effort
- Living and learning communities where students organize their lives and work to achieve a common educational or social purpose
- Involvement in paid and volunteer work with businesses and agencies that promote issues of benefit to society
- International programs that give students and faculty the opportunity to learn from and interact with the rich variety of cultures in the global community
Research Mission

The university’s mission to acquire and apply new knowledge and contemporary expertise is accomplished in a variety of ways:

- Basic research
- Applied research
- Integration of teaching and research at both the undergraduate and graduate levels

Creative Mission

The university offers an array of programs and services in support of creative and artistic expression:

- Degree programs in the fine and performing arts
- Student and faculty art shows; music, dance, and theatre productions; creative writing and literary publications; and other forms of creative expression
- Venues for artistic performance and display

Service Mission

The university engages and serves its communities in a variety of ways:

- By offering training, education, and professional expertise
- As a public square and physical center for vigorous, well-informed, and creative presentation, debate, display, and performance
- By operating a group of strong applied research centers and institutes that focus on Alaskan issues and concerns

Support Infrastructure

The university provides a wide variety of student services, library and information resources, a first-class information technology infrastructure, physical establishments, and residential communities to support its various missions.
To guide the university community in the performance of our roles and missions, we adhere to certain core standards. These include:

**Truth**
Devotion to the pursuit of knowledge, understanding, and truth; to reliance on reason and empirical evidence; to freedom from political or ideological interference in teaching and research; and to the achievement of distinction in teaching, learning, research, creative expressions, and service.

**Tolerance and Diversity**
A commitment to tolerance, respect, and civility; to cultural, social, and intellectual diversity in faculty, staff, and students; to acceptance and support for all members of the university community; and to the principle of personal responsibility of faculty, staff, and students.

**Accessibility**
A dedication to providing ready access to programs and services in a helpful and engaging environment for all who can benefit from higher education.

**Accountability**
The acceptance of shared responsibility for the content and quality of all our programs and services, for good stewardship of the resources entrusted to us, and for accountability to the public for the performance of our missions.

**Purpose**
A commitment to develop each individual to the maximum extent possible; to apply knowledge and expertise to work and service; and to use our resources to serve society, most especially to assure a socially, environmentally, and economically sustainable future.

**High Quality**
A commitment to use the highest standards in judging our individual and institutional performance; to employ continuous reflection, dialogue, and assessment aimed at the achievement of excellence; and to take actions that move us closer to our aspirations and vision.
OVERVIEW
Priorities and Strategies

To realize our vision, UAA will focus on **four core priorities** during the plan period. Existing programs will be strengthened and new programs added in accordance with the goals for these core priority areas. UAA will make selective and strategic investments in these areas during the plan period.

**Priorities**

**Undergraduate Education and Scholarship**
- Strengthen UAA’s position as a leader in undergraduate education
- Attract, retain, and develop students of exceptional promise
- Make UAA a destination of choice for excellence in undergraduate education and experience

**Research, Discovery, and Graduate Education**
- Strengthen UAA’s contributions to the advancement and practical application of knowledge
- Increase opportunities for undergraduate and graduate students to engage in research and discovery
- Serve as a catalyst for Alaska’s development and revitalization
- Meet Alaska’s advanced degree needs

**Workforce, Career, and Professional Education**
- Further develop statewide emphases on health care, education, and workforce development
- Strengthen UAA’s capacity to meet the educational needs and challenges of Alaska’s leaders and professionals

**Community Engagement**
- Fully engage in the economic, cultural, and civic life of the communities UAA serves
- Serve as a setting for public discourse, a venue for artistic expressions, and a partner in community endeavors

**Strategies and Resources**

UAA will employ a variety of strategies and resources in pursuit of these priorities and goals:

- Assessment
- Faculty/Staff Recruitment, Development, and Rewards
- Enrollment Management
- Library and Information Resources
- Course and Program Delivery
- Partnerships and Collaborations

“Through our excellent staff, faculty, and students, we will produce the social, economic, scientific, civic, and cultural leadership of the state… We will develop the state’s workforce. We will make the discoveries that solve problems and create opportunities… We will not surrender excellence.”

Vision for Public Education in Alaska
UA Strategic Plan 2009
**STRATEGIC GOALS:**

- Strengthen UAA’s position as a leader in undergraduate education and scholarship
- Attract, retain, and develop students of exceptional promise
- Make UAA a destination of choice for excellence in undergraduate education and experience

1. Ensure the academic strength and integrity of critical academic and academic support programs.

2. Strengthen and expand the University Honors Program and other honors options. Create an Honors College to direct these activities.

3. Increase opportunities for undergraduate research.

4. Increase the number and variety of civic engagement, service learning, internship, and other engaged learning opportunities.

5. Strengthen the development and oversight of the general education program, including faculty assignments and scheduling, leadership in course and curriculum development, and coordination with key governance groups.

6. Develop and/or strengthen programs that add significant international and/or intercultural perspectives, with an emphasis on the North Pacific context.

7. Develop and/or strengthen programs that capitalize on Alaska’s strategic location.

8. Strengthen programs and opportunities for student involvement in the creative arts.
**Priority**

Research, Discovery, and Graduate Education

**Strategic Goals:**
- Strengthen UAA’s contributions to the advancement and practical application of knowledge
- Involve more undergraduate and graduate students in research and discovery
- Serve as a catalyst for Alaska’s development and revitalization
- Meet Alaska’s advanced degree needs

1. Aggressively foster an environment that supports, promotes, and rewards academic research and discovery in both its basic and applied forms.
   - Increase collaborations, co-locations, and internal partnerships, particularly between researchers in centers, institutes, and departments.
   - Develop, enhance, or clarify statewide missions of existing centers and institutes, especially the Institute for Social and Economic Research (ISER) and the Environment and Natural Resource Institute (ENRI).
   - Increase opportunities for undergraduate and graduate student participation in research.

2. Build capacity and expand competitive research and sponsored program activity.
   - Significantly increase the number of faculty capable of attracting and conducting sponsored research programs.
   - Accelerate the construction of appropriate infrastructure to support sponsored programs and competitive research.
   - Strengthen graduate programs to support growth of UAA’s research and sponsored program effort; build competitive research capacity in relevant new advanced degree programs.

3. Focus research activities on the major subject areas identified by UAA’s Council on Scientific Research.
**Strategic Goals**

- Further develop statewide emphases on health care, teacher education, and workforce development
- Strengthen UAA’s capacity to meet the educational and expertise needs of Alaska’s leaders and professionals

1. Workforce Training and Development Opportunities

   - Add new or revise existing programs to further strengthen accounting, security, management, engineering, and tourism/hospitality.
   - Emphasize rapid response in workforce training efforts as requirements and opportunities arise.
   - Develop plans and arrangements to meet training requirements in new mining, gas, and petroleum ventures.

2. Health Care

   - Add programs that complement and strengthen existing offerings to address Alaska’s physical, mental, public, and behavioral health education requirements.
   - Explore cooperative agreements with outside institutions.

3. Education and Leadership for Alaska K-12 Education

   - Add programs that support or complement UAA’s education initiative (begun in 1999) to meet state and local needs.
   - Continue to extend and develop cooperative and collaborative relationships and programs with other schools, colleges, campuses, and MAUs.

4. Graduate and Professional Programs

   - Strengthen graduate and professional programs to meet the expertise needs of Alaskan businesses, professions, and government.
**Strategic Goals**

- **Fully engage in the economic, cultural, and civic life of the communities UAA serves**
- **Serve as a setting for public discourse, a venue for artistic expressions, and a partner in community endeavors**

1. Increase the number and variety of community partnerships in the region.
   - Increase the capacity of the Center for Community Engagement and Learning.
   - Create new partnerships with public and private organizations to deliver training, education, research, and other services.
   - Increase visibility, outreach, and interaction to enhance community awareness and appreciation of partnership programs.

2. Develop UAA as a public square, integrated into the cultural, economic, and civic life of the communities we serve.
   - Develop UAA as a principal center for creative expression and performance in the fine and performing arts.
   - Foster community forums to engage students, faculty, and the community in dialogue on issues of public policy.

3. Community Campuses
   - Add new and/or extend existing programs to address needs and opportunities unique to individual community campuses.
   - Emphasize cooperative and collaborative arrangements between campuses.

4. Develop UAA as Alaska's public policy and engaged university.

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A university is a public square when it listens and learns from the community. The old model required people to climb the hill and seek out the faculty. The new model brings professors, students, and community members together in ongoing conversation, learning from each other.

Elaine Maimon
Chancellor
Strategies and Resources

**Assessment**

Strengthen the program assessment, Planning and Budgeting Advisory Committee (PBAC), and course evaluation processes to ensure the strength and integrity of academic programs and research operations.

- Evaluate programs and operations rigorously to ensure mission appropriateness, satisfactory productivity, relevant content, adequate resources, measurable outcomes, and competitive quality.

- Implement agreed program review and special accreditation recommendations. To ensure resources are used widely, focus special program review attention on low-demand programs with significant costs.

- Place student learning at the center of academic program activity through continuous, active use of the education outcomes assessment integrated with a documented, scholarly approach to teaching and supported by redesigned student course evaluations.

**Faculty / Staff Recruitment, Development, & Rewards**

Recruit, develop, and retain high quality faculty and professional staff.

- Improve recruitment processes; enhance efforts to recruit and retain a diverse workforce.

- Develop/expand the Center for Advancing Faculty Excellence; continue to invest significantly in faculty/staff development.

- Clarify and reaffirm high standards for retention, promotion, tenure, and post-tenure reviews.

- Recognize and reward faculty and staff for the achievement of professional distinction and for innovation, creativity, community engagement, community partnerships, and collaboration with colleagues, especially across disciplines, schools, colleges, campuses, and MAUs.

- Build resources to create at least one endowed chair in each school or college.

Increase percentage of students taught by full-time faculty.
**Enrollment Management**

Develop and implement focused enrollment management plans for each academic school, college, and campus to include targeted recruitment and student retention strategies.

**Library and Information Resources**

Expand library and information resources commensurate with support of existing educational programs, addition of new programs, and growth in research/sponsored programs.

**Course and Program Delivery**

Enhance information, distance delivery, and other technologies to ensure maximum access and flexibility in course and program delivery, to enhance the teaching and learning process, to meet community campus needs for courses and programs, and to expand program delivery outside the Southcentral region.

**Partnerships and Collaborations**

Encourage and develop greater articulation, cooperation, and collaboration across departments, schools, colleges, and campuses. Form and strengthen mutually beneficial partnerships with external agencies and organizations.
## References

### New Program Proposals

- University of Alaska Anchorage Curriculum Handbook

### Internal Documents

- UAA Trend Book
- ISER, “Anchorage at 90”
- UAA Campus Facilities Master Plan
- Chancellor Elaine Maimon, Installation Address

### UA Statewide Documents

- UA Statewide Performance Measures
- UA Statewide Strategic Plan 2009

### External Sources

- Alaska 2020
- Commonwealth North, “The University of Alaska: A Key to Alaska’s Future.”
UAA Mission

The mission of the University of Alaska Anchorage is to discover and disseminate knowledge through teaching, research, engagement, and creative expression. Located in Anchorage and on community campuses in Southcentral Alaska, UAA is committed to serving the higher education needs of the state, its communities, and its diverse peoples.

The University of Alaska Anchorage is an open access university with academic programs leading to occupational endorsements; undergraduate and graduate certificates; and associate, baccalaureate, and graduate degrees in a rich, diverse, and inclusive environment.
UAA Vision for 2017

UAA will be a university of first choice distinguished for:

- Excellence in teaching, learning, research, and creative expression;
- Expanding educational opportunity and supporting lifelong learning;
- Building student success with special attention to serving Alaska Natives, other under-represented populations, and first-generation college students;
- Innovative undergraduate and graduate education centered on professional and craft practice, academic research, or creative performance;
- High quality research that includes special attention to Alaska, the Pacific Rim, and the circumpolar North;
- Driving Alaska’s social and economic development through education and training for workforce development and high-demand careers;
- Its diverse, engaged community of students, staff, faculty, alumni and schools, colleges, and campuses;
- Its role as public square: the extent and quality of its community engagement, its partnerships with public and private institutions, and its support for critical inquiry, public debate, and creative expression; and
- Commitment to sustainability and environmental responsibility.

UAA Core Values

In the performance of its mission, UAA places the greatest emphasis on these core values:

- Academic Freedom and Diversity
- Affordable Access and High Quality
- Student Success and Community Engagement
- Innovation and Creativity
- Cooperation and Collaboration
- Sustainability and Stewardship
- Integrity and Accountability
- Effectiveness and Efficiency

Kodiak College students observe the biodiversity of the tidal areas on Kodiak Island.
Strategic Priorities for UAA 2017

Priority A. Strengthen and Develop the Total UAA Instructional Program.

To build a university of first choice distinguished for excellence in teaching and learning and to become a leader in undergraduate and graduate education centered on professional and craft practice, academic research, or creative expression, we will:

1. Build depth, reinforce success and ensure sustainability in programs that support student success1, general education,2 workforce development, preparation for high-demand careers, or respond to high student demand;3

2. Collaborate closely with public and private sector partners to maintain and develop our programs supporting workforce development and high-demand careers;4

3. Continue to design and implement new, mission-appropriate academic programs with special attention to advanced graduate study;5

4. Develop selected programs of distinction, designed to attract the best students and faculty from Alaska and beyond;6

5. Build organization and support, including collaboration with Alaska and WICHE partners, for our distance education efforts to assure maximum access to courses and programs;7

6. Organize and expand our internationalization and inter-cultural programs to prepare our students to think, work, and serve in a world being transformed by integration and globalization;

7. Assure that all instruction is centered on current and active professional and craft practice, academic research, or creative expression;

8. Increase the active participation of our students, both undergraduate and graduate, in professional or craft practice, academic research, creative expression, and service learning to enrich their learning experience, increase their opportunities for academic distinction, and sustain the growth of engagement with our communities;8

9. Complete the full implementation of program and institutional outcomes assessment to reinforce excellence in teaching and learning;9

10. Systematically review all programs for quality, effectiveness, efficiency, and continued relevance to UAA’s mission;10 and

11. Consolidate, reduce, or eliminate programs, where indicated by program review, to assure the best use of limited resources.

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1 This includes developmental through advanced education based on individual student need.
2 See Commonwealth North, The University of Alaska: A Key to Alaska’s Future, 11.20.02, “The University system as a whole, and each major campus, must maintain and offer a quality core curriculum in the arts and sciences … that equip a person to think, function and grow into a contributing member of society.”
3 UA Board of Regents, The University of Alaska System Strategic Plan 2009: Building Higher Education for Alaska’s Golden Anniversary, September 2003, Goal 5, Objectives A and F. The published text of the plan does not identify objectives or sub-objectives by letter. The Appendix to the present UAA plan is an edited version of the BOR plan with letters inserted to facilitate easy reference. The BOR plan is hereafter cited as UA 2009.
4 The current (2007) UAA models for these practices are the Community and Technical College and the School of Nursing.
5 UA 2009, Goal 2, Objective D.
7 UA 2009, Goal 6, Objectives C and D.
8 Ibid, Goal 3, Objective B.
Priority B. Reinforce and Rapidly Expand our Research Mission.

To produce high quality research, to become a leader in research and research-centered undergraduate and graduate education, and to give special attention to Alaska, the Pacific Rim, and the circumpolar North, we will:

1. Build a physical infrastructure and foster an institutional culture to support, promote, and reward both basic and applied research; and
2. Strengthen our capacity for competitive sponsored research and greatly expand the number and value of externally-sourced research grants; and
3. Significantly increase the quantity and quality of scholarly presentations and peer-reviewed publications by our faculty; and
4. Build selected research-centered graduate programs of distinction by recruiting critical masses of the most highly qualified faculty and graduate students.

Research development is a crucial key to the universities future growth and notoriety, particularly in subjects impacting northern latitudes.

Priority C. Expand Educational Opportunity and Increase Student Success.

To become a university nationally recognized for expanding educational opportunity and increasing student success, we will:

1. Work with school districts to increase the UAAs share of Alaska’s college-bound students and to improve student transition to higher education with special attention to Alaska Natives, other under-represented populations, and first-generation college students;
2. Intensify our recruitment of the most talented and highly qualified high school graduates from Alaska and beyond;
3. Assure that open access leads to enhanced opportunity by continuing to improve our rates of retention and completion of educational goals;
4. Improve the efficiency with which students navigate our programs and campuses from entry to completion; and
5. Substantially increase the numbers of our students who achieve the highest academic distinction in their programs and in university honors.

The implementation of program and institutional outcomes assessment is an accreditation requirement of the Northwest Association of Colleges and Universities. See this subject in US DoE, Action Plan for Higher Education: Improving Accessibility, Affordability and Accountability.


Ibid, Goal 3; “Letter from President Mark Hamilton” in University of Alaska President’s Report, 2006-2007. The letter identifies “reinventing UA research” as a major goal to be achieved in the next 1000 days. See also “A Key to Alaska’s Future, 2006-2009,” p. 18: Each major campus must focus on its own natural advantages. Each must refine its research and advanced degree emphasis.

The implementation of program and institutional outcomes assessment is an accreditation requirement of the Northwest Association of Colleges and Universities. See this subject in US DoE, Action Plan for Higher Education: Improving Accessibility, Affordability and Accountability.

Research development is a crucial key to the universities future growth and notoriety, particularly in subjects impacting northern latitudes.

To become a university nationally recognized for expanding educational opportunity and increasing student success, we will:

1. Work with school districts to increase the UAAs share of Alaska’s college-bound students and to improve student transition to higher education with special attention to Alaska Natives, other under-represented populations, and first-generation college students;
Priority D. Strengthen the UAA Community.

To make the best of the opportunities and challenges that lie ahead, we must focus our attention on building and strengthening the UAA community as a whole. To build an institution distinguished as a diverse, engaged community of students, staff, faculty, alumni, and schools, colleges, and campuses, we will:

1. Increase the cultural, social, and intellectual diversity of students, staff, and faculty; place special emphasis on the recruitment, retention, and success of Alaska Natives and other underrepresented populations; substantially increase our recruitment of students from outside Alaska;

2. Enhance student life on our campuses by expanding our residential life programs; increasing student involvement in co-curricular opportunities; and promoting academic success, civic responsibility, and personal growth;

3. Become a model employer, recognized for high quality hiring, training, development, performance review, and succession planning;

4. Recruit, develop, and retain the highest quality faculty and staff to support our continuing drive for excellence in all dimensions of our mission;

5. Create a strong alumni community, closely engaged in the work of continuing development of the university;

6. Build an institution recognized for its collaborative efforts between and among programs, schools, colleges, campuses, and universities;

7. Strive to make the facilities on our several campuses models for northern universities, giving particular emphasis to support for environmental sustainability;

8. Construct and maintain plant and equipment (including information technology) to provide a dynamic, state-of-the-art environment for high quality teaching, research, engagement, and creative expression;

9. Substantially increase our total on-campus residence capacity;

10. Build strong wellness, exercise, recreation, and intercollegiate athletics programs and facilities to serve students, faculty, staff, and our communities; and

11. Accelerate our drive to increase donor giving, support from partnerships, and revenue from grants and contracts to diversify funding sources for university operations.
Priority E. Expand and Enhance the Public Square.

The public university is the public square of 21st century America, the meeting ground for higher education and the society it serves. Nowhere in our society is there a greater opportunity to turn the diverse encounters between cultures, classes, interests, and ideas to the discovery of knowledge, to creative expression, and to preparation for work and civic engagement. To make UAA the exemplar of the public square, we will:

1. Expand our commitment to make community engagement and service learning a cornerstone of our institutional identity;\(^{21}\)

2. Act as good neighbors and citizens in each of our communities, working with local partners to build and maintain attractive, useful, and sustainable facilities as community assets;

3. Become a national model for wide-ranging community partnerships in training, education, research, and service;\(^{22}\)

4. Increase the role of our campuses as centers for creative exhibition and performance and become the venue of choice for Alaskan public life;

5. Build, in partnership with our community school districts, a coherent, integrated, mutually reinforcing public education program from pre-school through post-graduate continuing education; and\(^{23}\)

6. Continue to build the Consortium Library as the Knowledge Commons, merging traditional collections with digital services in partnership with community libraries and other information providers to support teaching, learning, and advanced research.

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\(^{21}\) Ibid, Goal 5, Objective E.

\(^{22}\) Ibid, Goal 5, Objectives A and F.

\(^{23}\) Ibid, Goal 2, Objective A, Sub-Objective ii.

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The 2008 women’s and men’s basketball teams set new records for collegiate play in Alaska.

UAA’s Dance Program maintains an active performance role within the Anchorage area.
Appendix:

Extracts from The University of Alaska System Strategic Plan 2009: Building Higher Education for Alaska's Golden Anniversary

Goals and Objectives

The University system priorities and decisions through 2009 will be guided by key goals and objectives. Examples of the major decisions that must be made are the following:

- What students should be recruited, at what level of tuition, with what advising programs, and with what opportunities for employment or additional study once they graduate?
- What academic programs should be developed, modified, or eliminated? How much are we looking to gain from, or willing to pay, for these decisions? Where should we focus this review effort?
- What research programs should be supported, where, and for how much financial, space, and other resources?
- Who (faculty and staff) should be recruited, in what academic or administrative fields, for how much, and with what opportunities for career development?
- What are the needs of the state, at present and in the foreseeable future, and how can the University meet those needs through its teaching, research, and outreach?
- What facilities and information technology are required to support our mission? Where should we expand our facilities? How much will it cost? How long will it take?

The key goals and objectives of the Board of Regents, in the context of the University's values and available resources, will guide University system decision-making. More detailed implementation plans will be developed for each goal, with direction for each MAU based on its mission, capabilities, opportunities, and resources.

Goal 1: Student Success

The University will provide the learning environments, support systems, academic programs, facilities, technology, and faculty to enable the life-long success of our students, with their diverse needs, interests, capabilities, and ambitions. We seek to increase the number and share of traditional and non-traditional students attending a University campus. We are particularly committed to the success of Alaska Native students.

Objectives

A. Enhance efforts in student recruitment and retention.
   i. Develop recruitment programs that target traditional, non-traditional students, Alaska Native, and former students.
   ii. Enroll college-bound Alaskans at the national average rate.
   iii. Expand the Emerging Scholars program to all three MAUs.
   iv. Expand on-line student resources.
   v. Obtain funding for the Alaska Scholars program.
   vi. Support a needs-based financial aid program and increase coordination between financial aid and admissions offices.

B. Continue placing students in good jobs.
   i. Increase partnerships with major employers.
   ii. Provide additional internship programs.

C. Build life-long relationships with alumni.
   i. Complete construction of an alumni database.
   ii. Create a network of alumni groups and events at various locations in and outside Alaska.
   iii. Develop alumni publications, including a periodic magazine.
   iv. Enlist alumni in student recruitment efforts.

Goal 2: Educational Quality

The University will offer the highest quality in our educational offerings, from non-degree training programs to graduate degrees. Our campuses will provide the highest possible quality programs and services within their respective missions.
**Objectives**

A. Emphasize the community college mission.
   i. Increase the number of programs, course sections, and scheduling options in the areas of vocational/technical training, community interest, and professional workforce development.
   ii. Increase partnerships with high schools in vocational/technical fields.

B. Improve collaboration among campuses.
   i. Expand collaborative graduate programs across MAUs and with other institutions.
   ii. Develop additional degree programs that rely on content from the several campuses.
   iii. Erase technology barriers to communicate and share content between campuses and beyond campuses.

C. Ensure efficient allocation of programs.
   i. As new programs are introduced and existing programs reviewed, determine the most appropriate location(s) and methods for program delivery.

D. Develop new and relevant programs.
   i. Expand the range of degree programs to that of comparable university systems.
   ii. Provide additional staff support for entrepreneurial program development.
   iii. Expand opportunities through distance delivery for graduate training (including the PhD level) for place-committed Alaskans.

E. Strengthen advising services for our diverse student community.
   i. Add to campus-based academic advising resources.
   ii. Build new on-line advising services.

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**Goal 3: Research Excellence**

The University will be a globally recognized leader in areas of research for which Alaska has special competitive capabilities or unique environments in key areas of culture, economy, and health, using approaches that integrate the human dimension with natural sciences, and expand from basic processes to synthesis and policy advice.

**Objectives**

A. Enhance competitive capacity.
   i. Rely to a greater extent on competitively obtained financial support for research.
   ii. Recruit/inspire the faculty in areas of comparative advantage and provide the research facilities and administrative support required to compete effectively.

B. Increase opportunities for undergraduate and graduate student participation in research.

C. Capture Alaska-specific opportunities for the State and the University.
   i. Establish strong research relationships with the private sector and government agencies that address issues of importance to Alaska.
   ii. Focus on fields where the University has an advantage, e.g., cold climates and coastal engineering, ocean science, arctic biology, climate change, telecommunications, fisheries, and health.

D. Account for the value and cost of research.
   i. Communicate the value of University research in terms of the University’s educational quality and Alaska’s economy.
   ii. Ensure that the costs of research are fully accounted for and weighed in the balance with alternative priorities.

E. Expand support for the transfer of University intellectual property to private economic development.
   i. Enhance support for faculty with interests in the development of intellectual property.
   ii. Create opportunities for the private sector to be informed about University development works.
   iii. Grow percentage of Alaska Native participation to a part with the population.

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**Goal 4: Faculty and Staff Strength**

The University will recruit, develop, and retain a culturally diverse faculty and staff who bring excellence to our research, teaching, and public service and through innovative and mission-focused academic and staff human resources programs and services.
Objectives

A. Invest in faculty and staff development.
   i. Regularly assess development needs including career planning and professional development.
   ii. Provide development programs that reflect University priorities and are suited to particular faculty and staff, relying where possible on existing University resources and expertise.
   iii. Routinely use visiting committees and other peer review mechanisms.

B. Reward faculty and staff for innovation, creativity, and excellence.
   i. Ensure merit-based and market competitive recognition, promotion, and compensation programs.
   ii. Provide venues for faculty and staff to demonstrate excellence.

C. Ensure alignment between institutional goals and workload, productivity, and selection.
   i. Regularly review faculty and staff workloads in appropriate comparative context and standards of their fields.
   ii. Distinguish faculty selection criteria and professional expectations based on the respective mission of the MAU and its academic programs.

D. Ensure excellent administrative practices that are integrated with the university’s strategic priorities.

E. Ensure high quality teaching.
   i. Maintain a rigorous faculty evaluation system.

Goal 5: Responsiveness to State Needs

The University will continuously enhance its capacity to meet the changing needs of Alaska’s people and work through core programs as well as creative, entrepreneurial arrangements and partnerships to meet those needs. Among the changing conditions affecting the state’s needs are continued rapid population growth in Anchorage and surrounding communities, the need for economic diversification, particularly in rural Alaska, and uncertainty regarding the state’s ability to provide for its own economic future.

Objectives

A. Assess and meet Alaska’s current and projected workforce needs.
   i. Continue to survey employers and work with the cognizant state agencies to assess workforce demand.
   ii. Build strong partnerships with employers to ensure our graduates possess needed skills and abilities.
   iii. Strengthen the University’s continuing education and corporate programs.
   iv. Streamline review processes for non-degree programs.

B. Focus on rural Alaska needs.
   i. Continue to build health research programs that address the needs of Alaska Natives.
   ii. Expand vocational/technical training programs in rural Alaska to provide greater employment opportunities for local people.
   iii. Explore new technologies that will create economic development opportunities in rural Alaska.

C. Provide support for cultural needs.
   i. Celebrate the unique contributions to Alaska that come from its Native Peoples.
   ii. Continue to conduct research and provide instruction in Alaska Native languages and cultures.
   iii. Build on the role University campuses play as centers for cultural activity, e.g., arts and lectures.

D. Increase public policy analysis.
   i. Expand the study of critical public policy issues.
   ii. Develop the means to more rigorously identify critical public policy issues and expand faculty participation across the University.
   iii. Protect the role of the University as a venue for the exploration of potentially contentious issues.

E. Build community engagement programs.
   i. Encourage faculty, student, and staff involvement in service to Alaska’s diverse communities.
   ii. Integrate community service with research and instructional programs.
   iii. Increase partnerships with Alaska Native corporations and social service agencies to foster stronger communities.
F. Enhance responsiveness to workforce needs.
   i. Expand programs to train graduates in high demand fields.
   ii. Continue to survey industry, small business, and governments for their workforce needs.
   iii. Continue to reallocate faculty, staff, and other resources to high need areas.

Goal 6: Technology and Facility Development
The University will provide students, faculty, and staff the facilities and technology they need to most effectively pursue their research, education, and public service goals.

Objectives
A. Address process issues: facility planning and facility utilization.
   i. Develop campus master plans that are aligned with University system priorities, institutional missions, funding opportunities, and needs.
   ii. Create culture of facilities responsiveness to needs and concerns of faculty and students.
   iii. Increase effective utilization of facilities, to include times not traditionally in use.
   iv. Obtain land near University campuses to accommodate expansion.

B. Explore privatization and partnering.
   i. Focus University resources on its educational mission by privatizing those services that may be performed at a higher level of performance and/or lower cost.
   ii. Explore creative, opportunistic approaches with the private sector to provide needed research, instruction, telecommunications, or residential facilities.

C. Support distance education through additional technology and faculty development.
   i. Work with the provider community to provide affordable access for every Alaskan, regardless of location, to university programs and services offered online.
   ii. Develop an integrated, interactive interface for students that is comprehensive and customizable by each student as educational needs and goals change.
   iii. Work with the provider community to provide affordable access for every Alaskan, regardless of location, to university programs and services offered online.

D. Expand access through appropriate technologies to as many university programs and services as possible.
   i. Develop an integrated, interactive interface for students that is comprehensive and customizable by each student as educational needs and goals change.

Goal 7: Diverse Sources of Revenue
Engaging major stakeholders to increase their investment in the University is a critical precondition for the achievement of the above six goals. These stakeholders include all citizens of Alaska, but especially alumni, state, federal, and local governments; businesses, including non-profit organizations; and private philanthropy.

Objectives
A. Diversify funding sources to reduce reliance on the state's general fund.
   i. Increase tuition rates so they bear an appropriate share of the University’s revenue base.
   ii. Increase financial support from alumni, faculty, and staff.
   iii. Increase financial participation from partnerships with industry and government agencies.
   iv. Increase financial support from corporate and individual donors giving to the University of Alaska Foundation.

B. Pursue land for long term endowment and growth.
   i. Ensure the University obtains a sufficient land grant.
   ii. Manage proceeds from the land grant to the maximum benefit of the University.

C. Encourage the commercial utility and application of University intellectual property.
   i. Increase the number of patents filed by University supported investigators.
   ii. Expand interaction between University faculty and the state’s business community.
Executive Summary

Development of a statewide academic plan for health programs of the University of Alaska commenced in the middle of the 2006 academic year. The purpose of this comprehensive effort has been to collect in one document the strategic and operational plans for health programs throughout the State university system. Guided by the Health Programs Alliance, an affiliation of deans and directors of health programs from across the system, working closely with the Associate Vice President for Health Programs, this planning document provides a summary of intentions and attendant needs for the broad span of health professions and occupations programming offered and planned in the near future.

The Alaska health care industry has strongly expressed its workforce requirements for the past decade, and the University of Alaska has stepped up vigorously to address state needs. Shortages have been identified in many critical occupations, some at crisis stage. Over the past few years, many health programs have been developed, implemented, and expanded. Especially impressive has been a movement to provide education for essential, high demand and long-term jobs throughout the state using distance education methodologies. Many place-committed students have been served in this manner, augmenting the workforce in places of especial need.

Between Fall semesters in 2001 and 2005, there was a 67% increase in students majoring in a health field, with a growth in numbers from 2639 to 4412. The numbers of degrees and certificates awarded grew from 836 in 2001 to 1312 in 2005, a 57% increase. This growth has required an almost superhuman effort on the part of university faculty, and the strong support of support personnel, industry financial partners and clinical sites, university leadership, and the State of Alaska.

Key to this success has been the willingness of students throughout the state to enter into innovative and strenuous new and expanded programming, often attempting distance learning for the first time.

We want to thank everyone who has been involved in this massive effort, and to encourage you to continue with us on this road to ensure that Alaskans receive the health care services they need, provided by capable and skillful Alaska workers.
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University of Alaska Statewide Academic Plan for Health Programs

Development of a statewide academic plan for health programs of the University of Alaska system commenced in the middle of the 2006 academic year. Because of a myriad of interconnected, sometimes other-directed, and significant planning processes underway with direct impact on university health programs, the approach adopted was to monitor, guide, participate in, and be advised by these processes with the intent of knitting them together into an overall plan for health professional education. In addition, internal health program planning groups have convened to inform and guide the development and content of this plan.

Health Programs Alliance

A meeting of the newly formed Health Programs Alliance was held in May 2006. Deans and directors of health programs from throughout the University of Alaska system came together for one day to discuss the planning task at hand and to develop a vision and general principles and goals to inform the plan’s creation. They also identified potential barriers to full execution of a statewide academic plan for health programs, many of which are system-wide and will require the commitment and participation of university leadership to resolve.

The vision reached collectively, along with related identified initiatives, follows:

1. Statewide academic planning for health programs is continuous and outcomes-driven
   a. Streamline cross-MAU collaboration
      i. Plan for statewide course availability
   b. Ensure data quality and relevance
   c. Prepare and implement a Financial Development Plan
      i. Sustainability
      ii. Endowment
   d. Prepare and implement a Faculty Growth Plan
   e. Plan for adequate facilities and space for program activities

2. Advances, including technology, are embraced and incorporated
   a. Utilize distance/blended educational approaches
   b. Provide sufficient instructional design and technology support for faculty

3. Workforce needs are met through employer, university and community engagement
   a. Develop integrated career pathways and career webs
      i. Start early, K-12
      ii. Earn college credit while in high school
   b. Facilitate university, employer and community forums
   c. Institutes and Centers bridge university programs and community needs
4. **Academic programs are accessible and high quality**
   a. Develop needed programs and assure current programs are sustained
   b. Expand capacity and distribution
   c. Ensure student success
      i. Achieve seamless enrollment and other student services processes
      ii. Repair preparation inadequacies
      iii. Support students through to completion
   d. Obtain and maintain program accreditations

5. **An effective program for public relations, including marketing, is implemented**
   a. Tell our story

6. **Health status is improved statewide**

System barriers to developing a functional academic plan were described by the Health Programs Alliance as follows:

1. **General UA system issues:**
   a. Balkanization; faculty and campus silos; turf protection; territoriality; competition instead of collaboration; intra- and inter-MAU issues negatively impacting students
   b. Banner and other university systems and processes for enrollment, student services and financial aid do not support distance education; student and program frustration abounds; fixes are endless, manual and time-consuming – **these systems must be improved**
   c. Student preparation issues have not been consistently assessed and addressed, causing preventable failures
   d. Communication limitations and breakdowns cost a great deal in terms of ill will and time to repair

2. **Inadequate data systems:**
   a. Absence of timely, accurate, complete and consistent data for planning and decision-making; Banner data is not consistent with program experience
   b. Institutional Research resources and responsiveness limited
   c. State and industry workforce data is also insufficient

3. **Planning implementation limitations:**
   a. Overlapping planning processes
   b. Lack of follow-up, implementation, tracking
   c. Planning may be too vague or too complex
   d. Skepticism and lack of information about if/how plans will be used and resourced

4. **Inadequate financial and human resources:**
a. Difficulty recruiting/retaining qualified faculty, in part due to non-competitive salaries
b. Resource competition between university units causes incessant and wasteful lack of collaboration
c. Receiving campuses are not adequately and consistently compensated to support distance courses and their students – this needs a system-wide solution
d. Too busy doing the work to take time out to plan and innovate
e. State limitations – e.g. clinical sites, geography, inconsistent access to technology – fixes are expensive and involve many parties
f. Lack of support for distance education and all that entails
g. Simple lack of sufficient funds to support current programs and develop new
h. Lack of stable, committed funding for faculty lines; many current faculty are term funded and have been for many years.

5. Resistance to forward movement:
   a. Often due to time pressures and excessive workload
   b. Sometimes due to inertia
   c. Has involved a lack of shared vision and coherent mission and goals

Members of the Health Programs Alliance will provide input into and monitor progress on the academic plan as it develops, will work with university leaders to resolve system barriers, and will advocate and seek resources for University of Alaska current and planned health programs.

**Health Program Success**

Combining student numbers captured in the university’s Banner database with records from programs not currently documented there, health programs at the University of Alaska have seen significant growth over the past few years. Looking at the timeframe from Fall 2001 to Fall 2005, there was a 67% increase in students majoring in a health field, with a growth in numbers from 2639 to 4412. The numbers of degrees and certificates awarded grew from 836 in 2001 to 1312 in 2005, a 57% increase. This growth has required an almost superhuman effort on the part of university faculty, and the strong support of support personnel, industry financial partners and clinical sites, university leadership, and the State of Alaska.

Key to this success has been the willingness of students throughout the state to enter into innovative and strenuous new and expanded programming, often attempting distance learning for the first time. While steady improvement in course content and delivery has been achieved generally, the periodic technology failures, student services disconnects, and sometimes rough course pilots, have tested their patience and determination to enter their chosen field.
Yet all over the state, individuals are completing programs and beginning work as graduate health professionals in a variety of fields. University President Mark Hamilton has estimated that “growing our own” health professionals has saved the health care industry over $200 million in the past five years in recruitment costs for outside workers and payment of expensive “travelers.” As the long-term results of capacity building are realized, the return on the investment made by so many will continue to grow.

Distance education has, in many cases, allowed Alaskans to be educated for established, well-paying jobs in or near their home communities, previously out of reach for place-committed rural residents. Not only will this help both personal and community economies, but health care itself will improve – consistency and cultural sensitivity are both important elements of care quality. On-campus programs are also improved through increased attention to course design and technology supplementation and these have also expanded and developed to accommodate more eager applicants and to better serve the needs of the state overall.

Health Workforce Needs in Alaska

Alaska’s Health

Many factors affect the health status of Alaska’s residents. Its very geography contributes to both the health of Alaskans and their access to health care services.

Alaska is the largest state in the union, with 586,412 square miles of territory. Overlaid on a map of the 48 contiguous states, Alaska stretches from the Atlantic to the Pacific and from Mexico to Canada.

The population totaled 626,932 in the United States 2000 Census. Anchorage, its largest city and only official metropolitan area, has a population of about 260,300, or 42% of the total. The Fairbanks North Star Borough is the next most populous at 82,840. The third largest city in size is Juneau, with 30,711 residents. Juneau is the only state capital in the United States with no road access; it must be reached by air or sea. While the land mass
of Alaska is vast, it is a geographic peninsula with about 33,900 miles of tidal shoreline, more than all of the contiguous states combined.

A predominantly rural state, Alaska’s overall population density is only 1.1 persons per square mile, about 70 times smaller than the national average. If Manhattan had this population density, there would be just 23 people living there. Outside of the three largest communities in Alaska, density drops to about 0.5 person per square mile.

Vast areas of the state are not accessible by roads.

Seventy-five percent (75%) of Alaskan communities are not connected by road to a community with a hospital. This necessitates the development of creative, and often expensive, travel alternatives that greatly impact access and costs for health care as well as all other services. While great headway has been made in recent years due to the work of the Indian Health Service and the Denali Commission, many communities and households still grapple with issues of sanitation, safe water and adequate housing.

The following table is a synopsis of some key health status indicators (2000)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Alaska</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality (deaths per 1,000 live births)</td>
<td>7.2</td>
<td>7.2</td>
</tr>
<tr>
<td>Babies born with FAS (per 1,000 births)</td>
<td>1.4</td>
<td>0.5</td>
</tr>
<tr>
<td>Two-year olds with recommended immunizations</td>
<td>82%</td>
<td>80%</td>
</tr>
<tr>
<td>Teen birth rate (births per 1,000 girls 15-19)</td>
<td>47.8</td>
<td>51.1</td>
</tr>
<tr>
<td>Obesity among adults (BMI&gt;30 kg/m)</td>
<td>20.5%</td>
<td>19.8%</td>
</tr>
<tr>
<td>Cigarette smoking among adults</td>
<td>27%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Alcohol-related deaths (age-adjusted, 1990-1999)</td>
<td>16.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Tuberculosis (incidence per 100,000)</td>
<td>9.8</td>
<td>7.4</td>
</tr>
<tr>
<td>Deaths from heart disease (per 100,000, age-adjusted)</td>
<td>72</td>
<td>105</td>
</tr>
<tr>
<td>Deaths from cancer (per 100,000, age-adjusted)</td>
<td>202.4</td>
<td>205.7</td>
</tr>
<tr>
<td>Accidental deaths (per 100,000, age-adjusted)</td>
<td>42</td>
<td>28.9</td>
</tr>
<tr>
<td>Suicides (per 100,000, age-adjusted)</td>
<td>20.3</td>
<td>10.3</td>
</tr>
<tr>
<td>Homicides (per 100,000, age-adjusted)</td>
<td>7.6</td>
<td>7.3</td>
</tr>
</tbody>
</table>

Public health officials and health care providers have worked hard over the last decade to improve health statistics for children, with some success in the area of infant mortality (which used to be considerably higher than the U.S.), immunization rates, and teen births.

The lower death rates from cancer and heart disease compared to the U.S. rate is a function of the relative youth of the state’s population but have been rising in recent years, along with diabetes and other chronic conditions. The aged population is the most rapidly growing age group in the state, with those 85 years and older experiencing the highest rate of increase. It is anticipated that those over 65 years will comprise about 20% of the state’s population by 2025, up from 6% today.

As a result, it is likely that the chronic disease burden of the Alaska population will continue to increase and require concerted and considered management by health care providers. Long-term care options must also keep pace with this change. A focus on gerontology has already been adopted by the programs of the College of Health and Social Welfare at UAA, a gerontology minor has been created, and the Geriatric Education Centers at the university’s three main campuses have been working to increase the knowledge and skills of health care providers in working with this growing population.

Many lifestyle related issues, including those contributing to both acute health problems and chronic disease, have been difficult to impact. Cigarette smoking has declined in recent years, and many public places are now smoke-free, but the rate remains higher than elsewhere in the country and the use of smokeless tobacco is unusually high. Not only is tobacco a highly addictive substance, but its hold on the Alaska population has complex roots in many of the cultures of the state, both Alaska Native and non-Native.

Alaska has one of the highest injury rates in the nation. This is attributable to the intrinsic hazards of the Alaskan environment, a relatively young population, and alcohol-induced behaviors. The unintentional injury death rate fell 36.3% between 1989 and 1998, but when age-adjusted were 51% higher than the United States rate in 1998 (Healthy Alaskans 2010, Volume I, 8-4). The firearm death rate was twice the national death rate, residential fire death rate was three times the national rate, and drowning death rate was five times the national rate.

It is impossible to discuss indicators for health status in Alaska without commenting on health disparities. As stated in Healthy Alaskans 2010 - Volume I, the most dramatic and pervasive group differences in Alaska are those between Alaska Natives and the majority
white population of the state. Despite efforts over decades, many disparities persist and some appear to be increasing.

In 1998 Alaska had the highest age-adjusted rate of suicide deaths in the nation. Eighty-six percent (86%) of deaths among young people in Alaska ages 15-19 are due to injuries of all types, with 30% of these attributed to suicide. The statewide rate, already unacceptably high, disguises the overwhelming suicide rate for Alaska Natives, which is more than five times the national average. This is particularly true for Alaska Native males between the ages of 15 and 24; their rate of suicide is nine times the national average in some regions of the state. While males are more likely to complete suicide, females are more likely to make a suicide attempt.

This phenomenon in young Alaska Natives is tied to cultural disintegration, economic hopelessness and discrimination, alcohol abuse, and other social realities. There are high rates of unemployment, low educational levels, and poverty in many rural Alaskan communities. According to a report from the National Institutes of Mental Health (NIMH), these factors “…render many villages in rural and frontier Alaska vulnerable to family and community violence, suicide and other health and mental health problems.” The high suicide rate in this young age group robs communities of their vigor, scarring those that remain behind.

As mentioned above, alcohol abuse plays a significant role in suicides, and it also figures prominently in domestic violence, child abuse and neglect, rapes, and homicides. Alcohol is a significant risk factor for both the victim and perpetrator.

In 2000, Alaska ranked tenth in violent crime occurrences overall among the states. It was ranked tenth for aggravated assault and first in the occurrence of rapes, with a rate more than twice the national average. In a 1996-97 study, it was found that 10% of those giving birth in Alaska reported physical abuse in the 12 months prior to or during their pregnancy, with the husband or partner the main perpetrator. This was even more common for Alaska Natives (19%) and teenagers (22%). In the same report, the State indicates that in 1999 there were 16,000 reports of harm to children, with 58% reporting neglect and 37% reporting physical or sexual abuse.

Substance abuse by Alaskan women is twice the national average with serious implications for their children, who suffer the highest rate of Fetal Alcohol Syndrome (FAS) in the nation, a rate estimated at 1.0-1.4 per 1,000 births. According to the State of Alaska, mothers with FAS children born from 1995-1998 tended to be older than most mothers (30-39 years), were generally single, smokers (75%), and not high school graduates (almost 50%). Many (15%) did not receive any prenatal care, and those that did tended to begin prenatal care in the second trimester. Sixty percent of them lost custody of their child. At least 10% had been diagnosed with alcoholism, and a minimum of 20% had received alcohol treatment some time during their life. This combination of factors certainly points out those at high risk.
Illegal drugs and various other substances are also abused in Alaska, with 1.1% of adults dependent on marijuana use. Within the Anchorage community, drug activity is highly correlated with increased gang activity, especially among ethnic minorities. There is a high rate of inhalant abuse among young Alaskan residents, especially in the rural areas where “huffing” has had devastating results, including a number of fatalities. In the regional hub of Bethel, an inhalant abuse treatment center has recently been opened to address this stubborn problem.

Other factors influencing the health status of Alaskans include unemployment, poverty, and lack of health insurance. Access to care is limited for many populations in both rural and urban Alaska. A particular difficulty has been the lack of diagnostic technology in many communities, resulting in delayed attention to serious diseases. Also, the rapidly increasing diversity of the state presents challenges in terms of addressing various concepts of health and disease, the need for translation and other supportive services.

**Industry Demand**

Due to the immediate and increasing health care needs in Alaska and to an expanding health care industry, the demand for additional health care workers is high in many professions and occupations. According to the Alaska Department of Labor, more than 18% of new jobs created between 1993 and 2003 were in the health care industry.

**Alaska Health Care Employment**

The University of Alaska Health Programs Office has attempted to assess demand in order to focus program planning on the most critical state needs. While demand data is incomplete and available projections often questionable, continued monitoring and collaboration between university and industry entities has helped to frame the planning
process. Anecdotal and preliminary assessments about workforce needs are followed up and explored in depth, and program planning advances in a conservative manner utilizing as much evidence as is available to maximize the impact of scarce resources.

There are significant state and national shortages either looming or already existing in the fields of nursing, medicine, pharmacy, physical and occupational therapy, behavioral health, public health, management, and a number of allied health occupations (e.g. radiographic technology, clinical laboratory technology, medical information/billing/coding, and dental hygiene, to name a few in high demand). In some cases, it is achieving more specialization in these occupations and professions that poses the biggest workforce challenges; in other situations, especially in rural Alaska, education of expert generalists is the greatest need. As technologies advance, health professions must evolve to provide new or altered occupations to support their implementation. Similarly, the aging population with its shift to more chronic disease burden and both local and worldwide public health crises requires re-education of the entire workforce.

In Appendix A of this document are found the results of a workforce vacancy study carried out in 2005, with 275 health care organizations responding. The breakdown of participant organizations is also found in this section. All of Alaska’s hospitals and nursing homes participated in the survey. The vacancy study is point-in-time data, and gives a sense of both the rate of vacancies and the number required at the time the survey was conducted.

In Appendix B are found the 2002-2012 Alaska Department of Labor projections of additional health workforce needed in the state, along with other relevant data about each occupation. The Department of Labor projections are obtained by applying a nationally-required formula to trended historical data regarding the Alaska health care industry. The results do not always seem to be very accurate according to input from industry representatives; and are likely less valid and reliable because of the small numbers of Alaska workers in many of the occupations – applying the formula seems to skew the numbers too dramatically in some cases.

Recruitment for health care workers throughout Alaska is an expensive and difficult task. Use of contract “travelers” is excessively expensive and does not provide care continuity for patients and clients. Employers are exploring a variety of recruitment and retention options. On the supply side, the university is in a close collaboration with the health care industry to support “grow our own” efforts across the state.

Recruitment costs have been studied in 2004 and 2005 by the State of Alaska Primary Care Office and the Alaska Center for Rural Health. For all of the health care professional types studied, the average recruitment cost for each hire in 2005 was $35,413, with much higher costs paid by rural facilities than urban facilities.

In addition to shortages in numbers overall, there is often a distribution problem in Alaska, with the more remote rural areas experiencing significantly higher vacancy rates in critical positions than more urban communities. As educators in the University of
Alaska system, it is also noteworthy that the numbers of rural and Alaska Native students and practitioners in the health professions in the state are also well below their representative proportion of the population. Considerable planning and development efforts have targeted improving this often dismal history through distribution of educational programs utilizing appropriate distance technologies and the creation of opportunities and articulations that enable educationally disadvantaged individuals to participate in health professions programs and careers. Much remains to be done in this area.

**Student Demand**

Student demand for health professions education is strong and exceeds program capacity in many key areas, such as nursing, medicine, dental hygiene and radiographic technology. Other health programs have additional capacity. The advising processes throughout the university require strengthening and coordination to guide students into programs that best fit their abilities and interests in the health field.

A common issue for students is lack of adequate preparation for health programs, particularly in the sciences and math. While attention is paid to developmental courses in reading and math, developing skills in science is also needed. Support for students is inconsistent and often uncoordinated; student services require improvement.

**Role of Higher Education in Health Workforce**

Education required to become a health care worker ranges from on-the-job training (OJT) through doctoral preparation. Most of Alaska’s fastest growing occupations in the 2002-2012 timeframe are projected to be in health care.

![Alaska's Fastest Growing Occupations](image-url)
Fast-growing occupations requiring medium or long-term OJT include dental assistant, medical assistant, pharmacy technician, and social and human services assistant. University of Alaska campuses offer these occupations at occupational endorsement, certificate and associate’s degree program levels. Because offices and pharmacies may choose to hire these workers off the street and do in-house training, it has fallen to the university and its graduates to demonstrate the value of postsecondary preparation for these jobs.

Most health occupations, however, clearly require specialized education. Many also require external certification and licensure, providing a good comparative assessment process for our programs. National accreditation is often required for health programs, or at least highly desirable.

With regard to the fast-growing occupations requiring postsecondary education, the Department of Labor has prepared the following graphs. Again, many of these occupations are in the health field.

---

**Alaska's Fastest Growing Occupations Requiring an AA Degree or Postsecondary Vocational Training**

*Projected 2002-2012*

- Respiratory Therapists
- Medical Records and Health Info Technicians
- Surgical Technologists
- Dental Hygienists
- Registered Nurses
- Emergency Medical Technicians and Paramedics
- Fitness Trainers and Aerobics Instructors
- Massage Therapists
- Radiologic Technologists and Technicians
- Commercial Pilots

Source: Alaska Department of Labor and Workforce Development, Research and Analysis Section
It should be noted that there are dire needs in some professions that do not fall into the high-growth category, medicine being a prime example.

Appendix C includes an inventory of health programs throughout the University of Alaska system, and includes numbers of students and degrees/certificates awarded in the 2001-5 timeframe. Each is described below. There are also descriptions below of programs currently being planned, but not presently offered in Alaska.

**Program Models and Considerations**

Health programs exist in a wide variety of models. Some are strictly on-campus programs and may be offered locally in more than one location or not, depending on community need, availability of faculty, cost, accreditation requirements, clinical site availability, and other considerations.

Distance-delivered courses and programs take many forms. Many have a statewide reach while others are organized regionally. Because students may take courses from more than one campus, or might move from one part of the state to another, aligning courses and programs, as well as student services, has become more critical in the distance education arena.

For the past four years, a conscious, considered effort has been made to collaborate and avoid wasteful duplication in health programs across the system, especially those with extensive infrastructure requirements, high costs, limited availability of faculty, accreditation requirements and complex curricula. The foundational concept of “centers
of excellence” is utilized to guide decisions about stand-alone versus collaborative programming.

**Capacity Issues**

For many health programs, available capacity is capped for a variety of reasons. Some involve educational, including specialized laboratory, space. For example, one limiting factor for the nursing program has been nursing skills lab capacity. In doubling the number of students extensive remodeling was required in Anchorage and lab space had to be found and developed for each of the outreach sites. In addition, large classrooms are rare on the UAA main campus and the School of Nursing has had to scramble each semester to find rooms with enough seats to comfortably fit their expanded classes.

Another example is the dental clinic in Anchorage that serves the dental assisting and dental hygiene programs. Its chair capacity limits the number of students that can be trained at any one time; a major remodel is planned for the facility that will allow a small number of additional chairs. The medical laboratory space in the same building is also very small which affects the number of students and faculty that can utilize it.

In Fairbanks, the creation of a new dental hygiene program will require renovation of space to include a patient reception area and a secure records storage area. Renovation of space to accommodate the medical assisting, nurse assistant and phlebotomy labs is also essential. None of these programs can increase size to meet the demands of the student and local market until adequate lab and classroom space becomes available.

A balance must be struck between the number of students admitted and the availability of clinical experiences in the community essential to the preparation of health care professionals. This has been an important limiting factor in the capacity of the basic nursing programs and also the radiographic technology program. Doing a careful assessment of a clinical site before launching a new or expanded site is paramount. It is especially important to consider the impact of students on patients and staff in the clinical setting, and to ensure that the presence of students does not compromise patient comfort and safety.

Another important limitation on capacity is related to the availability of faculty. Because of shortages in industry, salaries and benefits there are high and it is difficult for the university to attract and retain highly qualified and productive faculty in many health fields. It is a never-ending struggle to maintain sufficient faculty to successfully offer the health programs. Salary market adjustments should be reflective of the existing market conditions within Alaska and at least congruent with salaries being offered at other universities for their health faculty. This is an important consideration for many of our programs.
Interdependencies with Other UA Programs

While some health programs include all required coursework within the program’s own purview, many include pre- and co-requisite courses that functionally reside in other departments and colleges. In planning for developing or expanding such programs, it is important to consider their impact on both academic and student support units, and for the university to plan to augment their offerings and services if necessary.

It has also become a preferred practice for health deans, directors, campus directors and faculty to confer during program planning and development and to consider the impact the plans might have on other campuses and their programs. Attempts are made to provide for synchronicity where possible, and to align and articulate new and existing programs. Attention is paid to the development of career ladders and webs across the system.

Facilities and Technology

Some mention of facilities was included in the section above regarding capacity issues. In general, health program facilities must include offices, classrooms, laboratories suited to program requirements, and student and faculty spaces. Computer-assisted instruction is very prevalent for both on-campus and distance courses, and access to computers is essential for both students and faculty. For some programs – emergency services, nursing and medicine, for example – manikins and more sophisticated patient simulation technology is growing in importance, and can be used for safely practicing clinical skills. Such simulators can be used to partially offset limitations in industry-based clinical experiences, though cautiously. Sufficient interaction with real patients must still be included to ensure competency of program graduates.

Tanana Valley Campus in Fairbanks has undertaken a significant remodel of space to house its dental assisting program and the outreach UAA registered nurse program. Funding to complete medical assisting, dental hygiene, nurse assistant and phlebotomy labs is being sought. Currently the allied health programs at UAF are spread across town in four separate facilities.

The UAS Sitka campus has requested additional code correction funds in the next capital budget. This funding will be used to construct area separations and install code compliant mechanical, electrical and fire systems in the open hangar areas of the Sitka campus facility. This project, which received $320,000 in FY07, when completed will include a Health Sciences storage and preparation area, and a classroom and human simulator laboratory designed to support CNA/PCA, Pre-Nursing, ETT/EMT and community/regional health providers. Funding will be sought to complete this project once the infrastructure has been upgraded and the area separations installed.

In Anchorage, the health programs are inefficiently scattered around the campus. Many are located in spaces too small to adequately support their current student enrollments,
and have no room to expand to fill the burgeoning need and interest. A health programs building is in the early planning stages.

**Partnerships**

Health programs are engaged in partnerships with hundreds of health care providers, with local, state and federal government entities, with other departments and colleges of the university, and with other organizations, associations and individuals in their communities.

Many of the partnerships provide clinical experiences for health students. Programs locate and engage these partners, large and small, throughout the community for short and long-term clinical rotations.

Some are also financial partners, providing funds directly to the university to enable the development of new or expanded programs to help meet workforce needs. Financial assistance may also be provided to students through scholarships or loan repayment offers, or in-kind through provision of space, personnel or services in support of the university’s health programs.

An especially significant partnership has grown between a number of hospitals throughout the state and the School of Nursing. These hospitals have together provided well over $3 million in the past four years to assist the university in doubling its basic nursing programs from less than 100 to over 200 seats each year. Without those contributions, the School would have never been able to accomplish that mutually derived goal.

**Health Research**

While an exhaustive description of university activities in the area of health research is not included in this document, and parallel planning processes are underway, it should be noted that research is an important component of the educational process and faculty effort. Graduate students comprise a significant group in the health programs, and are mentored in developing their research skills and interests. Undergraduate students are also involved in appropriate research activities. There are several specifically health research institutes, centers and major projects within the University of Alaska system, and additional institutes that address health issues that fall in their realm (e.g. economics). Ranging from biomedical and clinical to health systems delivery and health status, the university’s research agenda is in the process of refinement and expansion.

**Planning Perspectives**

In describing the planning processes that are underway, it is useful to note that there are three perspectives to consider in describing these efforts. The first is field and/or occupation/profession program oriented: allied health occupations, medicine, nursing, public health, behavioral health, and other health professions (including pharmacy and
the therapies), and health administration. While the University of Alaska Anchorage has been made responsible for the health mission of the system, other campuses are involved as well, and there is a prevailing interest and intent in creating interrelated and articulated system-wide educational approaches that best serve the state overall. In Fall 2005, about 78% of health enrollees were in programs offered by UAA and 17% in UAF programs, with the remaining 5% in UAS programs.

The second approach is along the structural lines of the university and includes attention to strategic and budget planning efforts underway at the three MAUs as well as Statewide. These planning processes can be viewed as giving insight into institutional priorities with regard to health programs, but in some cases are developed at a more global level (for instance, an emphasis on education for high-demand jobs) or are intended to be more short-term than the field/program-based planning activities (as the FY’08 budget plan).

There is also a third set of planning processes that are addressed in this plan for those topical areas closely related to programs but not specifically tied to one professional field and often encompassing support for more than one program.

For purposes of this plan, each of these perspectives will be included and cross-referenced where possible.

**Field/Program-Based Planning Activities and Results**

**Allied Health:**

Allied health programs throughout the university system have seen remarkable growth in the past five years, in student enrollment, number of programs, and availability through distance education. Enrollments are up by about 184% and awards by 146%. Many campuses offer allied health programs. Most are at the occupational endorsement, certificate and associate’s degree program levels.

Radiographic Careers

Background – Radiographic skills are in high demand in Alaska and there is a shortage nationwide. This is a developing career area and specialties evolve with changes in technology. It has been especially difficult for rural facilities to recruit workers in this field.

Current Status – UAA currently offers three radiographic programs: limited radiography, radiographic technology, and mammography.

The limited radiography program is a four-course, on-line, distance-delivered certificate program that prepares workers in health care settings to take basic x-rays and also provides an opportunity for individuals to explore the field. It is presently deployed in several areas of the state. The hiring of additional
faculty will enable it to spread widely. If proposed legislation to make some level of training a requirement for taking x-rays in the state passes, there could be great demand placed on this program to bring the workforce into compliance.

The radiographic technology program is the basic accredited education in this field and is an associate’s degree program. It is distributed through distance technology to several adequately-sized hospital facilities in the state, with local mentors on site to supervise and support students. These locations presently are Anchorage, Fairbanks, Juneau and Ketchikan. There is a roll-out plan to take this program to Bethel and Kenai in the future. Sitka may also participate as a Southeast Alaska site at some point. This plan requires an additional faculty member, hired in 2006 with grant funds. Other Alaska sites are likely too small to provide the large number of radiographic images that this program requires but can participate by providing summer clinical rotations to students. There are 25-30 graduates from the program each year.

The mammography program is offered usually once per year for an intensive period for radiographic technologists requiring this specialty training. An announcement is sent to individuals, radiology departments and imaging centers throughout the state. To date there has not been a call to repeat this program more often.

The health care industry has called for in-state training in several other specialty areas, including ultrasound, CT/MRI and nuclear medicine. It is planned to next add an ultrasound component to the program with a goal of 2008 for implementation. This skill is in high demand at most facilities in the state and will require additional specialized faculty.

Future Plans –
1. Secure state funding for faculty member in FY’08.
2. Further deploy the limited radiography program.
3. Roll out the Bethel and Kenai radiographic technology sites in FY’07 and ’08.
4. Add an ultrasound program in FY’09.

Resource Needs – As mentioned above, one additional faculty member was hired in FY’07 using grant funding. As the programs in this field grow and are further distributed, additional and specialized faculty will be required. Current faculty will need to be supported through more secure funding. Funds for travel in support of outreach sites will be needed. It may also become necessary to compensate local mentors for their time at some time in the future.

Facilities Needs – Because these programs use videoconferencing extensively, an allied health classroom in Anchorage was outfitted to enable this delivery method. However, there is no clinical practice space available on campus, so the faculty and students make use of space in local health care
facilities to learn required hands-on techniques. This needs to be remedied for effective delivery or expansion of the programs.

Student Impact - With additional faculty funding and the possible passage of licensure law for medical imaging, the Limited Radiography and AAS in Radiologic Technology will offer students access to the essential training and education. The Limited Radiography program projects 45 students per year during FY ’08 and FY’09 and could expand to meet statewide need by another 20 students per year. The Distance Delivered AAS projects 26-29 graduates per year but most importantly nearly half those students live outside of the Anchorage area.

Adding an Ultrasound program would require another faculty position from the one mentioned above and would potentially graduate 6 students starting in May 2010 and 9-10 in following years depending on clinical sites.

Certificate in Pre-Radiological Technology Qualifications (CPRTQ)

Background – In helping students prepare for application to the radiography technology program, UAS campuses provide this certificate program.

Current Status – The program includes required General Education Requirements, as well as specific pre- and co-requisites of the radiographic technology AAS program. It also includes the three-course limited radiography sequence. The CPRTQ program provides a cohort for students interested in this field, as well as an opportunity for advising students regarding a range of health professional education options.

Future Plans –
1. Continue offering this certificate program at UAS campuses as part of the regional UAS Health Sciences program.

Resource Needs – None additional at this time. However, to ensure program success the resource needs for the continued support, development and expansion of the UAA Radiologic Technology program is required.

Facilities Needs – None needed.

Student Impact – In 2006, UAS had six enrolled certificate students. It is anticipated that this program will continue to prepare sufficient students for the two slots open in the AAS program annually in the region.

Clinical Laboratory Careers

Background – There are four programs in the clinical laboratory career ladder: phlebotomy, clinical assistant, medical laboratory technology (MLT) and
medical technology (MT). The first two are certificate programs, the third is at the associate’s degree level and the final step is a bachelor’s degree.

Current Status – At present the first two levels of the laboratory career ladder are available through distance delivery at several locations in Alaska. Work is continuing to make these courses more widely available. Local mentors are utilized to supervise and support students. The MLT and MT programs are available in Anchorage on campus. It is intended that the MLT program will next be developed for distance delivery to students throughout the state who have completed the initial two programs. If it is not feasible to complete a distance version of the MT program in Alaska, it is likely that the division will undertake an affiliation with one or more other institutions that do offer such a program.

Future Plans –
1. Continue to offer phlebotomy and clinical assistant programs and market for further distribution in Alaska.
2. Develop additional courses for distance delivery of the MLT program.
3. Assess ability to offer a distance version of the MT program in Alaska.
4. If not, affiliate with distance MT programs in other institutions.

Resource Needs – An additional faculty member is needed at this time; there is grant funding for this position. As the AAS program develops and deploys across the state, additional faculty and travel funds will be required to support the outreach component. It may be necessary to compensate local mentors at some time in the future.

Facilities Needs – Space for this program is severely limited and presents a barrier to on-campus program growth in both Anchorage and Fairbanks.

Student Impact - The expansion of phlebotomy and clinical assisting programs through marketing of their distance availability will likely increase enrollment by 10-15 students per year or a total of 80-85 per year. When the AAS in MLT is ready for distance delivery the estimates for graduates per year will initially be 4-7 and once fully operational could graduate 10 per year.

Dental Assisting

Background – There have been dental assisting programs at campuses in Anchorage and Fairbanks for some time. The Anchorage program is accredited and can be taken at either the certificate or associate’s degree level. Its clinic provides care for underserved dental patients and is scheduled for a major remodel and upgrade. The Fairbanks program occupies a new facility. It is not presently accredited. There is a widespread need for dental assistants across the state.
The tribal health system has developed in-house processes in Anchorage for training traditional dental assistants for its facilities, and a new, innovative dental health aide model which focuses on prevention and a limited set of dental treatment skills. There is also a correspondence-style program provided by the Indian Health Service that supplements on-the-job-training for the tribal system. There have been ongoing discussions between the university and the tribal system to explore possible collaborative efforts in this area.

Current Status – Besides the established dental assisting on-campus programs, the Anchorage faculty has just completed a series of distance-delivered courses which are presently being piloted with a group of students in Bethel. Once the distance program is refined, a plan for further distribution will be implemented.

Future Plans –
1. Complete the distance dental assisting program pilot; refine courses.
2. Distribute to additional sites.
3. Remodel the Anchorage dental clinic.
4. Seek accreditation for the Fairbanks program.
5. Explore future role of UAA in the training of dental health aides and therapists.

Resource Needs – The distance development and piloting of courses has been accomplished using grant funding. Once this program is refined and deployed, more secure funding will be required. The dental assisting program in Fairbanks needs another faculty member to accommodate growing demand and needs at rural campuses.

Facilities Needs – A $3.5 million remodel of the dental clinic in Anchorage is planned in summer 2007. TVC in Fairbanks has a new six-chair clinic.

Student Impact - Implementation of distance delivered courses for rural Alaska is very slow in starting. The interest and fit with dental programs may lead to increased students and support the dental assisting field as a job of the future. Estimates for student enrollments for FY’08 are 5-7 and FY’09 7-0.

Dental Hygiene

Background – The dental hygiene program has been offered on the Anchorage campus. It is an accredited associate’s degree program with limited capacity due to space issues in the Anchorage clinic. While it has served the Anchorage market fairly well, the rest of the state experiences great difficulty in recruiting hygienists. Plans are underway to add a dental hygiene program in Fairbanks.
Current Status – As described above, there has been considerable discussion regarding the development of the Fairbanks hygiene program, including whether it should be a stand-alone program or affiliated with the Anchorage program for didactic delivery and accreditation purposes. At present it appears that a stand-alone program will be developed. A key component of both programs is the commitment of local dentists to work with the hygiene and assisting students in the clinics. This hands-on support will need to be maintained for the Anchorage program and developed in Fairbanks. Accreditation is required for dental hygiene students to qualify to take the licensing exam.

Future Plans –
1. Secure accreditation of a Fairbanks hygiene program.
2. Implement the program in January 2008.
3. Continue efforts to make Anchorage program more accessible. – The admissions requirements have been changed for the next application pool. The last graduating class has students from across the state and was culturally diverse.

Resource Needs – Planning and start-up funds for the Fairbanks program are being met from a variety of sources. Implementation of the program will require ongoing support from a secure funding source.

Facilities Needs - A $3.5 million remodel of the dental clinic in Anchorage is planned. TVC in Fairbanks has a new 6-chair clinic. Further development of the Anchorage program will be enabled with completion of the clinic remodel. Tanana Valley Campus in Fairbanks has a new six-chair clinic, but will require an additional patient reception area and secure records storage area prior to accreditation of the dental hygiene program.

Student Impact - With the dental clinic remodel 2 additional operatories will be added for the hygiene program, though student to faculty ratios are 1 to 6. The program could increase to 14 student graduates per year in the AAS but would incur increased faculty costs to meet the ratio requirements.

Emergency Medical Services/Paramedic

Background – There have been emergency medical technician (EMT/ETT) courses provided through many campuses around the state in conjunction with local emergency services providers. Fairbanks and Kenai campuses have paramedic programs, and Anchorage has had some development in that area but does not presently have a complete program. Many EMT/ETT jobs are voluntary and turnover is high. In many parts of the state there is a chronic workforce shortage.

Current Status – There has not been a great deal of coordination of these programs within the university system. The providers, organized into regional
organizations, have indicated an interest in working more closely with the university to provide a more adequate supply of emergency medical services workers at all levels.

Future Plans –
1. Continue faculty work group to explore ways of expanding capacity and coordinating programs; involve Mat-Su and Sitka campus in discussions.
2. The Sitka campus, in cooperation with SEARHC’s Emergency Medical Services Department, is in the final planning stages for an Occupational Endorsement (OE) in Paramedical Technology. This OE would initially be focused on expanding the current high school Emergency Trauma Technician training so that students would be prepared to enter UA certificate and degree programs with advanced standing.
3. Bring in campus leadership to assist faculty in planning program improvements supportive of emergency services statewide and paramedic programs in particular.
4. Complete demand analysis survey and recommendations for paramedical program expansion.

Resource Needs – Funds to enable the faculty meeting are being provided through a grant. Additional resource needs will be determined through the planning process.

Facilities Needs – The simulation laboratories in Fairbanks and Kenai are undersized. Making them available for additional classes and for more extensive community use would require additional space and additional patient simulators.

Kenai Peninsula College will begin offering Continuing Medical Education courses in Fall 2007 but will be limited in the number of courses they provide due to limited facility space. Based upon future needs for paramedics, KPC will likely need to run two concurrent degree offerings each semester, therefore requiring an additional classroom lab.

The Sitka Health Sciences laboratory, which would serve the entire Southeast region, would require one high tech Human Patient Simulator (HPS).

Student Impact – At KPC, the paramedic program and EMS courses they offer are normally filled to capacity. The growing demand for CME courses will overtax the facilities unless additional classroom space is built at the Kenai River Campus. The competitive entry PMED program is limited to 15 students and is projected to turn away qualified candidates beginning Fall 2008 due to lack of space and qualified faculty to teach these courses. There is increasing demand for wilderness and rescue medic programs that KPC would like to offer but cannot for the same reasons. KPC has been approved by the Alaska Statewide EMS Division to offer EMS classes via interactive video to other UA campus sites that should help alleviate the demand for these courses in other Alaska communities.
However, the need for hands-on training at these sites will still necessitate classroom space and qualified preceptors at those locations.

Human simulators can be a resource for training a team of individuals and for providing a more flexible and less costly training environment for CNAs, ETT/EMTs, physicians and nurses. It is anticipated that the capacity for health students in Southeast will be expanded by the addition of a simulator.

The results of the demand analysis for paramedics could suggest more graduates are needed to meet workforce needs. Decisions will be made in the future based on this information and cost benefits.

Pharmacy Technician

Background – An initial on-campus pharmacy technician program was suspended after input was received from industry that it was too long and not serving the training needs of these employees across the state. Because pharmacy technicians are frequently hired off the street and trained on the job, and typically have no certification requirement for employment, there was little incentive to participate in a 30 credit certificate program.

Current Status – Subsequent to suspension of the original program, and with considerable input from pharmacy employers, a five-course 15-credit program was developed in a creative on-line format that has enabled its students to complete the program in any location. It serves as preparation for the national certification examination, as well as providing a solid foundation for employment in a retail or hospital/clinic pharmacy. A one-credit special topics course will be added, also distance available, to establish this program as eligible for financial aid. A relationship with the University of Hawaii has resulted in this program being delivered in Samoa and Palau, as well as throughout Alaska. Program capacity is quite large, with about sixty-five students taking classes in a given semester.

Future Plans –
1. Add one-credit component; obtain approval for occupational endorsement.
2. Market program more widely across the state particularly to high school and those already in the field.

Resource Needs – The development and implementation of this very successful program has been accomplished through use of grant funding. Sustainability will require that more secure funding be obtained. Resources for marketing the program are needed.

Facilities Needs – There are currently no facility needs for this program with the exception of faculty office/work space.
Student Impact - The occupational endorsement completion will increase catalog clarity for this program and increased marketing could add an additional 20 students per year. Many students select to take one or two courses as electives in other programs or to expand their practice knowledge if already employed.

Health Information/Medical Office

Background – There are a range of programs and courses offered in this field, based primarily in Sitka, Anchorage and Fairbanks. From entry-level billing and coding through transcription to an associate’s degree in health information management, most components are available through distance methodology. This set of occupations is essential to the health care industry which is experiencing ever more complex claims and information processes in order to be reimbursed for service provision.

When the allied health deans and directors from across the university system met together for the first time in 2002, this was one occupational area identified as in real need of coordination and articulation. Faculty discussions began in 2003, following a helpful dialogue with industry, and a great deal of progress has been made in sharing program information and curricula. There is more work to be done to establish closer articulation, inform the public about programs, and strengthen and update offerings. A cross-MAU faculty work group is committed to continuing this effort.

Current Status – Both hospital and clinic health information fields are addressed through existing programs, though it is generally felt that employers are not sufficiently aware of what is available through the university statewide. It is vitally important that this information be compiled and shared widely as this is a high demand area of shortage, and employers are requesting assistance with this problem. Concurrently, these programs must improve their content and delivery methods and be able to demonstrate clear career pathways.

Future Plans –
1. Continue to convene faculty work group to focus on curriculum articulation, delivery methods, and informational materials.
2. Explore ways to incorporate content on electronic medical records and other health information technology into all program offerings.
3. Design and implement information campaign to inform health care industry about available programs.

Resource Needs – Grant funds are presently available to support the faculty work group, as well as some faculty positions in this field. In the future, secure funding sources will need to be found to continue both development and deployment of these essential programs, including faculty personnel and travel costs. An additional faculty member located in Fairbanks is needed.

Facilities Needs – No additional facility needs are currently identified.
Student Impact - The following are the UAS goals for the HIM AAS and certificates. These numbers assume the program will be on line and web-based by 2009, and that there are two faculty members at Sitka campus.

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<tr>
<th>Program</th>
<th>Awards</th>
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Medical Assisting

Background – This occupation includes some aspects of both medical office/information and clinical assistance. To date, medical assisting faculty have participated in the medical office work group, focusing on that part of the role. They have identified a need to meet more specifically around the medical assisting programs in the future.

Current Status – There are medical assisting programs in Anchorage and Fairbanks. UAF is also teaching a cohort located in Bethel at this time. Both certificate and associate’s degree programs have been available. Some courses relevant to medical assisting have been developed for distance delivery. There are plans to further the distance availability of this program in the next couple of years.

Future Plans –
1. Develop and deploy a distance-delivered version of the medical assisting program.
2. Convene a meeting of medical assisting faculty to work on curriculum consistency and improvement.
3. Expand offerings at UAA and UAF to meet demands and waiting list.
4. Identify travel funds for oversight of rural programs through TVC/CRCD.

Resource Needs – Grant funds are presently available for the faculty work group and for distance development. One resource need is for an additional faculty member to provide instruction during the development period. Also, UAF needs an additional faculty member to help fill the demands of program expansion locally and into the rural campuses.

Facilities Needs – UAF is seeking funds to remodel space for the medical assisting program. Currently the program is delivered in a classroom shared with other programs, and only one exam room is available.

Student Impact – By adding some key demand classes and targeted marketing to meet the massive workforce needs for Medical Assisting an increase 40 students per year is expected.
Massage Therapy

Background – The massage therapy program is currently in suspension, primarily because of a lack of affordable space in which to offer it. This was a popular program. Instead UAA is offering a continuing education program with 1-2 classes each semester tailored to the needs of the Anchorage/Mat-Su practicing massage therapy community.

Current Status – As described above, the certificate program is in suspension. While a foundational program for bodywork and complementary medicine, there are other organizations that offer massage therapy programs in the state. At present, this is not a high priority for use of resources.

Future Plans –
1. Continue to assess need to re-establish program when physical facilities are available.
2. Support ongoing continuing education program.

Resource Needs – None foreseen at this point.

Facilities Needs – The lack of an appropriate facility was a major factor in closing the basic massage therapy program. This problem would have to be addressed if it is decided to re-establish the program.

Student Impact - Changing this program into Continuing Education until facility capacity is possible has drawn 10 students in its first year. Estimates for enrollment are expected to increase to 20 in FY’08.

Respiratory Therapy

Background – Two years ago the UAS Sitka Campus explored the possibility of starting a respiratory therapy program. After reviewing the employment market, they determined that mounting a sustained program would not be cost efficient; the job market was very limited in the state. In the future it may well be that this picture will change as the Alaska population rapidly ages and respiratory issues become more prevalent. One consideration is whether such a program should be located in a more urban area than Sitka, as it is larger facilities that would most likely require the bulk of this workforce.

Current Status – At this time there is no respiratory therapy program offered.

Future Plans –
1. Periodically re-evaluate the feasibility of offering a respiratory therapy program.
Resource Needs – None at present.

Facilities Needs – None at present.

Student Impact – Unknown at present. We expect there will be interest in this area if industry demand continues to increase.

Physical Therapy Assistant

Background – Several years ago the university was on the verge of beginning a physical therapy assistant program at the request of some members of the health care industry. A study of the market revealed a very limited number of jobs, as well as regulations that would drastically limit the effective use of these workers. The plan was scrapped.

Recently it appears that there are more positions developing in the state and that there are a growing number of vacancies. There has continued to be strong interest in having such a program by a long-term care administrator who has recently convened a group to look at affiliating with a distance-delivered program from an out-of-state institution. Additionally, this year, with the shortage of physical therapists growing in the state, and new regulations that loosen the supervision requirements for physical therapy assistants with associate’s degrees, needs assessment and planning for this program should be renewed.

Current Status – Several university leaders have participated in the exploratory process around affiliation. At present the contact person at the other institution has moved on and we are awaiting word of a replacement. There are many details and decisions yet to be determined.

Future Plans –
1. Continue to monitor and participate in the affiliation discussions.
2. If the affiliation is implemented, provide local support for the program and students, and evaluate its progress and success.
3. If it becomes apparent that this is a sustainable program, plan for starting an Alaska program within the next three years.

Resource Needs – None at present. If an affiliation is developed, will require someone in the university system to coordinate in-state program and student activities.

Facilities Needs – None at present. If affiliation occurs, some space for a faculty office and a classroom/skills lab would probably be needed.

Student Impact – Discussion for the affiliate program has been to begin with cohorts of 5-8 students and increase over time to 10-12. Further assessment will help to develop a more considered number.
WWAMI School of Medicine

Background – A Physician Supply Task Force was convened by the President of the University of Alaska and the Commissioner of the Alaska Department of Health and Social Services to analyze the present and future need for physicians in the state and to strategize ways to meet demand. The plan was presented to the President and Commissioner in mid-September, and was then released.

Current Status – The WWAMI program for Alaska is located in Anchorage and is Alaska’s medical school. It admits ten students each year and is based at the University of Washington. Three of the four medical school years may be taken in Alaska, with the second year presently requiring residence in Washington State. The program’s record is very good in terms of WWAMI graduates returning to the state (75%), especially in comparison with another, former program that subsidized medical education for Alaskans and had an 18% return rate. There is strong interest expressed by the hospital/nursing home association and the medical association to double, and later triple, the number of admission slots in the program. This has major implications for program faculty and space, as well as the relationship with the University of Washington.

The report also calls for additional activities on the part of the university, up to and including eventual development of a medical school based in Alaska.

Future Plans –
1. Prepare for expansion of the WWAMI program.
2. Work with the University of Washington to bring the second year program to Alaska.
3. Review the task force report for additional university activities related to relieving the growing shortage of physicians in the state and develop plans accordingly.

Resource Needs – There has been some estimate made of incremental costs related to expanding the WWAMI program as well as other options. Because there are already many more pre-medical students than the number admitted into WWAMI, it is not likely that additional pre-requisite course seats will be required. However, those courses taken in Anchorage by the admitted WWAMI students will need to expand to accommodate the increased number.

Facilities Needs – Facilities required for the WWAMI expansion include additional faculty offices, larger classrooms, computer and other lab space.

Student Impact – In 2004 Alaska applicants to U.S. medical schools had a poorer acceptance record than their peers in every other state, save one. Their
MCAT scores and undergraduate GPAs were equal to, or better than, the national average. Their dismal acceptance rate was due to lack of state-provided opportunity. Alaska ranks in the bottom 5 in terms of state-supported medical school slots. Even doubling the class size will leave us below the national average. In 2005-6 there were nearly 8 applicants for each of Alaska WWAMI’s 10 slots. Nationally, there were about 2.5 applicants for every available position. Doubling the class size of Alaska WWAMI, as recommended in the Alaska Physician Supply Task Force Report (2006) will provide significantly increased opportunity for Alaska’s best and brightest. Increasing further to 30 slots in subsequent years will further increase this opportunity and will be a major step in providing a long-term and lasting solution to Alaska’s physician shortage.

Physician Assistant

Background – There is presently a physician assistant completion program in Alaska that works in conjunction with the University of Washington Medex program to allow PAs to earn a bachelor’s degree (B.S. in Health Sciences). There is a recent decision to move the PA to a master’s level by academic year 2009, which has major implications for the Alaska program and its students. There has also been some discussion about making the Alaska program a true satellite of the UW program, allowing the whole program to be offered in the state. This is a logical career ladder for the Community Health Practitioners in the state and several have completed the program.

Considering the upcoming shortage of physicians, especially those in primary care, careful planning for expansion of this program is essential. PAs often work in rural Alaska and in industrial settings, and are very important to the health care delivery system in the state overall.

Current Status – The PA completion program has admitted about ten students per year, and seems to be gaining some momentum in terms of enrollment. It is understood that there are several people in Alaska who hope to someday become PAs, but they are place-committed and waiting for the program to be offered here. Future plans for this program are dependent on decisions to be made in Washington state. It is expected that a satellite program would admit at least 18 students per year.

Because of the move to master’s level preparation, providing relevant bachelor’s programs will become important. Work is underway to plan an expansion of the current BS in Health Sciences degree to include several additional tracks. Consideration will be given to ensuring that one or more tracks would be appropriate to prepare for the physician assistant program.

Future Plans –
1. Participate in the discussions regarding changes in degree level, including development of additional BSHS tracks.
2. Continue to engage in dialogue regarding satellite status and respond appropriately when the opportunity arises.
3. Continue to recruit and support students from throughout Alaska.

Resource Needs – Budgetary needs will increase as student numbers rise, as well as in response to program decisions being made in Washington State.

Facilities Needs – No additional facilities are required at present. However, becoming a satellite site will require planning in this area and is likely to involve either providing more program space or utilizing existing skills lab space on campus.

Student Impact – With satellite status, the number of students would about double from 10 to 18-20.

Community Health

Background – Community Health Aides/Practitioners in Alaska have an opportunity to obtain credit for their session training and to take additional courses to complete an associate’s degree in community health. The CHAP system has recently demonstrated a willingness to make use of distance methodologies in providing education to its workforce. An issue arose in the past two years regarding a greatly increased cost of credits which led some health organizations to cease allowing their CHA/Ps to apply for credit for their session training. This issue has recently been resolved.

Current Status – A Pre-Session I course was piloted with a group of beginning health aides last spring. Deployment of education regarding use of the new CHA Manual was accomplished and on-line testing of aspects of the program developed. Development of a distance education center in support of offering courses and continuing education to CHA/Ps across the state is nearly complete. The university’s academic liaison with the CHA Program has been supported and is very active in these efforts.

Future Plans –
1. Complete development of the distance education center.
2. Improve and package the Pre-Session course; make it available to the health organizations employing CHA/Ps.
3. Continue to provide support for distance education course development needed by the CHAP system.
4. Coordinate AAS requirements with the UAA BSHS program to facilitate professional advancement of CHA/Ps into the physician assistant and other health care professions.

Resource Needs – The above work, much of it one-time expense, was done with grant funding. Plans for sustainability are needed, as well as secure
funding for the academic liaison position. Considerable distance resources for personnel and equipment supporting this effort continues to be grant funded and needs more sustainable funding.

Facilities Needs – At present, no additional facilities are requested for this program. However, the Alaska Native Tribal Health Consortium would like the university to consider including its Anchorage Training Center in the new health programs building in Anchorage.

Student Impact – Further implementing the pre-session distance course could be used to bring many interested individuals into CHAP. Several cohorts of from 10-20 students could be taught each year. Working more closely with the CHAP Consultant’s Office at ANTHC, and with the CHAP Directors and CHAP Training Centers, will help to make stronger links between the university and CHA/Ps as they move through their training levels and potentially into other health careers.

Nursing:

Personal Care Attendant/Certified Nursing Assistant

Background – CNA programs have been offered in many campus locations across the state usually in conjunction with the local health care provider. PCA programs have been less widespread in the university system in the past

A faculty work group began meeting about two years ago to work across campuses on a common University of Alaska curriculum for PCA, CNA and a PCA-to-CNA bridge course. Additional Denali Commission funding was secured by the UAS Sitka campus to work on the feasibility of delivering these courses to rural areas utilizing blended, distance-delivered format.

These entry-level positions are in high demand; employee turnover is significant. Pay is low and the work is difficult, though usually rewarding. Considerable attention has been paid to improving the working environment and career prospects for this workforce in the state, but a great deal remains to be done.

The Alaska State Board of Nursing oversees CNA program requirements and scope of practice. PCA programs fall under the purview of the State in its office for senior services. Current PCA regulations requires only 40 hours of training for agency-based PCAs and virtually no training for consumer-directed PCAs. The PCAs are home-based workers and patient safety is an issue when they are not sufficiently trained.
Current Status - The PCA and PCA-to-CNA bridge courses have been piloted for distance delivery to rural areas. Together they will provide a rural career ladder leading to CNA certification. A great deal has been learned in the process of developing and deploying these courses. The CNA program, with its emphasis on clinical hours, will be the most challenging to implement. Much groundwork has been laid by faculty to standardize the curriculum, credits, etc. Early on the faculty decided that the 40 hour minimum for PCA was too limited and agreed on an 88 hour curriculum to be used across the university system. There have been many challenges along the way and the work group has worked hard to overcome the difficulties and obstacles.

Future Plans –
1. Package the distance courses for distribution to faculty around the system.
2. Develop a CD version of the course packages for use in regions with limited Internet connectivity.
3. Work on continuing education opportunities for these direct service workers.

Resource Needs – All of the work to date has been grant funded. Being able to continue to maintain and improve the distance courses, and deploy them as needed, will take some continued support from the campuses and communities. In particular, funding faculty (often adjuncts), traveling to distance sites for clinical observation, and engaging local nurses to supervise clinicals, will be required to continue these high demand programs. An issue is that currently there is no university-provided PCA or CNA training at UAA or Mat-Su. UAA does have a tech prep agreement with the Older Persons’ Action Group whereby OPAG’s PCA and CNA students may receive college credit for their programs. It has not been resolved how students in those heavily populated areas will be served by the blended delivery program.

Facilities Needs – Each site has identified its skills lab space, though occasionally a community must alter its arrangements. If in a location where the registered nursing program is offered, these programs often share lab space. Clinical experience is generally obtained at local hospitals or nursing homes. PCA training may utilize assisted living or personal homes. TVC is seeking funds to remodel space for CNA labs, currently housed across town from the campus.

Student Impact – Current PCA and CNA programs serve over 200 students per year. Because of the entry level nature of these jobs, there is high turnover and a never-ending need for more training and graduates. Providing additional locations and sections for these programs could bring an additional 100-200 enrolled students without exceeding industry demand.

Practical Nurse

Background – The Practical Nurse one-year certificate program was established several years ago in the School of Nursing at UAA. It was developed
using a distance model and has been made available to communities across the state at their request. A vocational program, it has no academic pre-requisites and was targeted to individuals who did not have the background or confidence to enter a collegiate program.

After the first year of operation, the program was unable to remain within its limited budget parameters and other funds were required to subsidize it. The faculty and leadership of the program did not achieve stability and the quality and consistency of the program suffered.

The demand for LPNs in the state is not very high. Staffing configurations that do not include LPNs are preferred. There is another LPN program located in Anchorage and run by the Alaska Vocational Technical Education Center that has increased its student numbers recently. It was also discovered that most of the LPN students were actually intending to apply for RN programs and did not plan to work long in the field.

Current Status – In spring 2006 a nationally recognized consultant on LPN programs was retained to explore options for either improving or closing this program. Her recommendation was for closure, though she also gave suggestions about how to improve the program if it was to remain open. Decisions are pending on how to configure the program after the 2007 calendar year.

Future Plans –
1. Develop and implement a plan to suspend this program prior to December 2007.

Resource Needs – The program will continue to require resources at least through December 2007.

Facilities Needs – This program has utilized nursing skills labs and classrooms in each community where it has been offered. No additional facilities are needed.

Student Impact – Admission is suspended after the 2007 cohort. Students seeking PN education are currently being referred to AVTEC.

Certificate in Pre-Nursing Qualifications (CPNQ)

Background – In helping students prepare for application to the nursing program, UAS campuses provide this certificate program.

Current Status – The program includes required General Education Requirements, as well as specific pre- and co-requisites of the nursing AAS program. It also includes obtaining either a Certified Nurse Assistant or Emergency Medical Technician credential. The CPNQ program provides a cohort
for students interested in this field, as well as an opportunity for advising students regarding a range of health professional education options.

Future Plans –
1. Continue offering this certificate program at UAS regional campuses.

Resource Needs – None additional at this time.

Facilities Needs – None needed.

Student Impact – Projected graduates for the certificate program are shown in the table below. The anticipated drop from a projected high in 2007 is the result of our student majors reaching a steady state of enrollment after the initial surge when the program was initiated in AY05. In AY06 there are 61 enrolled majors; many of these will enroll in nursing programs prior to completion of all certificate requirements with a 10% graduation rate anticipated.

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<tr>
<th>Program</th>
<th>Award</th>
<th>Trend and Current Status</th>
<th>Targets</th>
<th>Long-Term Goals</th>
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<td>Pre-Nursing</td>
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Other areas of the state are contemplating beginning similar efforts. This program provides an excellent pathway into the nursing programs.

Associates Degree in Nursing

Background – One of the two basic Registered Nurse programs offered by the School of Nursing, and part of the successful initiative to double basic RN program capacity by 2006, this program more than doubled its admission seats by setting up outreach sites in ten locations outside of Anchorage. This both accomplished doubling and also provides a way for place-committed individuals to become nurses in their home communities. Because new graduates often seek their first jobs in the same area as they were educated, this has also served to improve the distribution disparities in the state.

Current Status – In 2007, the AAS program will be offered in eleven sites through a combination of on-line didactic, video-conferencing, and on-site faculty providing clinical supervision. One additional potential site is waiting until a new facility is built before beginning the program, and assessments are underway at four other small communities to determine how they might participate in the program. It may be possible to add another cohort in Anchorage, but this is not yet in active planning. All of this additional expansion would require funding for faculty and site development costs. It is expected that each location would share in obtaining necessary funding.

The program size is also constrained by available clinical experiences in each community. Patient simulators may be used to supplement clinicals to a
limited extent. A simulation theater in Anchorage could support a wide variety of university programs and provider continuing education events. Distance sites could especially benefit from having at least one patient simulator to augment available experience. Taking this step would require significant planning and fund-raising efforts.

UAS Sitka has been assigned the responsibility for distance delivery of health science programs at UAS and is including significant facilities space in its remodel planning. There is currently $2.9 million in the UA Budget plan for 2009 for this purpose. Given local needs already evident in the community as well as for all UAS distance delivery, the plan includes a simulation theater that would fit into the “centers of excellence” model presented in this plan.

Future Plans –
1. Complete assessments and plan for additional outreach sites.
2. Ensure continuation of extensive instructional design support for faculty.
3. Consider addition of second Anchorage cohort.
4. Develop simulation resources to expand ability to accommodate more students in cohorts.
5. Identify sufficient funding to maintain the expanded AAS program.

Resource Needs – There are serious ongoing issues of faculty recruitment and retention. University salary levels are not competitive with either the local industry or other educational institutions. While academic year salaries offered by UAA range from $55,000-$75,000 based on experience and academic preparation, similar faculty in other schools are provided a range from $75,000-$95,000. A thorough and informed market survey is needed.

Additionally, funds will be needed to support outreach programs in at least some of the sites presently being assessed, as well as to begin to approach the utilization of simulation technology. The School budget is presently highly dependent on donations from Alaska’s health care industry. We have seen this year that this dependence leaves the school very vulnerable to industry funding decisions that may be predicated on entirely unrelated criteria. A secure source of adequate funding to begin to move the School off dependence on industry donations is badly needed.

Facilities Needs – In Anchorage, it is difficult to schedule classrooms large enough to comfortably accommodate the expanded nursing classes. The remodel of the skills and computer labs that occurred in the past three years has provided adequate space for this function. However, there is no room for growth or for the addition of a simulation theater. Also, faculty office space is very tight and at maximum capacity. Additional faculty are needed at this time and for anticipated expansion; it will be necessary to make arrangements to house them.

At the KPC Kachemak Bay Campus in Homer, classroom and faculty
office space are provided in the South Peninsula Hospital. However, that faculty needs additional space for health care and KPC may find itself without use of the present facility in the near future. Construction of a classroom and office is needed at this campus.

Student Impact – A maximum of 52 additional students is anticipated on full deployment of the AAS program across the state. Access to AAS nursing education has improved dramatically with the addition of the outreach sites. Increasing the number of outreach sites has resulted in increased opportunities for place-committed students to enroll.

The continuing need for RNs on the Kenai Peninsula demands that the program in Homer continue. While only being able to support a cohort of eight students every two years due to lack of clinical opportunities is a limiting factor, the number of applicants is twice as many as can be taught, indicating a strong demand and need to continue the program. A dedicated classroom lab and faculty office will be needed to do this.

RN-to-BSN Program

Background – With a rapidly increasing number of associate’s degree nurses being graduated around the state, there is a growing need to make available a distance-delivered ladder to the bachelor’s level. While this program has been in place in the past, its courses and delivery methods were not fully developed and streamlined. It was considered difficult to navigate. With many Alaska hospitals seeking Magnet status, as well as the special and community-oriented needs of small facilities, the health care industry has been requesting the ability to advance their employees academically in this manner.

Current Status – Work is complete on improving this important component of the nursing education offerings available in the state.

Future Plans –
1. Complete all aspects of this updated and improved program.
2. Identify faculty to focus attention on this program and its students.
3. Carry out an extensive informational campaign about the program and the changes that have been made.

Resource Needs – Development work has been covered through grant funding. In order to support this distance program adequately, an additional faculty member will be needed. Existing faculty are already over-burdened by the instructional and logistics requirements of the expanded basic programs.

Facilities Needs – This is a distance-delivered program and will require no additional facility space with the exception of one faculty office. Students
generally are able to accomplish the requirements of the program in their own or another local workplace.

Student Impact – With marketing and continued improvement of the course offerings via distance, along with the growing numbers of AAS nurse graduates in outreach sites and hospital’s move toward Magnet status, this program is expected to attract increasing numbers of nurses across and even outside of the state. There is significant capacity for growth in this area.

Bachelor’s Degree in Nursing Science

Background – The basic bachelor’s program continues to be Anchorage based. It has achieved its growth through increasing the number of slots in each admission cohort from 32 to 40, and to admitting three times per year instead of two. Running on a trimester system has proved to be extremely challenging for faculty and students alike. Many faculty members have worked year-round for the past four years with only very short breaks between trimesters. They are very tired. With several faculty retiring and otherwise leaving the school in the next few months, in conjunction with drastic recruitment difficulties mentioned above, the resulting vacancies will add significantly to the faculty’s workload. The nursing faculty shortage in the country is more serious than that of nurses generally. Our biggest handicap to recruitment has been our salary levels.

Current Status – The bachelor’s program fully expanded in the first year of the expansion project. Sustaining faculty is a serious issue.

Future Plans –
1. Perform a sophisticated market survey of faculty salaries in relation to both other faculty and industry salaries; assess cost of bringing all nursing faculty salaries to market (plus some consideration of Alaska housing costs).
2. Find funding to cover increased salary costs; implement competitive salary structure.
3. Successfully recruit to fill all vacant positions; utilize a recruitment agency to assist in this process.

Resource Needs – Significant funds will be needed to bring nursing faculty salaries to market, as well as to cover costs of recruitment.

Facilities Needs – As described above, available classroom space for the larger classes is limited and spread widely across the campus. Faculty offices are presently at capacity, though pending resignations and retirements will open several for newly recruited faculty. We expect to be short 3-4 offices once all positions are filled. Nursing skills laboratories are adequate but tight. Clinical experiences are obtained at facilities primarily in Anchorage and the Mat-Su Valley, as well as literally hundreds of other community locations. A simulation
theater could be utilized to augment clinical experiences if space and other resources were found for its development.

Student Impact – Critical here is to maintain resources sufficient to sustain the expanded number of students at 120 seats per year. The trimester model results in students completing the major in five consecutive semesters.

Nurse Practitioner Master’s Degrees/Certificates

Background – The School of Nursing offers two advanced nurse practitioner degrees at the master’s level: family and psychiatric/mental health. There are also post-master’s certificates available in each of these two specialties. Much of the coursework is available via distance or short intensives. There is a growing shortage of physicians in Alaska, and the state ranked poorly on the number of physicians per capita to begin with. Many physicians are nearing retirement and are often reducing their practice loads. Nurse practitioners, along with physician assistants, can help fill the primary care gap for residents of the state.

Current Status - The number of graduates of each of these programs annually is quite small. There is a lack of awareness across the state about their availability. The distance components of the programs can be improved.

Future Plans –
1. Inform Alaska nurses and employers about these programs.
2. Plan for increasing numbers once the applicant pool is larger.
3. Work on the course and program design to enhance availability and completion.

Resource Needs – Increased numbers will eventually require additional faculty. Because these faculty must typically be at the doctoral level, they are especially difficult to recruit. An FNP program coordinator will need to be recruited over the next year, as the current coordinator plans to retire in Spring 2008. The need for instructional design support is ongoing.

Facilities Needs – Laboratory facilities for these programs are presently adequate; a special small lab resembling a clinic room is available in the skills lab suite. It has proved difficult to find clinical placements for the advanced students and an ongoing effort is required to maintain sufficient sites.

Student Impact – Anticipate a maximum of about 75 students in these programs at any one time.
Other Nursing Master’s Degrees/Certificates

Background – There are presently three additional master’s level nursing programs: community health, administration, and education. The latter is a recent addition, implemented to begin “growing our own” faculty. The education track has a graduate certificate option, and is suitable for those involved in nursing education in health care organizations as well as individuals preparing for faculty positions. All are delivered via distance delivery methods.

Current Status – Generally there are low numbers in these programs, and they may not be offered every year. It is apparent that marketing these programs to industry and nurses should be attempted. Also, members of the Nursing Education Advisory Council have raised possible additional programs for advanced nurse specialists, including critical care, emergency, perioperative, and obstetrical nursing. There are also discussions about possible specialties in geriatrics and rural nursing, and clinical nurse leadership (a national trend).

Future Plans –
1. Inform appropriate audiences about the current programs.
2. Assess under-subscribed programs for scheduling and continuation.
3. Work with industry on other graduate program initiatives.

Resource Needs – Marketing these programs can be done at minimal cost. If these programs grow, there may need to be additional faculty.

Facilities Needs – There are no additional facilities needs for these programs unless faculty are added.

Student Impact – Anticipate 10-15 additional students per year as awareness of program offerings rises among Alaska nurses.

Doctoral Degree in Nursing

Background – Currently there are three students from Anchorage enrolled in a doctoral program through a distance program from the Oregon Health and Sciences University. The UAA School of Nursing coordinates the Anchorage logistics and mentors students. This is a grant-funded pilot project and is not expected to continue after the grant period concludes.

Current Status – Alaska does not currently have its own doctoral program in nursing, making it more difficult to develop faculty. However, it may well be that the population is insufficient for an upper level program such as this one.

Future Plans –
1. Continue to support the OHSU program through its completion.
2. Research the potential of providing a nursing doctorate (probably a doctorate in nursing practice) in Alaska.

3. Develop a plan to offer a DNP in keeping with the national trend to replace master’s level preparation for advanced nursing specialties, including nurse practitioners.

   Resource Needs – Resource needs for support of the existing program are minimal. If development of a local program is planned, expenses will be calculated and funds sought.

   Facilities Needs – There are no additional facilities needed at this time.

   Student Impact – Since the DNP will be the nationally require credential for advanced nursing specialties, a program needs to be available for Alaska students. Alaska provides an excellent practice environment for nurse practitioners. The program needs to be implemented within the next 5-7 years, if not sooner. This program could be expected to enroll 25-30 students per year.

**Public Health:**

**Master’s in Public Health/Public Health Practice**

   Background – Public health is a long-time focus in Alaska. Our location, geography, infrastructure limitations, and large indigenous population, set the stage for this attention on public health from the early 20th century. The MPH program has grown significantly in the past two years. It has about 50 students and is distance delivered. Many members of the public health workforce in Alaska are nearing retirement age. This program will help to develop the next generation for this workforce and will also prepare health policy-makers, managers and researchers.

   Current Status – A new program, the MPH program has just been accepted as an applicant to the national accrediting body. This is a several year process. The first year includes preparation of a self-study. The department chair will need to focus some time on this study, and an additional faculty member will be sought to cover some of her courses and to help strengthen program offerings overall. Accreditation is important to graduates’ success in seeking jobs in the field, as well as to the program’s ability to attract faculty and to partner with other accredited graduate programs.

   This is an innovative program that requires students to become involved in community-based research and education. Stipends and other forms of support are needed in support of the student group.

   In a related effort, the College of Health and Social Welfare, in which the MPH program resides, was granted funds for the five-year appointment of a
presidential public health professor. The search committee is looking for someone who would bring a rich research experience to the College.

The College is also presently recruiting for the position of Director of the Center for Alcohol and Addiction Studies. With alcoholism a significant factor in so many community and personal health issues, filling this position with a well-qualified individual will strengthen the University’s public, behavioral and other health programs.

Future Plans –
1. If application accepted, complete accreditation self-study.
2. Seek funds for student support.
3. Complete recruitment of Presidential Professor in Public Health.
4. Complete recruitment for the Director of the Center for Alcohol and Addiction Studies.
5. Recruit additional faculty members to meet minimal accreditation standards.

Resource Needs – Funding is required to maintain at least three regular faculty for the MPH program. Strengthening the faculty base for this program is important to the accreditation process.

If the Presidential Professor or CAAS Director best candidates negotiate higher rates of compensation than are presently budgeted, additional funds will have to be sought. In time it is expected that both of these individuals will raise research funds to support themselves and others’ work.

Facilities Needs – Some re-structuring will be needed to accommodate additional faculty offices. The program is presently located in the Diplomacy Building. While space is not plentiful, there is sufficient room to absorb these individuals. If the program is eventually moved out of this building, space will need to be found to house it.

Student Impact – Additional students and faculty support will allow more frequent offerings of courses and students to move through the program more quickly. This will open more slots each year for qualified applicants, including early and mid-career professionals who might otherwise leave the state to pursue career advancement. With additional support, we could serve a minimum of 10 additional students per year.

Nutrition and Dietetics

Background – There has been considerable discussion over the past couple of years regarding programs in nutrition and dietetics. A statewide study of educational programs in this area was undertaken and results published. As a result, a distance-delivered nutrition minor was created.
Current Status – The nutrition minor is available. A work group of interested faculty and others from around the system will be convened later this year to review the study report and determine additional follow-up plans.

Future Plans –
1. Inform students about the availability of the nutrition minor.
2. Convene nutrition/dietetics work group.
3. Develop and implement follow-up plans.

Resource Needs – The work group activity is funded through a grant. A budget for follow-up will be determined once a plan is developed.

Facilities Needs – There are no additional facilities needed at this time.

Student Impact – This program is of increasing interest in the state and it is anticipated to demonstrate additional student numbers as it develops and is marketed further.

Health, Physical Education and Recreation

Background – Previously there was a Bachelor of Education degree in physical education at UAA. This degree was designed primarily for the preparation of physical education teachers. Admission to that program was suspended in 1998 and the program was eventually discontinued. In 2004, after the completion of a demand analysis and input from advisory boards, UAA implemented a new Bachelor of Science in Physical Education designed to prepare students for careers in health and fitness leadership (in addition to adventure leadership).

Current Status – The Bachelor of Science in Physical Education with emphasis in Health and Fitness Leadership readies students of employment in hospital-based health education and wellness programs, public or private health and fitness programs, or corporate wellness programs. In addition, the degree serves as a foundation for students who wish to pursue further study in physical therapy.

In addition to the Bachelor’s degree, there are minors in health and fitness leadership and athletic training, and an occupational endorsement in fitness leadership.

Future Plans –
1. Continue to build better partnerships with collaborating agencies to provide appropriate internship experiences for students.
2. Continue collaboration with state health officers to develop and provide corporate wellness training and education pathways.
3. Collaborate with other UA units to develop the BSHS.
4. Work more closely with all UA health programs.
5. Revise curriculum to incorporate new and appropriate national certifications.
6. Renovate and expand classroom and laboratory space.

Resource Needs – Minimal equipment maintenance and repair.

Facilities Needs – The program quality and growth is limited by the lack of appropriate office, classroom, and laboratory space. There are currently plans in progress to address this issue.

Student Impact – As space is made available for this program, it is expected that student numbers will grow.

Wellness/Health Promotion/Health Education

Background – This is an area that presently has only one component in place, the Community Wellness Advocate certificate program based in Sitka and delivered entirely using a variety of distance technologies. Currently students are required to participate in two one-week residencies in Sitka – one at the beginning of the program and one at the end. This program prepares village health educators and does not presently articulate into any programs at a higher level.

Faculty at UAS and UAA are working to create a completion path for students to the UAS AAS in Health Sciences and the UAA BS in Health Sciences. Articulations with these associates and bachelor’s level programs will create a health promotion/health education pathway to prepare individuals to take the national certification examination in health education, and to enroll in the MPH program if desired.

Current Status – Sustaining the future of the Community Wellness Advocate program will be difficult as grant funds are running out. The Southeast Alaska Regional Health Consortium (SEARHC) tribal health organization is committed to continuing the program. Many of the affiliate faculty for the CWA program are nutritionists and other employees of SEARHC. The CWA is currently being incorporated into the AAS HS at UAS, which will provide a pathway for completers to go on to a bachelor’s degree. SEARHC also would like to maintain an option for students to stop at the occupational endorsement level if they so desire.

As has been mentioned, there is planning going on this year to expand the scope of the bachelor’s of science in health science. There has been discussion of possibly partnering with the Northern Arizona University to make available their associate’s and bachelor’s degrees in this area until we are able to develop our own.
Future Plans –
1. Plan for continuation of CWA program at some level.
2. Research NAU partnership possibilities.
3. Work on BSHS curriculum.

Resource Needs – The BSHS development process is being covered through grant funds. Plans for the future CWA program and the NAU partnership will inform additional budget needs.

Facilities Needs – There are no additional facilities required at this time.

Student Impact – This program is expected to continue to experience steady increase in numbers from around the state. The need for village level health education is recognized and growing.

Behavioral Health:

A behavioral health workforce partnership has developed in recent years with funding provided for enhancements to a number of behavioral health programs. Partners include the Alaska Mental Health Trust Authority, the State of Alaska Department of Health and Social services, and the University of Alaska. In the past two years the partners have provided about $1.2 million in funding for specific behavioral health initiatives. A series of important statewide planning meetings have been held to look at program and workforce needs in this area. Having proved their worth in meeting the demand for more behavioral health workers, and providing critical steps in the behavioral health career ladder throughout the state, these programs need to be provided with sufficient ongoing funding. Progress has been made this year.

Social Work

Background-- Graduates in social work qualify for behavioral health positions in child welfare, mental health, services for the aged, family agencies, youth programs, health services, Native corporations and other social agencies. Alaska Department of Labor statistics site social work as one of the fastest growing occupations needing a minimum of a bachelor’s degree. UAF and UAA have worked together to create an educational pipeline such that Alaskans in any community can earn a bachelor’s and master’s degree in social work. UAF and UAA social work degree programs are accredited by the Council on Social Work Education (CSWE).

UAF’s BA in social work has a major emphasis in the preparation of the student for beginning social work practice with rural and Alaska Native populations. A Title IV-E entitlement grant provides stipends to senior students doing practica in child protection.
Students from across Alaska can earn their BA in social work by participating in the campus based program or audio conference distance coursework. The statewide distance delivered program contains the same curriculum, structure, and accreditation standards as the campus based program. There are slight changes in assignments tailored to meet the village communities’ unique needs.

The UAF social work department is the academic home for the Northern Region Geriatric Education Center-- the AKGEC program for the UAF campus and Interior Alaska. The purpose is to prepare present and future health care professionals to serve Alaska's growing elderly population, including those who live in remote and underserved urban areas, through continuing education training opportunities, classroom, practical and distance/telehealth education.

The UAA BSW. program is campus based, delivering a generalist social work practice curriculum. The program is the academic home for the Minor in Social Welfare Studies and the Gerontology Minor. The BSW. program recognizes exceptional performance by conferring Departmental Honors in Social Work. Similar to UAF, a Title IV-E entitlement grant provides stipends to senior students doing practica in child protection.

The MSW program offers the options of campus based courses, including graduate certificates in management and clinical practice; and a distance MSW using a hybrid delivery of face-to-face intensives at the beginning of each semester, audio conferences and web based curriculum. The statewide distance delivered program contains the same curriculum, structure, and accreditation standards as the campus based program. MSW graduates are prepared for independent practice, capable of performing various advanced generalist roles.

The Family and Youth Services Training Academy (FYSTA) on the Anchorage campus provides over 1500 contact hours/year of continuing education for professionals working in the field of child protection.

Current Status – Expansions of both the UAF and UAA distance social work programs were among the programs funded by the AMHTA/UA Behavioral Health partnership. It was projected that about 15 students could be added to each distance program. Both programs have been successful in their expansion and await additional funds to admit new cohorts of students.

The MSW program has joined the Western Consortium for Social Work Education (WCSWE) as part of an Internet course exchange, managed by the Western Interstate Commission on Higher Education (WICHE). Students from seven western states will be able to take web-based electives from consortium programs and count them toward their degrees. This partnership greatly enhances course options for student in the MSW program.
The consortium is also working with the Technology Enhanced PhD in social work program at the University of Utah (the only distance delivered PhD program in the WICHE region) to establish a “Grow Your Own” PhD plan with stipend funding for Alaskans interested in earning Ph.D. degrees while working within a UA social work program. Alaskan doctoral students would be able to teach and conduct their research in Alaska, while preparing for academic careers in the UA system.

This past summer UAA faculty visited Beijing at the invitation of the Chinese Youth University to explore possible links and exchanges with the MSW distance program and other consultations.

Future Plans –
1. Ensure continuation of the BSW and MSW distance-delivered programs.
2. Develop ties between the MSW distance program and the Chinese Youth University.
3. Work with WCSWE to develop a web-based graduate certificate in rural social work practice.
4. Secure funds for the WCSWE “Grow Your Own” PhD program.

Resource Needs – Various time-limited funding sources have been used to establish the distance social work programs. A portion of the current grant funding expires at the end of FY‘07.

Facilities Needs – In Anchorage there is a need for at least two additional faculty offices.

Student Impact – The need for additional behavioral health professionals is very high. To sustain and expand these programs will require stable funding.

Psychology

Background – Psychology graduates are needed at all academic levels, and Employment opportunities in social services remain strong in Alaska and elsewhere. In fact, psychology is considered a “high-demand” field. As evidence of this, a UAA study conducted in 2002 identified 1800 such jobs in a survey of 71 human service agencies in Southcentral Alaska alone. The educational background employers desired for these jobs ranged from a high school diploma to doctorate, but the majority of jobs were available with a bachelor’s degree (31%) or a master’s degree (14%). Two previous statewide needs assessments during the past five years pointed to an acute need for psychologists at the master’s and doctoral levels, particularly to work in rural Alaska. Up until the launching of the new doctoral program in psychology, Alaska was the only state in the union without a doctoral program in the behavioral health field.
Reflecting the high demand for mental health employment, UAF and UAA have expanded the range of psychology education programs offered. These now include: undergraduate, masters, doctoral, and a continuing education center.

Current Status – As with other behavioral health fields, psychology graduates, particularly at the master’s and doctoral levels, are in high demand. With the help of funds from the behavioral health partnership, the new joint doctoral program is underway.

- UAA has seen a 37% increase in the number of majors between 2001-2 (274 majors) and 2005-6 (347 majors). With 347 undergraduate majors, the Psychology Department at UAA has more majors than any other department in the entire State of Alaska. About 20% of the undergraduate degrees awarded by the largest college (College of Arts and Sciences) at the largest MAU (UAA) were in psychology.

- UAF has similarly experienced a 38% increase from 133 majors in 2001-2 to 215 majors in 2005-6. The department has also begun the process of instituting a service learning program that will expose undergraduate students to mental health careers. It should be noted that the entire UAF undergraduate program is significantly under resources in terms of faculty; currently we have 1.75 FTE of Fund 1 in faculty resources designated for the entire undergraduate program.

- UAA has an active Master’s Program in Clinical Psychology with 29 current students. UAF has had a Master’s Program in Community Psychology that has been available by local and distance delivery. Admission to the UAF master’s program has been suspended pending the full implementation of the new doctoral program and being able to ensure adequate resources for both programs. The majority of the graduates of this program are employed in behavioral health in rural Alaska.

- In the fall of 2006 UAF and UAA launched the new joint doctoral program in Clinical Community Psychology with a rural indigenous emphasis. The program is specifically tailored to meet the needs of Alaska and includes an extensive emphasis on the delivery of telehealth care using cutting edge technology as well as on the training of applied researchers to address the pressing behavioral health issues facing the state. There are currently 15 doctoral students in the program. One new faculty member has been added at UAF. The implementation of this program will require the addition of six additional tenure track faculty across the two departments.

- The Behavioral Health Partnership has funded the development of the Alaska Rural Behavioral Health Training Academy which provides a range of curriculum options to meet the continuing
education and training needs of the behavioral health workforce statewide.

Future Plans –
1. Ensure sufficient funding for undergraduate psychology programs at both UAF and UAA to meet the demands of students, especially sufficient faculty lines.
2. Ensure ongoing delivery of the master’s program at UAA and re-open admission to the distance delivered master’s program at UAF to allow for a continuous pathway accessible for rural students.
3. Complete the first cycle of the doctoral program; assess and revise plan as indicated; seek ongoing support.
4. Ensure funding for ongoing work and expansion of the Training Academy.
5. Make additional funds available to fund statewide distance delivery of the undergraduate degree in psychology parallel to the bachelor’s degree offered statewide in social work.

Resource Needs – Sufficient ongoing funding is an issue. Among those needs is the addition of new tenure-track faculty positions at both UAA and UAF to accommodate the huge increase in the number of psychology majors over the past five years, a period during which no additional faculty positions were added to either of the undergraduate programs. The joint doctoral program has been approved for six additional faculty positions to accommodate this highly intensive program, however, the entire workload of these six FTEs is taken up by doctoral course work, hence the new FTEs do not provide any new contribution to undergraduate of master’s education.

Facilities Needs – The number of psychology majors at UAA has increased 37% in the past five years; its space, however, has not changed in the past 30 years. Given the increasing demand for undergraduate degrees in psychology and the addition of the joint PhD program in psychology, additional space is needed at UAA. The implementation of the doctoral program, particularly with its emphasis and reliance upon video technology requires substantial network upgrades for both campuses if it will be feasible to utilize this mode of training and ultimately health service delivery.

Kenai Peninsula College offers the UAA Psychology degree at its Kenai River Campus. Demand for the program is growing and the campus graduates from 4-8 students per year. To support the expected growth in the program a dedicated lab is needed.

Student Impact – Psychology is continuing to grow as a major. Many KPC students are place-bound and want to be able to pursue their Psychology degrees on the Peninsula. With a very well respected fulltime faculty member and highly satisfied adjuncts, the campus is able to offer the entire degree so students do not
need to move to Anchorage or Fairbanks. To meet this demand and increasing interest, additional facilities at the Kenai River Campus are needed.

Community Counseling

Background – Master-level Community Counseling graduates are in great demand throughout Alaska. In order to address this demand, the School of Education at UAF has expanded its Counseling Program to include a track in Community Counseling. The UAF master’s program is available via distance delivery.

Current Status – As with other behavioral health fields, Community Counseling graduates, particularly at the master’s level, are in high demand.

Future Plans –
1. Continuation of the Community Counseling distance-delivered program.

Resource Needs – Sufficient ongoing funding is an issue.

Facilities Needs – None are currently identified.

Student Impact – Increased numbers of students can be accommodated with additional faculty.

Human Services

Background – The human services field is growing rapidly. Graduates find work in a wide variety of settings.

Current Status – The initial step on the behavioral health pathway is the Rural Human Services certificate program offered from Fairbanks in conjunction with four other rural Alaska campuses using distance methodologies. UAS Sitka has collaborated with the program and a number of students in Southeast have successfully completed this program during the last 8-10 years. UAF Rural Human Services staff come to Southeast on a regular basis and have used faculty based in Southeast for a number of years.

A wholistic, Alaska Native focused program, individuals learn to assess and deal with personal as well as client issues, becoming healthier and better prepared to help others with complex and painful problems. An initiative is underway to better coordinate this program across additional university campuses.

UAF also offers an associates degree in human services that is available on the TVC campus, through the statewide distance delivery network, and through an expanded cohort program for articulating Rural Human Services
students. Offering several concentrations, it now offers behavioral health as its lead concentration for statewide delivery. The partnership has also provided funds to expand this program, with a projected 50% of graduates moving into bachelor’s programs in social work or psychology.

UAA offers an occupational endorsement in conflict resolution and a minor in addiction studies. Its associate’s and bachelor’s programs in human services have several concentration options: general, substance abuse, family and youth, disabilities, and diversity issues.

Future Plans –
1. Work on improving collaboration between all program levels and across campuses.
2. Continue supporting the existing UAF statewide distance education delivery of human services with full funding for faculty.
3. Work on distance development of additional programs and concentrations.

Resource Needs – The human services department at UAA is seriously under-funded, both in terms of faculty positions and other academic support positions. Student numbers have grown to over 200 majors and about the same number of undeclared students who are taking human services courses and considering taking that career path. Requests for additional funding for this department have gone unheeded for several years. Personnel and student issues arise with some frequency, at least in part due to the stresses experienced by this over-extended work group.

With expanding delivery options and response to workforce needs for a new behavioral health emphasis, solid funding for the distance education faculty is still needed. More urgently, the TVC human services program has funding for one of its minimum two faculty positions. The funding of one human services TVC faculty is high priority for our statewide delivery network.

Facilities Needs – The UAA Human Services department is housed in an inadequate space. With hundreds of students to advise and only a few faculty with enclosed spaces, remodeling had to be done to provide a private area before the College advisor could go over to assist the department with this function. Plans for more appropriate space should be included in any upcoming campus facility discussions.

Student Impact – The numbers of students in these programs are burgeoning. Numbers of faculty and adequacy of space are limiting additional increases.
Disabilities Services

Background – The Center for Human Development is one of 63 federally designated University Centers for Excellence in Developmental Disabilities Education, Research and Service. It is primarily a self-supporting entity, leveraging more than $4.5 million in state and federal resources. Its more than 30 programs impact persons experiencing disabilities, those requiring long-term support, their families and friends, and staff who support them. Its Research and Evaluation Unit responds to requests for data that is often used for systems’ change.

Current Status – The following academic programs are of particular significance in statewide workforce development:

- The Learn As You Earn Program has distance delivered 2,800 credit hours of disability specialty courses. These low-tech distance courses, coupled with individualized student support and externally funded scholarships, allow often disenfranchised students in remote communities to work towards a Direct Support Specialist Occupational Endorsement (pending), Certification and an AAS degree in Disabilities at Prince William Sound Community College.
- A new Occupational Endorsement Certificate, Children’s Residential Services, developed and implemented by the Center is discussed in the Residential Services section below.
- CHD internships provide selected UAA students the opportunity to engage with persons experiencing disabilities and work on a semester project relevant to their majors. Eight credit granting, funded internships have been awarded in the last two academic years.

The following community training programs are of particular significance in statewide workforce development:

- The Summer Institute on “Best Practices Gerontology” has offered training to more than 350 professionals since summer 2004, in partnership with the Geriatric Education Center.
- The annual Full Lives Conference, attended by more than 1,700 in the last five years, is the only statewide conference that targets frontline, often entry level, direct support staff.
- Leadership Institute for Frontline Supervisors, providing intensive training to mid-management community agency professionals, has trained 107 staff since 2003.

Future Plans – Although these programs have the Center’s commitment, they have been significantly supported by grants, which are vulnerable to shifting priorities at the state and federal level. Consequently, their scope may need to be reduced (or could be expanded) depending on external funding levels and UA support. Recently, the Center has become a major partner in the Mental Health Trust Authority’s workforce development initiatives, and plans include:
1. Coordinate plans for the new Mental Health Trust Authority Regional Training Centers.
2. Incorporate CHD academic offerings with those of UA; look for hard funding when appropriate.
3. Work with community to establish career pathways with adequate compensation for direct support staff.
4. Promote the Occupational Endorsement in Direct Support Specialist in collaboration with PWSCC.
5. Continue major community training activities (Full Lives, Leadership Institute, Summer Institute, and others) with the support of other stakeholders.

Resource Needs – Because of limiting space at its old location that was restricting productivity and growth, the Center moved in summer 2005. Unfortunately this meant moving from a subsidized rental to one at market rates that was considerably more expensive. Additionally, the Geriatric Education Center, due to reduced funding, changed its plans to share the new location. The resulting deficit was covered by other funds available to the Center, but the higher rent remains a concern.

Facilities Needs – Space for the Center is now sufficient, but more expensive. Most of the Centers for Excellence in other states are located on campuses, but UAA faces its own facility shortages, making a move onto campus improbable.

Student Impact – The Learn As You Earn Program (in partnership with PWSCC) has demonstrated strong interest by non-traditional students statewide. Program demographics illustrate this: 60% are from rural/remote communities and 98% are current staff at agencies. Based on current data, we anticipate an enrollment of 300 credit hours by 30 students annually. That program has served as a model for the new OE in Residential Behavioral Health (based at UAA). Based on this, we anticipate significant impact on students who are not usually well served by the university: those in entry-level jobs, trying to gain skills while balancing work and family, often in off-road communities. Our community training programs serve a similar demographic. These have been extraordinarily successful and earn respect and collaboration from community agencies and state partners. Since inception, attendance at Full Lives Conferences averages 350 each year, participation in the Leadership Institute for Frontline Supervisors is approximately 25 staff yearly, and more than 120 gerontology support staff attend the Summer Institute annually. Although these are not necessarily counted as “students,” they are community professionals who influence others in their educational pursuits.
Residential Services

Background – The Center for Human Development at UAA was asked by the State of Alaska to assume coordination of the certificate program focused on children’s residential services (OE Certificate, Children’s Residential Services) which had been initiated by UAS. This Behavioral Health Partnership project is intended to address shortages in the children’s services continuum of care. Currently, the Center and three MAUs are involved in planning this program, with input from community behavioral health organizations.

Current Status – The UAA Faculty Senate approved the certificate program at its February 2007 meeting. The distance delivery format reaches students statewide and includes web-based instruction, seminars, and employer-based practica. The required courses are currently being offered as trial courses.

Future Plans –
1. Implement the Occupational Endorsement Certificate as an academic option beginning Fall 2007.
2. Promote the program as a career enhancement option both for people currently working in the child welfare system and for students considering this career path.
3. Develop degree articulation agreements with UAA and/or other MAUs.

Resource Needs – Development is presently funded jointly by the Mental Health Trust Authority and the University of Alaska. These funds, however, are considered soft money. While support for this program was included in the AMHTA General Fund request, it was not included in the Governor’s budget and its future support is uncertain.

Facilities Needs – None at this time.

Student Impact – The Occupational Endorsement Certificate offers opportunities for students to develop workplace competence. It is anticipated that approximately 20 students will be enrolled in each of the five courses and that a minimum of 40 students will earn the OE Certificate during the 2007-2008 academic year.

Other Health Professions:

Pharmacy

Background – The shortage of pharmacists in Alaska has been serious for many years, and reflects a national shortage. There is pressure to consider establishing a pharmacy school in Alaska, which would likely bring students from outside of the state who might be recruited to stay after graduation.
Other options include entering into partnerships with pharmacy schools in other states and developing a pre-pharmacy track or program to prepare Alaskans to enter schools elsewhere. Pharmacy schools generally require 60-70 credits for admission. A pre-pharmacy curriculum is science-heavy, with required courses in biology and chemistry predominating. A faculty work group is meeting this year to consider the options and make recommendations.

Current Status – There is no pharmacy program in Alaska at present and no clear pathway for Alaskans to prepare to enter a school elsewhere. Faculty have developed collegial relationships with the pharmacy schools of the University of Montana – Missoula and the University of Hawaii. Once a draft white paper is completed by the faculty work group, an internal discussion will commence, with external exploration to follow.

Future Plans –
1. Continue to revise faculty work group white paper and recommendations and share with deans of affected colleges and other university leadership.
2. Explore and develop partnerships with pharmacy schools.
3. Implement pre-pharmacy tracks at UAA and UAF.
4. Facilitate development of a plan for addressing the pharmacist shortage in Alaska.
5. Work toward development of a pharmacy school for Alaska if it is determined to be feasible and advisable.

Resource Needs – Grant funds have been made available to support the faculty work group this year. Future needs will be determined through the planning process. Additional faculty/sections may be needed to accommodate pre-pharmacy students in required science classes.

Facilities Needs – None at present.

Student Impact – With a pre-pharmacy track at UAA and UAF, the potential will exist for students with an interest in pharmacy to begin their relevant education in state. Pre-requisites to pharmacy schools are primarily courses in the sciences, and majors in chemistry and biology are excellent candidates for this lucrative career. It has yet to be determined what the level of interest will be in this area in terms of student demand, and how many additional students will be able to enroll in existing classes. This will be studied in the planning process in 2007-8.

Occupational/Physical Therapy

Background – There are no programs in Alaska for preparation of occupational and physical therapists. Physical therapy in particular has been an expressed need by industry for several years. Occupational therapy is of particular interest to the behavioral health community, though OTs work in a variety of
rehabilitative settings. Beginning in 2005, the College of Health and Social Welfare at UAA has worked to identify possible partnerships to bring this education to Alaskans, preferably through distance delivery. A consultant was retained to assist the College in this effort.

There were a series of positive initial discussions with Creighton University. They expressed an interest in providing a distance delivered clinical doctorate in Occupational Therapy as a first step. Creighton already has a distance OT post-professional doctoral program for therapists working in the field. They are willing to translate their entry level doctoral program into distance format, and to offer most of the program in Alaska.

However, the cost of the program is very high, $105,000, not including a 65 credit pre-professional sequence and probable summer intensives in Omaha during the clinical years. The Dean of the School of Pharmacy and Allied Health Professions flat rate contract to support a multi-year pilot program for 5-10 Alaska students. This could mean a significant reduction in the cost of the program during the pilot period.

Current Status – Plans are being made for further exploration of options for Alaskans to receive education in the therapies. It is anticipated that the options will be documented, reviewed, and recommendations made by early 2007.

Future Plans –
1. Research other options for OT/PT partnerships.
2. Complete discussion of flat rate contract with Creighton.
3. Prepare recommendations for further internal discussion.
4. Enter into partnership(s) to assist Alaskans to become clinical therapists.
5. Develop and coordinate pre-professional tracks into these programs.
6. In the future, consider the possibility of establishing UA programs in these areas.

Resource Needs – Current exploratory activities are being funded through the CHSW Dean’s Office. Future needs will depend on options chosen.

Facilities Needs – None needed presently. Future needs will depend on options chosen.

Student Impact – Expect 10-20 students in affiliated programs; perhaps 20-40 in pre-professional courses.

Speech and Language

Background – As the population ages, the demand for speech and language specialists will rise. These occupations also work with children and other adults.
Current Status – There are some speech and language courses in the College of Education at UAA. There is presently no complete program in this area.

Future Plans –
1. Consider augmenting current offerings.

Resource Needs – None at present.

Facilities Needs – None at present.

Student Impact – Not presently known.

Optical and Auditory

Background – As the population ages, optical and auditory workforce demand is likely to rise.

Current Status – There are presently no programs in these areas and none have been planned. Assessment of need and demand is required.

Future Plans – None at present.

Resource Needs – None at present.

Facilities Needs – None at present

Student Impact – Not presently known.

Dentistry

Background – Alaska does not have a dental school nor current relationships with specific dental schools outside the state. Dentists are not in short supply in urban areas, but rural areas experience a chronic shortage.

There are some organizations and individuals that believe Alaska should have its own dental school.

Current Status – The University of Washington is considering the possibility of establishing a WWAMI-like model for dental students.

Future Plans –
1. Stay in touch with UW planning for extending its dental program to other WWAMI states.
2. Develop a pre-professional track so Alaskans interested in dentistry can be more easily prepared in state.

   Resource Needs – None at present.

   Facilities Needs – None at present.

   Student Impact – Pre-professional track could generate 10 or more students per year.

Gerontology

   Background – For a number of years, UAA collaborated with the University of Washington Geriatric Education Center to provide education in geriatrics for Alaska students and providers. With support from the Center for Human Development, Federal funding was then obtained for an Alaska Geriatric Education Center (AKGEC) and a Quentin N. Burdick for Rural Interdisciplinary Training project. AKGEC activities were based in Anchorage, Fairbanks and Sitka, with administrative support provided by the Center for Human Development.

   The Geriatric Education Centers were able to provide three years of significant programming, but funding for the fourth year was eliminated unexpectedly by the U.S. Congress. No-cost extension funds were requested and approved, and the Anchorage and Sitka Centers provided educational offerings through December 31, 2006, but AKGEC staff are now waiting to see what the next budget cycle will hold with respect to geriatric health professions training.

   Because of the dramatic aging of the Alaska population, basic and continuing education in gerontology and geriatrics is imperative. It is expected that the over 65 population in Alaska will increase from its current 6% to 20% by 2025. The College of Health and Social Welfare has identified gerontology as the strategic focus area for all its programs. Its Social Work department is housing a minor in Gerontology and other units of the College are incorporating that emphasis throughout their curricula and research efforts.

   Current Status – Planning is underway to develop a gerontology certificate for those already graduated and interested in receiving additional education in this specialty.

   Future Plans –
   1. Monitor situation with GEC funding; provide continued educational offerings if feasible.
   2. Funding support from Alaska and other entities are being sought for establishing a clinical training site in geriatrics as well as professional development in this area.
3. Continue to support gerontology minor.
4. Embed gerontology and geriatrics in curricula, including distance delivered offerings developed at the Center for Human Development.

Resource Needs – With the federal budget cuts, funding for this important activity has fallen dramatically. Once it is determined if funds will be re-established in the next cycle, plans should be made to seek sufficient funding to maintain a reasonable level of effort in this area. Funding for the gerontology minor should be strengthened, and time for curriculum development supported.

Facilities Needs – None at present. Facilities need will depend on the level of activity that can be afforded. The Anchorage GEC was supposed to move into new space with the Center for Human Development which provides its administrative support, but did not because of funding uncertainty.

Student Impact – Because UAA minors are not administratively tracked, it is difficult at present to provide the total number of students currently matriculating in the gerontology minor program. However, training and educational opportunities for health care professionals, university faculty, and students provided through the AKGEC and Quentin N. Burdick programs for FY2005-6 (the third year of funding for the AKGEC and first year of the Burdick) totaled 950 individuals across 33 different training venues. Approximately 72 of the total were students who were involved in a number of different training and educational opportunities (i.e. best practice conferences, placement fairs, community engagement projects, geriatric placements or internships).

**Health Care Administration:**

Background – Health care managers have been identified by the Department of Labor as a high-priority, with several hundred additional managers at all levels needed in the next decade. There is a graduate program in health administration located at the Alaska Pacific University, offered as a component of their MBA distance program.

Current Status – At present the University of Alaska system does not have a coordinated educational pathway for health care managers, though some pieces do exist. The entry-level billing and coding (health care reimbursement) program, offered by the College of Rural and Community Development in a blended delivery model, can be viewed as the first step on a pathway that could lead to a clinic manager role. That certificate program steps into the Associate of Applied Science in Healthcare Administration at TVC. The Health Information Management associate’s degree offered by distance from the Sitka campus prepares mid-level managers in that field, though it is felt that adding a bachelor’s level program in this area is probably advisable as that is the more typical preparation for HIM directors.
The UAS distance delivered bachelor’s program in business administration faculty has begun to provide a health concentration in its BBA for interested students, as has the UAA on-campus public administration master’s program. The Rural Development program at UAF also offers a health management emphasis in its bachelor’s program, and has a related master’s program.

The BSHS development that has been mentioned several times previously is intended to include a supervisor/manager track targeting those many clinical experts with associate’s degrees who are promoted to supervisory roles.

The School of Nursing at UAA has a master’s program in health administration that is especially geared for nurse managers, but has wider applicability. And the Master’s in Public Health program also has an administration option.

There are only a small number of regular faculty with interest and expertise in this area. As part of a Department of Labor sponsored effort in 2005, some initial discussions were held with faculty and industry representatives about the educational needs for health administrators and managers in the state. One recommendation was to work first to develop the targeted bachelor’s in health administration in distance format. It would seem reasonable to proceed by coordinating efforts between the existing UAS BBA and planned BSHS track in management and supervision.

The Master’s in Health Administration (additionally, MSHA or MBA with Health emphasis) is the common terminal degree for senior-level health care executives. Because the same few faculty at UAA are teaching the health policy and administration courses for the public administration, nursing administration and public health master’s programs, there is discussion around a plan to better coordinate the delivery of those courses, with eventual development of a full health administration master’s program in distance format within the next five years.

It is anticipated that the future plans listed below will be carried out in a 2-5 year timeframe.

Future Plans –

1. Develop BSHS track in management and supervision, in collaboration with the faculty providing health courses for the existing UAS BBA program.
2. Coordinate existing graduate level health policy and administration courses being taught at UAA and UAF; ensure all are available in distance format.
3. Plan and execute development of a master’s program in health administration in distance format.
4. Market programs to the Alaska health care industry and prospective students.

Resource Needs – There may be a need to pay an individual to begin to work on curriculum development for the BSHS management track and to focus on coordination of the graduate level courses. This is being discussed in the CHSW Dean’s Office. Future resource needs will be determined in the planning and development process.

Facilities Needs – None at present.

Student Impact – This is an area for potential major growth in student numbers. Industry has been requesting additional offerings in health care administration for many years and will be involved in planning and development efforts. It is not inconceivable that these programs could attract 50 students or more.

**Other Related Activities of Note**

**Associate of Applied Science in Health Science**

Background – This program was developed to prepare UAS students either to enter direct care careers or to make application to health programs such as nursing or allied health.

Current Status – The program includes required General Education Courses, as well as a science-based core which provides the foundation needed to understand modern health care delivery. It has potential as a bridge between certificate and degree programs, and provides a degree option for those undecided about continuing into a professional program. An example would be the Community Wellness Advocate certificate program with its planned articulation into the AAS HS.

Future Plans –
1. Continue offering this program at UAS campuses.
2. Consider other possible uses for this degree, including as a bridge between certificate programs and the BSHS program now in development.

Resource Needs – None additional at this time.

Facilities Needs – None needed.

Student Impact – This may prove to be a major growth area once the pathway is more clearly developed.
Bachelor of Science in Health Science Degree

Background – The BSHS degree has been long discussed as an important and limited component of the overall health program. To date it has only one track, that of bachelor’s degree completion for the Physician Assistant Medex (University of Washington) program. However, that program is evolving to require a bachelor’s degree prior to entry into the Medex program as described in the Physician Assistant section above, and these individuals will have to have an already earned bachelor’s degree prior to applying.

There is a great need for an expanded number of tracks, to include:

- Community Health
  - Health Education/Health Promotion
  - Environmental Health
  - Behavioral and Social Gerontology
- Management
  - Informatics
  - Management/Supervision
- Allied Health Degree Completion
  - Allied Health AAS Completion
  - PA Medex Certificate Degree Completion
- Pre-Professional
  - Pre-Physician Assistant
  - Pre-Physical/Occupational Therapy
  - Pre-Pharmacy
  - Pre-Medical (alternative pathway)
- Education - Faculty

It is expected that many allied health program graduates will be interested in this degree, as well as nutrition, physical education and health education/wellness students. The degree would include a core of about 45 credits at the 300 and 400 level, as well as coursework in biomedical ethics, and one or more courses in the particular track. This degree would prepare the individual for employment or to apply to master’s degree programs in a number of fields, including public health, business and public administration, health administration, and social work.

Current Status – There is preliminary work going on this academic year to survey student interest, research other similar programs, and interface with faculty and leadership on all campuses. A development plan will be devised.

Future Plans –
1. Complete preliminary work on the BSHS expansion.
2. Complete development plan.
3. Develop additional tracks for this degree program and take them through applicable university curricular processes.
4. Implement additional tracks.
Resource Needs – Grant funds are being used this year to accomplish the preliminary work. Some resources will need to be found to continue with the program development and curricular process next year.

Facilities Needs – None needed.

Student Impact – There is high interest in the development of this degree. There are students waiting to enter. It is presently difficult to estimate the number of students that would enroll, but the number is likely to be significant.

Area Health Education Center

Background – In 2004, the School of Nursing applied for a Basic Area Health Education Center (AHEC) grant. It was the first proposal from a School of Nursing in the country; all other AHECs are located in schools of medicine. The three core functions of an AHEC are focused on bringing in kids into health careers, clinical rotations, and continuing education. All of these activities are to address access disparities related to health workforce in rural and underserved areas and populations of the state. AHECs in other states have developed as important workforce development resources, moving beyond the three core functions to include data collection and analysis, evaluation, and partnership projects in many related areas.

Current Status – The Alaska AHEC is in its second year of the initial three-year grant period. The Program Office is located in the School of Nursing. There are three Centers in Alaska serving discrete regions of the state: the interior AHEC located at the Fairbanks Memorial Hospital, an AHEC in the western region of the state housed at the Yukon Kuskokwim Health Corporation, and the south central AHEC at the Family Practice Residency Program.

Future Plans –
1. Manage, track and evaluate AHEC activities and outcomes.
2. Prepare proposal for the second three year period.
3. Seek sustained funding support from Alaska entities.
4. Add 2-3 additional centers if second phase is funded.

Resource Needs – Over the extended grant period, will need to replace all HRSA funding with secure funding from other entities. This process of achieving sustainability must be started now as it will affect the second proposal’s outcome.

Facilities Needs – None at present.

Student Impact – The impact of the AHEC on students is unlimited. With their commitment to bringing young people from the underserved and rural areas of the state into health careers, the AHEC centers carry the future of our professional programs.
Pipeline Programs

Background – There have been a myriad of health pipeline programs over the years. All have been funded through grants and other soft funding. While outcomes evaluation has not occurred in every case, there is considerable anecdotal evidence that indicates these programs have been of help in preparing students for college and/or developing self-confidence, and some have chosen to enter health careers. These programs have generally targeted high school students and early college students, usually from rural and underserved/underrepresented populations. Many have on-campus summer residencies, with college success and health content. Some provide tutoring and other support during the school year.

Current Status – Two behavioral health pipeline programs, both for college students, have recently lost federal funding. The ANPsych (Alaska Natives into Psychology) program at UAF and UAA is being sustained at a lower level through internal funds. Raven’s Quest, a UAA summer program for college students considering a career in behavioral health but without a declared major, has been discontinued.

Some other important health pipeline programs have experienced decreased funding but are still in existence, for example the UDOC/Della Keats summer enrichment program for high school students at UAA, and related NIDDK research projects. The Rural Alaska Honors Institute is continuing at UAF, but the HRSA-funded HETC Health Careers Academy has lost its funding. Denali Commission funds are supporting the Galena Grade 13-14 Health Careers pilot project, which includes a health occupations summer session, as well as student success coordinators at each MAU. As described previously, the Recruitment and Retention of Alaska Natives into Nursing (RRANN) program provides tutoring and other services, as well as stipends, to pre-clinical and clinical nursing students.

The main campuses also have a variety of enhanced student services targeted to support certain college student populations (e.g. Alaska Native, minority and rural students), including advising and tutoring services, lounges, dormitory wings, and community-building activities.

It is recognized that these pipeline programs are essentially seeking the same students: high-achieving, high-potential students from rural or underrepresented populations. There has been considerable discussion about coordinating and rationalizing these efforts to maximize use of the diminishing resources. It is anticipated that the AHEC will take a lead role in this.

Future Plans –
1. Continue health pipeline meetings to develop and implement coordination plans for these programs.
2. Seek secure funding for the program components included in this plan.
Resource Needs – Once a coordinated plan is developed, ongoing budget and other resource needs will be known.

Facilities Needs – None at present. These programs typically use space in the dorms in the summer and for some fall/winter activities. Other on-campus space is typically available as well.

Student Impact – Similar to the AHEC which is one of the pipeline programs, informing young people about opportunities in health careers, and providing them college preparatory skills as well as field-specific knowledge, will ensure a sustained flow of students into health programs into the future.

Student Success Activities

Background – As was indicated above, several of the health pipeline programs have provided student success services for health programs students, in tandem with university services for special populations and the established system of advisors at each campus. Additionally, the allied health programs have dedicated a portion of their Denali Commission funds to a special student success pilot project.

Current Status - A student success coordinator has been hired by each MAU to mobilize resources and facilitate campus connections, particularly for those health students who are taking distance delivered courses. There has been immediate recognition of the value of these coordinators.

Future Plans –
1. Secure stable funding for the student success coordinator positions.
2. Continue to plan collaborative activities across the campuses.
3. Introduce the coordinators to additional sites as workload permits.
4. Continue to develop coordinator relationships with other student success staff and initiatives on each campus.

Resource Needs – Additional funding for travel is needed, along with stable funding for health programs’ student success efforts.

Facilities Needs – None at present.

Student Impact – Besides some level of outreach activities, the student success coordinators pull together a variety of types of supplemental instruction to meet the needs of students in preparing for and succeeding in health professional education.

Health Distance Education Partnership

Background – The School of Nursing began to distance deliver its AAS program to Fairbanks and Kodiak in 2001. This was done with very minimal instructional design assistance available to faculty. As the School began to gear up to spread this and other
programs much more widely, faculty made a strong request for assistance in converting additional courses to distance formats and to improve existing courses. With many other health programs moving toward distance delivery (MPH, MSW, allied health, etc.), the need for expert instructional design consultation increased. Under the auspices of the Allied Health Alliance, an initiative was launched to garner funds to provide these services to health faculty at all campuses.

An initial phase of HDEP was the creation of a master list of all health courses that required distance design work, with some prioritization and development targets and timeframes. This list is presently in the process of being updated and the work planned accordingly. The HDEP team will also work on developing standard measures of course quality during this academic year.

Current Status – While funding continues to be patched together from grants and internal funds, the HDEP services have been a resounding and appreciated success. Just this year some of the staff have been funded with ongoing general funds. Difficult to find and recruit, most of the designers and media technicians that have made up the design team in Anchorage have been expert and skillful in supporting faculty members through course development and enhancement. A health-specific UAF design team has just recently been constituted. UAS had more experience with distance programming, and had already institutionalized their design function. They instead needed help with outreach coordination. An HDEP Coordinator works to maintain communication and collaboration between the various design teams at each campus, and to seek funds to continue these important services.

Future Plans –
1. Continue to seek sufficient and stable funding for HDEP.
2. Continue some level of process and outcomes evaluation of the HDEP effort and distance course content and delivery.
3. More thoroughly institutionalize the design function within programs needing these services.
4. Improve collaboration across MAUs and with non-health design functions on the campuses.
5. Provide more training for faculty in instructional design and distance pedagogy.

Resource Needs – More stable funding is needed, as is statewide university support for distance education in all its various aspects. Continued attention to improving technology systems across the state is essential to successfully using these modalities.

Facilities Needs – Additional smart classrooms, updated equipment and systems are needed.

Student Impact – The importance of HDEP to student opportunities is enormous. This project has provided faculty with assistance and knowledge to prepare exceptional distance health programs, making this education available to students across the state. If not for these distance offerings, many current place-committed students and graduates
would have been unable to participate in health programs and to remain in their local regions to serve the people of their communities.

**Gateway Course Availability**

Background – As part of the initial HDEP process of identifying courses requiring work, a list of “gateway” courses was included. These courses are the common pre- and co-requisites for health programs. With the programs themselves being delivered through distance technologies, their related courses also needed to be made available to distance students. The university’s statewide distance education team took on some of the responsibility for gateway course development and two basic science courses were developed.

Current Status - There is still much work to be done to add to and improve available gateway courses. This is being reassessed as part of the HDEP planning effort this year. One area of special interest is anatomy and physiology. UAS has provided a distance version of A&P for a number of years, and has added a faculty member to accommodate the growing registration for these courses. The faculty is presently working on adding more computer-assisted instruction to augment course delivery, which was logistically challenging and intense in its prior configuration. There is interest from UAF in exploring additional enhancements to the A&P offerings and a faculty work session will be scheduled during this academic year.

UAS Sitka is seeking two additional faculty members, one in microbiology and one in chemistry, to distance deliver prerequisite courses in these disciplines. The additional faculty will help to meet the growing demand by students denied access to prerequisite science courses because of place and/or time.

Future Plans –
1. Update and revise gateway course development plan.
2. Bring A&P faculty together to plan enhancements of distance courses.
3. Continue to work on distance gateway course development.

Resource Needs – Grant funds will be used for the faculty work session. Identification of resources and funds needed for additional gateway course development will occur after the plan is updated.

Facilities Needs – None at this time.

Student Impact – Making pre- and co-requisite courses available at a distance is necessary to carry out the distance-delivered health programs. Otherwise, these programs are not accessible to rural students in areas where campuses either do not exist or cannot offer such courses.
Civic Engagement

Background – UAA campuses are heavily involved with their local communities in many ways. Service learning and research is a priority expressed in UAA’s strategic and academic plans, and incorporated in virtually all health programs.

UAA has received recognition for community engagement, highlighting collaboration with its larger communities (local, regional/state, national, global). In November 2006, UAA was informed that the institution was classified by the Carnegie Foundation for Advancement of Teaching as A Community Engaged Institution. UAA is among only 62 institutions – from the thousands of U.S. colleges and universities – that meet the criteria for both Curricular Engagement and Outreach and Partnerships. The success of the application depended on the depth of commitment from the entire UAA community. In 2005, UAA received national recognition as a College with a Conscience – one of 81 national universities that exemplify excellence in civically engaging students.

Current Status – A Civic Engagement certificate was approved in 2007 and has become part of the College of Health and Social Welfare. The Certificate in Civic Engagement prepares undergraduates and people with bachelor’s degrees to become active, effective, ethical citizens in their professional and personal lives. Students from any major degree program develop the reflective, analytic and practical skills to link curricular and co-curricular learning to civic engagement through service-learning classes, internships, and community-engaged scholarship and creative activity. The Certificate is intended for motivated students committed to action for the greater good.

The Certificate program provides coherent academic pathways for enacting Community Engagement, one of four core priorities in the UAA Academic Plan 2005-2009, and a unit priority in the UA Regents’ Strategic Plan 2009.

Future Plans –
1. Market Civic Engagement certificate among UAA programs and students.
2. Increase service learning opportunities for students.
3. Seek additional funding for this program.

Resource Needs – Ongoing funding is needed for the Certificate, particularly for a .5 FTE tripartite tenure-track faculty member.

Facilities Needs – None at present.

Student Impact – Enrollment started with ten students in Year One with an expected increase of two-three students per year for a total anticipated enrollment of 18-22 new students per year four years after the initiation of the Certificate program.
Continuing Education

Background – There is not a significant amount of continuing education in many of the health professions offered by the university, though this is not true in every case. This is an area that could be developed as a self-sustaining activity, probably expanding the use of industry-based adjunct or affiliate faculty.

UAS has given the Sitka campus the responsibility for the university’s Continuing Education programs. In addition to joint efforts for geriatric education, UAS plans to partner with the UAA Center for Human Development in a workforce development project awarded by the Alaska Mental Health Trust Authority to meet the education and training goals of an initiative to address gaps in the health services workforce serving Trust beneficiaries.

Current Status – This is an area to be assessed and further developed. Most health professionals require continuing education to maintain their licensures and upgrade their skills. Typically, health care organizations either provide continuing education themselves or pay to send their employees to CE opportunities in other locations or states.

As part of a current Title III grant, UAS Sitka is actively working to continue its distance-delivered continuing education courses, including development of online delivery in a number of health care fields, including care for persons with Alzheimer’s disease.

Future Plans –
1. Convene a meeting to brainstorm what CE needs the university might serve.
2. Develop a health CE plan to increase activity in this area.
3. Involve the AHEC in developing, implementing and evaluating these efforts.
4. Explore continuing education credit opportunities at the proposed MHTA Regional Training Centers, with oversight by the Center for Human Development.

Resource Needs – Will be identified as the plan develops.

Facilities Needs – None at present.

Student Impact – Possibilities in the area of continuing education are huge. This is a largely untapped activity in the health arena.

International Studies

Background – Given Alaska’s geography, placing the state on the North Pacific Rim and as part of the Circumpolar Arctic, it is natural for the university’s faculty and students to engage in international studies and research. The health and welfare of peoples in these regions is highly interactive and similar problems occur across the globe.
Current Status – Many health programs faculty and staff are involved in international activities at all levels. Promising partnerships with universities and other institutions in Russia, China, Canada, and Scandinavia are already underway. This is an area that holds great opportunity for the University of Alaska. At present, the infrastructure that would support taking advantage of these opportunities is severely limited and require substantial improvement.

Future Plans –
1. Continue to explore international possibilities and find resources to support these initiatives.
2. Work with others to develop supportive infrastructure for international activities.

Resource Needs – Infrastructure to deal with travel, passport/visa, housing and other issues for visitors from foreign countries and UA employees traveling out of the country.


Student Impact – While this activity may initially involve small numbers of students, eventually partnerships with foreign universities and other entities could bring significant numbers of students either to University of Alaska campuses or as distance enrollees. With our geographic position in the world, Alaska is well positioned for expanding this effort, which will take some careful consideration to ensure safe and streamlined access to students from other countries, and for UA student and faculty participation in overseas opportunities.
Existing MAU and Other Strategic and Budget Planning Activities and Results: 
Summaries of Plan Elements Related to Health Programs

The University of Alaska System Strategic Plan 2009

Approved by the University of Alaska Board of Regents in September 2003, this plan describes seven major goals:

- Student Success
- Educational Quality
- Research Excellence
- Faculty and Staff Strength
- Responsiveness to State Needs
- Technology and Facility Development
- Diverse Sources of Revenue

While the university’s health programs are not specifically referenced, the goals and objectives in this global plan are directly related to health programs’ strengths and requirements.

UAA Strategic Plan/Interim Strategic Guidance

This interim document was issued in May 2006 and documents the first step in a long-term strategic plan for UAA. There are no specific references to health programs in the interim guidance. There are five priorities identified:

- Strengthen our Instructional Programs
- Reinforce our Research Mission
- Increase Student Success
- Strengthen the UAA Community
- Expand and Enhance the Public Square

UAA Academic Plan

The UAA Academic Plan was completed and accepted by the Faculty Senate on February 3, 2006. It includes several specific references to health programs, as well as general statements in its four core priority areas and six strategies and resources that encompass and support health and other programs.

The four core priority areas are as follows:

- Undergraduate Education and Scholarship
- Research, Discovery and Graduate Education
- Workforce, Career and Professional Education
- Community Engagement

The six strategies and resources are the following:

- Assessment
Direct and indirect references to health programs include:

- **Core Teaching Mission**
  - Certificate and associate degree programs in vocational and para-professional fields that support workforce development and career education
  - Certificate, associate, baccalaureate, and graduate degree programs in professional and technical fields…. 
  - Service learning courses to produce engaged, collaborative learning for students and problem-solving benefit for the community

- **Service Mission**
  - The university engages and serves its communities by offering training, education and professional expertise

- **Undergraduate Education and Scholarship Priority**
  - Ensure the academic strength and integrity of critical academic and academic support programs

- **Workforce, Career and Professional Education Priority**
  - **Health Care**
    - Add programs that complement and strengthen existing offerings to address Alaska’s physical, mental, public and behavioral health education requirements
    - Explore cooperative agreements with outside institutions
  - **Graduate and Professional Programs**
    - Strengthen graduate and professional programs to meet the expertise needs of Alaskan businesses, professions, and government

**UAA-CTC Allied Health Cluster Plan 2006-2012**

In June 2006, the Community and Technical College completed an extensive planning process around each of its career clusters, including for Allied Health Sciences. This process identified a number of allied health program development and resource needs, as follows:

- **Phase I – Projects for the next 1-3 years:**
  - Support for Dental Assisting Community Clinic – This clinic for low income individuals provides a hands-on learning laboratory for dental assisting students. While donations and fees provide some support, funds are needed to pay for the dentist consultants who work with faculty in this setting.
Support for Five Distance Delivered Programs (“Finish the Unfinished”) – Five important allied health programs currently have key faculty in grant-funded positions. To stabilize these programs, these faculty need to be moved to more stable funding. Additionally, critical instructional design and student success personnel are also required to support these distance format programs, and should be moved from vulnerable grant funding to secure funding. A concerted marketing effort needs to be made to provide information on available programs to tribal health organizations, and other rural and urban providers, campuses and residents.

Work with the College of Health and Social Welfare to expand the scope of the Bachelor’s Degree in Health Sciences.

Facility Enhancement and/or Expansion – The remodel of the dental clinic was described in the program section. The serious facility constraints experienced by the allied health programs will be addressed with construction of a new health programs building in the future.

Facilitate Donor Development for Endowment Fund – The long term success and growth of allied health programs will be much improved if endowment funds are obtained from donors outside the university system.

Science Classes in Rural Alaska High Schools – This would require the development of important partnerships with school districts, university faculty and high school teachers, as well as the Tech Prep program. These and developmental science courses are needed to bridge the gap between limited public school science offerings and the science courses (primarily biology and chemistry) required for health programs at the university level.

Paramedic Partnership – Begin to develop a partnership between campuses and industry to plan for improved and expanded paramedic programs.

Fairbanks Dental Hygiene – Assist UAF’s Tanana Valley Campus to plan for implementation of a dental hygiene program in Fairbanks.

Phase II – After Phase I:

Address Paramedic Shortage in Anchorage – Partner with the Kenai Peninsula Campus to offer paramedic courses in Anchorage.

Clinical Affiliations Outside Anchorage – Work with the Alaska AHEC to place allied health students in externships and other clinical experiences outside of Anchorage, in order to try to affect the problem of graduate distribution throughout the state.

Expansion of EMR – Electronic Medical Records are becoming part of the health care landscape. This effort will incorporate EMR concepts and content into medical assisting and health information curricula, in conjunction with UAS and UAF programs.

Pharmacist Shortage – Work with the College of Health and Social Welfare, the College of Arts and Sciences, and parallel colleges at
UAF, to develop options for students to prepare for and attend pharmacy programs. Eventual creation of a School of Pharmacy may be considered.

- Dental Hygiene – Work to expand dental hygiene admissions through support of Fairbanks program and possible increase in Anchorage admissions following completion of the dental clinic remodel.
- Dental Auxiliaries Expanded Functions – Develop program if the Alaska Legislature approves licensure for such functions.

- Phase III – 3-5 years:
  - Continuing Education Offerings – Utilizing industry experts, support employee retention through expanded continuing education opportunities.
  - Ultrasound Certificate – Develop accredited general, echo and vascular sonography program. While there are few positions limited to sonography, many hospitals and clinics in the state need their radiography staff to have this advanced training.
  - Massage Therapy Program – Assess the need to re-establish this accredited certificate program. If promising, secure an on-campus location to house it.

UAA-CHSW Strategic Plan

The strategic plan for the College of Health and Social Welfare was prepared in 2004, and is currently in the process of being updated. It includes six major initiative areas:

- Strategic Focus – Gerontology
- Physical Space
- Research
- Diversity
  - Students, faculty, staff
- Academic Program Development
  - Accreditation for Social Work, Nursing, MPH, Paralegal, and Human Services programs
  - Occupational Endorsements in behavioral health
  - OT/PT and Pharmacy partnerships with outside institutions
  - BSHS degree scope expansion and development
  - Nursing specialties in geriatrics and geropsychiatrics
  - Joint master’s degree in nursing, social work, public health
- Building a Learning Community
  - Student Success
  - Collaboration
  - Communication
  - Distance Education
  - Faculty and Scholarship Development
  - Staff Development
UAA-CHSW School of Nursing Strategic Plan

The School of Nursing has been engaged in significant planning since 2002. In the first quarter of that year, a University/Industry Task Force met to examine the nursing shortage in Alaska and to plan for an expansion of the school to more closely meet the needs of the state for new registered nurse graduates. A major project plan was laid out to accomplish doubling the number of graduates by 2006.

In late 2004, faculty, staff and leadership of the school met in an extensive strategic planning exercise to take the expanded school into its next phase of development. Several areas were targeted:

- Sustainable Funding
- Communication
- Responsiveness to Students
- Recruitment and Retention of Faculty
- Faculty Development
- Cohesive Vision
- B.S.N. Completion Program
- Clinical Site Expansion

This plan guided activities in these critical areas for two years. An update is now being conducted. While some of these tracks will continue to get attention, several new initiatives have been identified. Detailed planning for the upcoming year will be completed in November 2006.

UAF Strategic Plan

The University of Alaska Fairbanks has identified six strategic pathways to guide the university toward its vision. Each pathway is augmented by specific goals.

- Teaching and Learning for Student Success
  - Goals address faculty and program standards, experiential and distance learning, and support services and facilities
- Research and Scholarship
  - Goals address expanding and supporting research
- Enrollment and Retention
  - Goals address improving student metrics, standards, support, diversity
- Community Engagement and Economic Development
  - Goals address applied research and focus on community engagement and economic development
- Advancement and Philanthropy
  - Goals address advancement, marketing and communication
- Faculty and Staff Development
  - Goals address diversity, evaluation, recognition, staff and faculty development
Tanana Valley Campus (TVC) Strategic Plan: 2005-2015

The Tanana Valley Campus of the University of Alaska Fairbanks has as its Core Purpose: Community Driven Education. Its long term goal is to become “Alaska’s #1 choice for quality career and technical education, academic preparation and lifelong learning. Its mid-term goal is to consolidate its programs and facilities to enable students to receive instructional and support services in a unified and coordinated manner.

TVC’s short-term goals fall into four areas:
- Internal Capacity
- External Relationships
- Resources
- Programs

UAS Strategic Plan

The UAS Strategic Plan outlines goals for educational quality and specifically identifies Health Occupations as a regional priority for workforce development. The strategy for Health Occupations notes that the health industry has emerged as a major employer in Southeast Alaska. In addition, the health services sector leads all occupations in the number of workers 45 years of age or older, and faces workforce replacement issues in the next ten to fifteen years. These facts challenge UAS to become active in the preparation of health care personnel.

To respond to these challenges, UAS will:

1. Provide nursing education on all three campuses

There is a well documented need for nurses in all health care institutions in the region as a result of high turnover and the aging nurse population. This has resulted in increased interest in nursing education in all Southeast communities. UAS plans to provide regular access to nursing education with a partnership-based strategy with UAA and will:
- Expand Certified Nurse Aide (CNA) training on all three campuses, including distance delivery beyond Juneau, Ketchikan and Sitka.
- Provide the UAA Licensed Practical Nursing (LPN) program offerings “as needed” based on community needs in Juneau, Ketchikan and Sitka.
- Continue to prepare highly-qualified students to successfully participate in the UAA Associate Nursing program now scheduled for regular offerings in Juneau, Ketchikan and Sitka.
- Advise and prepare transfer students in Southeast who are pursuing the distance delivered UAA BSN completion program as part of a career ladder approach for the professional development of the regional nursing workforce.
- Collaborate with the UAA School of Nursing Recruitment and Retention of Alaska Natives into Nursing (RRANN) program to provide regional
outreach and academic support programs for Alaska Natives seeking nursing careers.

2. Provide training in selected allied health occupations on an as-needed basis

Allied health occupations experience periodic shortages in the region. Employment opportunities for these occupations are more limited and the demand for training more sporadic than the nursing profession. In addition, training programs for these professionals often require specialized accreditation. For these reasons, UAS does not seek to develop its own programs in these areas. Rather, to meet this need regionally, UAS will:

- Cooperate with UAA, UAF and other institutions for distance delivery of allied health training opportunities in the region.
- Work closely with the public school system to develop career pathways in health occupations to encourage young people into these careers.

3. Provide training in health system support

A recent survey of health care providers identified a significant and continuing need for persons training in medical records and health information management. To meet this need, UAS will:

- Increase statewide enrollments in the distance-delivered Health Information Management Certificate and Associate of Applied Sciences degree.
- Identify health management and administration training opportunities in partnership with industry.
- Collaborate with the UAS Business Department in developing the health management emphasis for the Bachelor in Business Administration degree.

4. Provide programs in behavioral health

Many Alaskan communities and health agencies experience shortages in persons trained in substance abuse and mental health, although these are among the most pressing health issues in the state. To assist in providing a trained workforce in this area, UAS will:

- Cooperate with the other MAUs in developing on-campus and distance-delivered certificate and degree programs in behavioral health.
- Develop a certificate program for behavioral health technicians.
- Continue the distance delivered Bachelors of Social Work program from UAF.
- Prepare social science students for graduate studies in social work and psychology.
Allied Health Alliance Planning Results

Since 2002, the Allied Health Alliance has met quarterly to coordinate and plan allied health programs across the University of Alaska system. The Alliance, or AHA, is an internal work group made up of deans and directors of allied health programs, as well as the Associate Vice President of Health Programs for the statewide system. At times, directors of the nursing programs participate in meetings to consider common issues and projects. The AHA regularly engages the health care industry and other partners within and outside of the university in its deliberations. It has sponsored two industry forums for intensive examination of its programs and development of plans. Each program also has an advisory committee to provide industry input into program activities.

Because planning is a key function of this group there have been several plans developed and executed over the ensuing years. In May 2006, following the second industry forum and input from allied health faculty, the AHA identified the following initiatives for the coming year:

- Get assistance with data collection and analysis process
- Develop realistic marketing plan for programs with capacity
- Establish strong links with high schools and middle schools
- Review medical laboratory preceptor manual and adapt for other programs
- Design and develop a multifaceted, cross-MAU B.S.H.S. program
- Review, redesign and sustain the Health Distance Education Partnership
- Focus on student success activities
- Prepare development plan reflecting academic plan
- Develop and accomplish implementation of partnership development process
- Facilities and technology
- Resource working groups
- Build request package to utilize SB137 funds being freed up due to taking some funded programs to base

Rural Allied Health Training Grant (Denali Commission)

One activity of the AHA for the past three years has been submission of a proposal to the Denali Commission for funds to extend allied health programs into the rural areas of the state. To date more than fifty courses have been made available in rural areas, mostly utilizing blended distance delivery models, in eight programmatic areas:

- Community Health Aide/Practitioner
- Health Care Reimbursement
- Medical Laboratory Careers
- Radiography Careers
- Dental Assisting Careers
- Pharmacy Technician
- Community Wellness Advocate
• Personal Care Attendant/Certified Nurse Assistant

Additionally, two supplemental instruction projects have been implemented: a grade 13-14 health careers project in Galena, and a student success project at all three MAUs.

FY’08 Budget Requests for Health Programs

In a recently completed budgeting process for FY’08 funding, several health-related requests were made by UAA and UAF. The proposals that went forward to the Statewide budget review are listed below.

University of Alaska Anchorage –

Budget Requests –

<table>
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<tr>
<th>Budget Item</th>
<th>Funds Required</th>
<th>Continuing? Y,N</th>
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</thead>
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<tr>
<td>MPH Faculty</td>
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<tr>
<td>Nursing Faculty</td>
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<td>Allied Health Faculty</td>
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<tr>
<td>Advising/Tutoring SON</td>
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<td>Equipment</td>
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<td>Support for GERs</td>
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<td>PWSCC Nursing</td>
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University of Alaska Fairbanks –

Budget Requests –

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<td>CRCD Allied Health</td>
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<td>CRCD CHAP</td>
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<tr>
<td>TVC Dental</td>
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University of Alaska Southeast – UAS did not include any health program related items in its FY’08 additional budget request. The budget requests listed in the table below will be requested in FY09 unless grant funding is obtained.

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<th>Budget Item</th>
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<td>PCA/CNA Faculty</td>
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</tr>
<tr>
<td>Student Success PCA/CNA</td>
<td>$50,000</td>
<td>Y</td>
</tr>
<tr>
<td>Budget Item</td>
<td>Funds Required</td>
<td>Continuing?</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Student Success CWA/AAS</td>
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</tr>
<tr>
<td>Lab Coordinator</td>
<td>$125,000</td>
<td>Y</td>
</tr>
<tr>
<td>Natural Science Faculty - 2 FTE (Gateway – Chem/Micro)</td>
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</tr>
<tr>
<td>Regional nursing/allied health/AAS programs</td>
<td>$80,000</td>
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</tr>
<tr>
<td>BBA Health Administration</td>
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</table>

**SB137 Proposals**

Because several activities previously funded with SB137 funds were covered in the base budget in FY’07, there were funds available for other uses. Health projects requesting funding through this process were reviewed by the Allied Health Alliance. The following items were submitted to the statewide workforce development office with the support of the AHA.

**University of Alaska Anchorage**

**Budget Request**

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Funds Required</th>
<th>Continuing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>RRANN Coordinator</td>
<td>$75,111</td>
<td>Y</td>
</tr>
<tr>
<td>AHEC Clinical Rotations</td>
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<td>Partial</td>
</tr>
<tr>
<td>CTC Distance Delivery</td>
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<td>CTC Student Success</td>
<td>$83,500</td>
<td>Y</td>
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<tr>
<td>Equipment - KPC</td>
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**University of Alaska Fairbanks**

**Budget Request**

<table>
<thead>
<tr>
<th>Budget Item</th>
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<th>Continuing?</th>
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<tr>
<td>CRCD Distance Education</td>
<td>$90,150</td>
<td>Y</td>
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<td>CRCD Student Success</td>
<td>$82,195</td>
<td>Y</td>
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<tr>
<td>TVC Equipment</td>
<td>$96,413</td>
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**University of Alaska Southeast** UAS did not submit any health-related proposals for the additional SB137 funds in FY’07. They do plan to request SB137 funds in FY’08 for direct services (PCA/CNA) Sitka Campus, student success, microbiology, health sciences laboratory coordinator, and possibly Community Wellness Advocate program activities.
Department of Labor Proposals

Three health-related proposals from the university were submitted in response to a Department of Labor request. None were funded during this submittal process, but a summary follows.

A request from the UAF College of Rural and Community Development would develop partnerships to promote training and employment in high demand health occupations in rural Alaska over the three years of the grant. UAF’s Tanana Valley Campus has asked for three faculty positions, in certified nurse assistant, medical/dental assistant, and behavioral health, as well as a support person and related costs. TVC is also requesting funds to complete a remodel of allied health space. The Center for Human Development at UAA, in partnership with Prince William Sound Community College, has proposed a direct support specialists training program to address the state’s long-term care needs.

Budget Request –

<table>
<thead>
<tr>
<th>Budget Item</th>
<th>Funds Required</th>
<th>Date Needed</th>
<th>Continuing? Y,N</th>
</tr>
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<tbody>
<tr>
<td>CRCD Proposal</td>
<td>$1,957,807</td>
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<td>TVC Proposal</td>
<td>$1,998,772</td>
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<tr>
<td>CHD Proposal</td>
<td>$1,870,603</td>
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Alaska Mental Health Trust Authority Workforce Strategic Plan

The AMHTA has recently adopted workforce as a key area of focus, recognizing that access issues for its beneficiaries are at least in part due to workforce shortages. AMHTA beneficiaries include those Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, or Alzheimer’s disease and related dementia. An extensive planning process around this topic was implemented and included many interested stakeholders.

The AMHTA vision for workforce development is as follows: By 2015, Beneficiaries of the Alaska Mental Health Trust shall have access to a capable, culturally competent workforce to support their communities and families across the lifespan. Areas of interest and related goals are as follows:

- Area 1: Recruitment of qualified employees
  - Goal 1 – Alaska will have 1000 new qualified employees that work with Trust beneficiaries by 2010

- Area 2: Retention of qualified employees, including incentives for the development of a qualified and compassionate workforce
  - Goal 1 – To decrease staff turnover in the workforce serving Trust beneficiaries by 20%

- Area 3: Education and training of current and future workforce
Goal 1 – By July 2008, establish three regional training cooperatives that provide and coordinate training and career development when and where the need arises
  ▪ The Center for Human Development has been funded to oversee the development and operation of these regional training centers
Goal 2 – Support and build upon existing education and training programs

Alaska State Hospital and Nursing Home Association Workforce Priorities 2006-7

In May 2006, ASHNHA held a day-long work session focused on workforce development. Following a series of presentations, ASHNHA members selected workforce priorities for the coming year. These fell into three areas, all related to advanced training, including the development of preceptor training programs for new graduates and returning health professionals, as well as specialty training for those already in the workforce:
  • Preparation for those entering the workforce
  • Education of rural expert generalists
  • Moving health care professionals into specialty areas

A task force was appointed to develop a work plan for the coming year. At its first meeting, the group determined to focus for the first year on nurses in each of these areas, with allied health and other workers to be addressed in the following year. Receipt of a Robert Wood Johnson/Rasmuson Foundation grant will provide support for developing preceptorships in each of the three target areas. A coordinator was hired to oversee this work, and a presentation of the work plan made at the ASHNHA Annual Meeting in late August.

The Associate Dean of the College of Health and Social Welfare is a member of the task force, which is evolving to be the ongoing Workforce Committee for ASHNHA. Faculty from the School of Nursing and other programs will participate in developing the preceptorship programs, and may provide didactic content for specialty preceptorships.

In an earlier process, ASHNHA also identified several priority issues related to shortages in the physician, nursing and allied health workforces.


Completed in August 2006, this report, entitled “Securing an Adequate Number of Physicians for Alaska’s Needs,” was prepared for the President of the University of Alaska and the Commissioner of Health and Social Services for the State of Alaska. An exhaustive study and analysis of the physician supply in the state, the task force came up with a series of strategic recommendations for each of four primary goals:
• Increase the in-state production of physicians by increasing the number and viability of medical school and residency positions in Alaska and for Alaskans
• Increase the recruitment of physicians to Alaska by assessing needs and coordinating recruitment efforts
• Expand and support programs that prepare Alaskans for medical careers
• Improve retention of physicians by improving the practice environment in Alaska

The overall target is to increase the number of physicians in Alaska by a net amount of 59 per year. Present experience is a net gain of only 38 per year.

Implications for the University of Alaska include recommendations to increase the size of the WWAMI class from 10 to 30 per year; increasing Alaska-based experiences and education for WWAMI students; examining the viability of establishing an Alaska medical school; expanding and coordinating programs that prepare Alaskans for careers in medicine; and developing tools that promote community-based approaches to physician recruitment and retention. Several of these items could be worked on by the Alaska Area Health Education Center; the AHEC project office is located in the School of Nursing at UAA.

Municipality of Anchorage Department of Health and Human Services Strategic Plan 2006-2010

The planning process that resulted in this recently published plan included input from several university health program leaders. It makes reference to the need to ensure “a competent and professional public health workforce” and to “increase opportunities for professional employee growth and development.”

A renewed focus on data collection and analysis may also bring the Municipality and university into closer collaborative activities.
Major Themes and Initiatives for UA Academic Health Plan

Development of major themes and initiatives has been an iterative process involving the Health Programs Alliance, our industry partners and other stakeholders. The themes listed below have evolved during this planning process and will form the overall focus for strategic efforts of the Health Programs Alliance over the next several years:

Strategic Initiatives

- **PARTNERSHIPS**: Deepen partnerships with industry and other stakeholders
- **PRIORITIES**: Determine priorities for health programs
- **CENTERS OF EXCELLENCE**: Adopt the concept of program centers of excellence
- **DISTANCE EDUCATION**: Support distance education at all levels and in all ways
- **STUDENT SUPPORT**: Aggressively develop approaches to assist the growing population of students under-prepared for admission to health programs and to support health programs students in completing their studies

Improvement Plans/Internal Processes

- **FUNDING**: Attain sustainable base funding for core functions and critical programs
- **INFRASTRUCTURE**: Develop infrastructure to maintain coordination and collaboration
  - Establish criteria for decision-making
  - Implement business processes and systems to review, coordinate and provide resources in support of plans and proposals
  - Make collaborative decisions about each proposed program change
  - Prepare action plans for program development across the system
  - Design an outcomes assessment process
- **POLICY**: Establish a mechanism to make policy recommendations to university leadership
Appendix A

2005 Health Workforce Vacancy Survey
## Vacancy Survey Respondent Types by Region - 2005

<table>
<thead>
<tr>
<th>Survey Respondents</th>
<th>Anchorage</th>
<th>Fairbanks</th>
<th>Gulf Coast</th>
<th>North and West</th>
<th>Southeast</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals/Nursing and Pioneer Home</td>
<td>11</td>
<td>2</td>
<td>7</td>
<td>5</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Outpatient Care</td>
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<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>13</td>
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<td>Public Health Clinic</td>
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<td>0</td>
<td>1</td>
<td>0</td>
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<td>Community Health Center</td>
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<td>4</td>
<td>5</td>
<td>1</td>
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<td>7</td>
<td>0</td>
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<td>56</td>
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<td>0</td>
<td>1</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>2</td>
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<td>0</td>
<td>1</td>
<td>8</td>
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<td>3</td>
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<td>0</td>
<td>1</td>
<td>5</td>
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<tr>
<td>Hearing</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>Speech/Language</td>
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<td>0</td>
<td>0</td>
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<td>1</td>
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<td>1</td>
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<td>Other Services</td>
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<td>0</td>
<td>0</td>
<td>1</td>
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<tr>
<td><strong>TOTALS</strong></td>
<td><strong>133</strong></td>
<td><strong>39</strong></td>
<td><strong>41</strong></td>
<td><strong>13</strong></td>
<td><strong>44</strong></td>
<td><strong>270</strong></td>
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Note: Five additional organizations responded but there was no indication of their location.
<table>
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<th>POSITION</th>
<th>POSITIONS</th>
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<th>VACANCY RATE</th>
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</tr>
<tr>
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</tr>
<tr>
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<tr>
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<td>11%</td>
</tr>
<tr>
<td>Dental Health Aide</td>
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<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Dental Health Aide Therapist</td>
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<td>20%</td>
</tr>
<tr>
<td>Dental Hygienist</td>
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<tr>
<td>Dental Lab Technician</td>
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</tr>
<tr>
<td>Dialysis Technician</td>
<td>20</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Echocardiography Technician</td>
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<tr>
<td>EEG Technician</td>
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<td>0%</td>
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<tr>
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<td>EMT/ETT</td>
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<tr>
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<tr>
<td>Mammographer</td>
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<tr>
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<tr>
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<tr>
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</tr>
<tr>
<td>MRI/CT Technician</td>
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</tr>
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</tr>
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<tr>
<td>Sterile Processing Technician</td>
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<tr>
<td>-----------------------------------------------------------</td>
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<tr>
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</tr>
<tr>
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</tr>
<tr>
<td>TOTAL</td>
<td>3165</td>
<td>322</td>
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**Professions/Therapies**

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<th>Professions/Therapies</th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Dentist</td>
<td>152</td>
<td>10</td>
<td>7%</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>32</td>
<td>9</td>
<td>28%</td>
</tr>
<tr>
<td>Pediatric Dentist</td>
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<td>50%</td>
</tr>
<tr>
<td>Pharmacist</td>
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</tr>
<tr>
<td>Physical Therapist</td>
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</tr>
<tr>
<td>Speech Therapist</td>
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<tr>
<td>Speech-Language Pathologist</td>
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</tr>
<tr>
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**Behavioral Health**

<table>
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<tbody>
<tr>
<td>Behavioral Health Aide</td>
<td>65</td>
<td>7</td>
<td>11%</td>
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<tr>
<td>Behavioral Health Clinian</td>
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</tr>
<tr>
<td>Chemical Dependency Counselor</td>
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<td>Counselor</td>
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<tr>
<td>Family Crisis</td>
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</tr>
<tr>
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<tr>
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<td>6%</td>
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<tr>
<td>Psychiatric Nurse</td>
<td>32</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioner</td>
<td>15</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Psychiatric Technician</td>
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<td>1</td>
<td>6%</td>
</tr>
<tr>
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</tr>
<tr>
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</tr>
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<td>Social Work Assistant</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
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<td>36%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>901</td>
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**Professional Nurses**

<table>
<thead>
<tr>
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<tr>
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<td>50%</td>
</tr>
<tr>
<td>Case Manager/Nurse Case Manager</td>
<td>87</td>
<td>12</td>
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</tr>
<tr>
<td>Family Nurse Practitioner</td>
<td>150</td>
<td>21</td>
<td>14%</td>
</tr>
<tr>
<td>Nurse Anesthetist</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Nurse Educator</td>
<td>3</td>
<td>1</td>
<td>33%</td>
</tr>
<tr>
<td>Nurse Executive/Director of Nursing</td>
<td>18</td>
<td>3</td>
<td>17%</td>
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<p>| TOTAL                                                     |        |        |    |</p>
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<tr>
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<th>Full-time Equivalent</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Nurse Manager</td>
<td>68</td>
<td>9</td>
<td>13%</td>
</tr>
<tr>
<td>Nurse Supervisor/Head Nurse</td>
<td>186</td>
<td>5</td>
<td>3%</td>
</tr>
<tr>
<td>Nurse-Midwife</td>
<td>15</td>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioner</td>
<td>5</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Psychiatric Nurse</td>
<td>32</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioner</td>
<td>15</td>
<td>4</td>
<td>27%</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>23</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>3188</td>
<td>272</td>
<td>9%</td>
</tr>
<tr>
<td>Women's Health Care Nurse Practitioner</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>3803</td>
<td>335</td>
<td>9%</td>
</tr>
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</table>

| Other Nursing Staff                          |       |                      |            |
| Assisted Living Aide                         | 29    | 4                    | 14%        |
| Certified Nurse Assistant                    | 1240  | 143                  | 12%        |
| Homemaker                                    | 12    | 0                    | 0%         |
| Home Health Aide                             | 24    | 8                    | 33%        |
| Licensed Practical Nurse                     | 389   | 53                   | 14%        |
| Personal Care Attendant                       | 1060  | 84                   | 8%         |
| **TOTAL**                                    | 2754  | 292                  | 11%        |

<p>| Physicians                                   |       |                      |            |
| Allergist                                    | 1     | 0                    | 0%         |
| Anesthesiologist                             | 15    | 3                    | 20%        |
| Cardiothoracic Surgeon                       | 2     | 0                    | 0%         |
| Clinical Director                            | 1     | 0                    | 0%         |
| Dermatologist                                | 1     | 0                    | 0%         |
| Diabetes Physician                           | 1     | 0                    | 0%         |
| Emergency Physician                          | 6     | 0                    | 0%         |
| Endocrinologist                              | 1     | 0                    | 0%         |
| Family Practice Physician                    | 150   | 21                   | 14%        |
| Gastroenterologist                           | 8     | 0                    | 0%         |
| General Internist                            | 28    | 1                    | 4%         |
| General Surgeon                              | 16    | 0                    | 0%         |
| Medical Director                             | 1     | 0                    | 0%         |
| Nephrologist                                 | 1     | 1                    | 100%       |
| Neurologist                                  | 1     | 0                    | 0%         |
| Obstetrician/Gynecologist                    | 18    | 0                    | 0%         |
| Ophthalmologist                              | 1     | 0                    | 0%         |
| Orthopedic Surgeon                           | 5     | 0                    | 0%         |
| Otorhinolaryngologist                        | 2     | 0                    | 0%         |
| Pediatric Gastroenterologist                 | 1     | 1                    | 100%       |
| Pediatric Surgeon                            | 3     | 2                    | 67%        |
| Pediatrician                                 | 28    | 3                    | 11%        |
| Physician                                    | 18    | 0                    | 0%         |
| Physician Specialists                        | 98    | 9                    | 9%         |
| Psychiatrist                                 | 20    | 4                    | 20%        |</p>
<table>
<thead>
<tr>
<th>Position</th>
<th>Male</th>
<th>Female</th>
<th>Percentage</th>
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<tr>
<td>Pulmonologist</td>
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<tr>
<td>Radiation Oncologist</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>Radiologist</td>
<td>9</td>
<td>2</td>
<td>22%</td>
</tr>
<tr>
<td>Urgent Care Physician</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Urologist</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<table>
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<tbody>
<tr>
<td>Community Health Aide/Practitioner</td>
<td>460</td>
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<tr>
<td>Family Nurse Practitioner</td>
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<td>14%</td>
</tr>
<tr>
<td>Nurse-Midwife</td>
<td>15</td>
<td>7%</td>
</tr>
<tr>
<td>Pediatric Nurse Practitioner</td>
<td>5</td>
<td>0%</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>99</td>
<td>24%</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioner</td>
<td>15</td>
<td>27%</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>23</td>
<td>9%</td>
</tr>
<tr>
<td>Women's Health Care Nurse Practitioner</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<table>
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<tr>
<td>Administrator</td>
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<td>0%</td>
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<tr>
<td>Business Manager</td>
<td>97</td>
<td>4%</td>
</tr>
<tr>
<td>Chief Executive Officer/President</td>
<td>32</td>
<td>3%</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>34</td>
<td>9%</td>
</tr>
<tr>
<td>Chief Information Officer</td>
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<tr>
<td>Executive Director</td>
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<td>3%</td>
</tr>
<tr>
<td>Food Service Manager/Supervisor</td>
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</tr>
<tr>
<td>General/Operations Manager</td>
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</tr>
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<tr>
<td>Health Information Director/Manager</td>
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<td>6%</td>
</tr>
<tr>
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<tr>
<td>Medical Director</td>
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<td>0%</td>
</tr>
<tr>
<td>Nurse Executive/Director of Nursing</td>
<td>18</td>
<td>17%</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>68</td>
<td>13%</td>
</tr>
<tr>
<td>Nurse Supervisor/Head Nurse</td>
<td>186</td>
<td>3%</td>
</tr>
<tr>
<td>Nutritionist Manager</td>
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<tr>
<td>Office Manager</td>
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<tr>
<td>Vice President</td>
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<tr>
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### Health Information/Reimbursement

<table>
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<th>Count</th>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Clerk/Technician</td>
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</tr>
<tr>
<td>Billing Secretary</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Billing Specialist</td>
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</tr>
<tr>
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</tr>
<tr>
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</tr>
<tr>
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<tr>
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<td><strong>TOTAL</strong></td>
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### Secretarial/Accounting

<table>
<thead>
<tr>
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</tr>
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</tr>
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<tr>
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</tr>
<tr>
<td>Inventory Clerk</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Medical Secretary</td>
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<td>6</td>
<td>13%</td>
</tr>
<tr>
<td>Office Assistant</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Office Coordinator</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Office Manager</td>
<td>89</td>
<td>4</td>
<td>4%</td>
</tr>
<tr>
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<td>1</td>
<td>33%</td>
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<tr>
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### Public Health/Nutrition

<table>
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<th>Percentage</th>
</tr>
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<td>Community Wellness Advocate</td>
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</tr>
<tr>
<td>Role</td>
<td>Number</td>
<td>Full-time</td>
<td>Percentage</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------</td>
<td>-----------</td>
<td>------------</td>
</tr>
<tr>
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</tr>
<tr>
<td>Epidemiologist</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Epidemiology Nurse</td>
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<td>0%</td>
</tr>
<tr>
<td>Health Educator</td>
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<td>6%</td>
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<tr>
<td>Nutrition Educator</td>
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<td>0%</td>
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<td>Nutritionist</td>
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</tr>
<tr>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Public Health Nurse</td>
<td>24</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Village Health Educator</td>
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<td>4</td>
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</tr>
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<table>
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<th>Percentage</th>
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<tr>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>DMC Sales Manager</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Medical Equipment Preparer</td>
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<td>0%</td>
</tr>
<tr>
<td>Medical Equipment Repairer</td>
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<td>5%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>36</td>
<td>1</td>
<td>3%</td>
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<table>
<thead>
<tr>
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<th>Number</th>
<th>Full-time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cook</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Dietician</td>
<td>41</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>Dining/Food Service Worker</td>
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<td>1</td>
<td>20%</td>
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<tr>
<td>Direct Plant Operations</td>
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<tr>
<td>Facilities Maintenance</td>
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<td>0%</td>
</tr>
<tr>
<td>Facilities Technician</td>
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<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>IT Staff</td>
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Note: 2005 survey results from 32 facilities (hospitals and nursing homes), and 243 other Alaska health care organizations; N = 275.
Appendix B

Alaska Department of Labor Health Workforce Projections

2002-2012
## Health Care Occupations Working in All Industries

**Industry Staffing Patterns** -- Core Healthcare: Hospitals, Outpatient, Physician & Dentist Offices and Healthcare and Social Assistance Residual

Prepared for the AWIB Healthcare Industry Workforce Readiness Meeting -- February 2005

Department of Labor and Workforce Development, Research & Analysis Section

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Footnotes:
1. The following industry sectors are included in this analysis: NAICS 6211, 6212, 6213, 622 and 629 (629 includes the healthcare and social assistance residual). Only occupations with estimated health industry employment greater than nine are included.

Health Industry Employment
2. 2002 estimated employment within the healthcare industry
3. Percentage of health industry employment represented by this occupation (2002)
6. 2012 projected employment
8. 2002-2012 numeric change
9. 2002-2012 percentage change

All Industry Employment
5. 2002 estimated employment across all industries
7. 2012 projected employment across all industries
10. 2002-2012 percent change across all industries

May 2003 Statewide Wages (not industry specific)
11. Average hourly wage (May 2003)
12. Entry-level hourly wage (May 2003)

Worker Availability (not industry specific)
13. Percentage of occupational employment held by non-residents (2002) using the PFD residency definition

Replacement Needs (not industry specific)
15. Percentage of workers 50 years of age and over (2002)

**Training Priority (not industry specific)**

16. Occupations are ranked in ascending order based on six criteria (e.g. dental assistants ranked 74, across all industries, for priority consideration)

Training criteria were determined by the AWIB’s Workforce Readiness Committee and included the size of the occupation, projected numeric increase, average wage rates, projected growth rate, estimated number of non-resident workers and the estimated number of workers 50+ years of age. “All Other” occupations and those without ranking data (e.g. wage or non-resident data) were excluded from the ranking.

**Miscellaneous**

17. Employment totals include only those occupations showing on this spreadsheet. “Hidden” rows are not included in these numbers.
## Non-Health Care Occupations Working in the Health Care Industry

### Industry Staffing Patterns¹ -- Core Healthcare: Hospitals, Outpatient, Physician & Dentist Offices and Healthcare and Social Assistance Residual

Prepared for the AWIB Healthcare Industry Workforce Readiness Meeting -- February 2005

Department of Labor and Workforce Development, Research & Analysis Section

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<td>Employment Total -- Core Health Industry (2012)³</td>
<td>Intra-Industry Numeric Change ⁴</td>
<td>Intra-Industry Growth Rate %⁵</td>
<td>Entry-Level Hourly Wage ¹²</td>
<td>Non-Resident Workers %¹³</td>
<td>Workers 50+ %¹⁴</td>
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**Totals**

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First Professional Degree
- Doctoral Degree
- Master's Degree
- Work Experience Plus a Bachelor's Degree or Higher

Bachelor's Degree
- Associate Degree

Postsecondary Vocational Training
- Work Experience in a Related Occupation
- Long-term OJT
- Moderate-term OJT
- Short-term OJT

Footnotes:
1. The following industry sectors are included in this analysis: NAICS 6211, 6212, 6214, 622 and 629 (629 includes the healthcare and social assistance residual). Only occupations with estimated health industry employment greater than nine are included.
2. 2002 estimated employment within the healthcare industry
3. Percentage of health industry employment represented by this occupation (2002)
6. 2012 projected employment
8. 2002-2012 numeric change
9. 2002-2012 percentage change

All Industry Employment
5. 2002 estimated employment across all industries
7. 2012 projected employment across all industries
10. 2002-2012 percent change across all industries

May 2003 Statewide Wages (not industry specific)
11. Average hourly wage (May 2003)
12. Entry-level hourly wage (May 2003)

Worker Availability (not industry specific)
13. Percentage of occupational employment held by non-residents (2002) using the PFD residency definition

Replacement Needs (not industry specific)
15. Percentage of workers 50 years of age and over (2002)

Training Priority (not industry specific)
16. Occupations are ranked in ascending order based on six criteria (e.g. dental assistants ranked 74, across all industries, for priority consideration)

Training criteria were determined by the AWIB's Workforce Readiness Committee and included the size of the occupation, projected numeric increase, average wage rates, projected growth rate, estimated number of non-resident workers and the estimated number of workers 50+ years of age. "All Other" occupations and those without ranking data (e.g. wage or non-resident data) were excluded from the ranking.

Miscellaneous
17. Employment totals include only those occupations showing on this spreadsheet. "Hidden" rows are not included in these numbers.
Appendix C

University of Alaska Health Students

2001-2005
## UNIVERSITY OF ALASKA HEALTH PROGRAMS

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**TOTAL MEDICAL OFFICE/HEALTH INFORMATION**

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<td>TOTAL HUMAN SERVICES</td>
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## DISABILITIES SERVICES:

<table>
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<tr>
<th>Program</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabilities Services - Learn as you Earn (Certificate/AAS)</td>
<td>X 35 41 30 19 23 0 4 6 5 5</td>
</tr>
<tr>
<td>Project Success (Courses)</td>
<td>X 27 31 33 34 66</td>
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<td><strong>TOTAL DISABILITIES SERVICES</strong></td>
<td>62 72 63 53 89 0 4 6 5 5</td>
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<table>
<thead>
<tr>
<th>Program</th>
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</tr>
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<tbody>
<tr>
<td><strong>TOTAL BEHAVIORAL HEALTH PROGRAMS</strong></td>
<td>1110 1167 1242 1353 1374 258 260 267 306 306</td>
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<table>
<thead>
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<th>Program</th>
<th>Enrollment</th>
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</thead>
<tbody>
<tr>
<td><strong>TOTAL HEALTH PROGRAMS</strong></td>
<td>2612 3013 3519 4044 4330 836 1011 1001 1201 1298</td>
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<table>
<thead>
<tr>
<th>Program</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAA Programs</td>
<td>X 1929 2232 2615 3131 3359 495 597 554 752 833</td>
</tr>
<tr>
<td>UAF Programs</td>
<td>X 612 693 817 749 739 301 370 395 371 338</td>
</tr>
<tr>
<td>UAS Programs</td>
<td>X 71 88 87 164 232 40 44 52 78 127</td>
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<tr>
<td><strong>Total All MAUs</strong></td>
<td>2612 3013 3519 4044 4330 836 1011 1001 1201 1298</td>
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### 2005 Health Programs:

<table>
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<tr>
<th>Program</th>
<th>Enrollment</th>
<th>Awards</th>
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<tbody>
<tr>
<td></td>
<td>UAA UAF UAS</td>
<td>UAA UAF UAS</td>
</tr>
<tr>
<td>Allied Health</td>
<td>75% 19% 6%</td>
<td>71% 24% 5%</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>77% 23% 0%</td>
<td>75% 25% 0%</td>
</tr>
<tr>
<td>Nursing</td>
<td>85% 7% 7%</td>
<td>51% 29% 19%</td>
</tr>
<tr>
<td>Other</td>
<td>48% 36% 16%</td>
<td>50% 25% 25%</td>
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<tr>
<td><strong>Total Health Programs</strong></td>
<td>78% 17% 5%</td>
<td>64% 26% 10%</td>
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</table>
Appendix D

Health Program Plan Grid
<table>
<thead>
<tr>
<th>Field</th>
<th>Program</th>
<th>Plans</th>
<th>Resource Needs</th>
<th>Student Impact</th>
</tr>
</thead>
</table>
| **Allied Health**        | Radiographic Careers (Radiologic Technology, Limited Radiographer)       | 1. Secure funding for faculty in FY’08.  
2. Further deploy limited radiography program.  
3. Roll out Bethel and Kenai AAS sites in FY ’07 and ’08.  
4. Add an ultrasound program in FY’09. | Secure funding for additional faculty member. Additional faculty for Ultrasound. Funds for travel in support of outreach sites. Compensation for local mentors. Clinical practice space available on campus. | Limited Radiography projects 45 students per year; could expand to another 20 students per year. AAS projects 26-29 graduates per year; ~ half outside Anchorage. Ultrasound program would potentially graduate 6 students in 2010 and 9-10 in following years. |
| **Certificate in Pre-Radiological Technology Qualifications (CPRTQ)** | 1. Continue offering at UAS campuses as part of the regional UAS Health Sciences program. | Continued support, development and expansion of the UAA Radiologic Technology program required. |                                                                                           | In 2006, 6 enrolled students. Will continue to prepare students for the two slots open in the AAS program annually in the region. |
| **Clinical Laboratory Careers (Phlebotomist, Clinical Assistant, Medical Laboratory Technology AAS, Medical Technologist BS)** | 1. Continue to offer phlebotomy and clinical assistant programs; market for further distribution in Alaska.  
2. Develop distance MLT.  
3. Assess ability to offer a distance MT.  
4. If not, affiliate with distance MT programs in other institutions. | Additional faculty member needed. Additional travel funds to support the outreach component. Compensation for local mentors. Space is barrier to growth in Anchorage and Fairbanks. |                                                                                           | Expansion of phlebotomy and clinical assisting programs increase 10-15 students for a total of 80-85 per year. When the AAS in MLT is ready for distance delivery the estimates for graduates per year will initially be 4-7 and once fully operational 10 per year. |
<p>| Dental Assisting | 1. Complete distance dental assisting program pilot; refine courses. 2. Distribute to additional sites. 3. Remodel the Anchorage dental clinic. 4. Seek accreditation for the Fairbanks program. 5. Explore future role of UAA in the training of dental health aides and therapists. | More secure funding required. The dental assisting program in Fairbanks needs another faculty member to accommodate growing demand and needs at rural campuses. A $3.5 million remodel of the dental clinic in Anchorage is planned in summer 2007. | Estimates for additional UAA student enrollments for FY'08 are 5-7 and in FY'09 7-10. |
| Dental Hygiene | 1. Secure accreditation of a Fairbanks hygiene program. 2. Implement UAF program in January 2008. 3. Continue efforts to make Anchorage program more accessible. | UAF implementation will require ongoing support from a secure funding source. Further development of UAA program enabled with completion of the clinic remodel. TVC needs patient reception and secure records storage prior to accreditation. | Increase to 14 student graduates per year in the AAS at UAA. Expect 6 in UAF program. |
| Emergency Medical Services/Paramedic | 1. Continue faculty work group; involve Mat-Su and Sitka. 2. Complete Occupational Endorsement (OE) in Paramedical Technology in Sitka. 3. Bring in campus leadership to assist in program planning. 4. Complete demand analysis survey and recommendations for paramedic expansion. | Resource needs will be determined through the planning process. The simulation labs in Fairbanks and Kenai are undersized. Additional space and patient simulators needed. Sitka Health Sciences lab will require one high tech simulator. | Current programs fill to capacity. The results of the demand analysis for paramedics could suggest more graduates are needed to meet workforce needs. Decisions will be made in the future based on this information and cost benefits. |</p>
<table>
<thead>
<tr>
<th>Pharmacy Technician</th>
<th>1. Add one-credit component; obtain approval for occupational endorsement. 2. Market program more widely across the state particularly to high schools and those already in the field.</th>
<th>Sustainability will require more secure funding be obtained. Resources for marketing the program are needed. There is a need for faculty office/work space.</th>
<th>The OE will increase catalog clarity for this program; increased marketing could add 20 students per year.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information/ Medical Office</td>
<td>1. Continue to convene faculty work group to focus on curriculum articulation, delivery methods, and informational materials. 2. Explore ways to incorporate content on electronic medical records and other technology into all program offerings. 3. Implement informing health care industry about available programs.</td>
<td>Secure funding sources will need to be found to continue both development and deployment of these programs, including faculty personnel and travel costs. An additional faculty member located in Fairbanks is needed.</td>
<td>It is expected that several additional students will be enrolled in the HIM AAS program, and the Coding Specialist and Privacy certificate programs.</td>
</tr>
<tr>
<td>Medical Assisting</td>
<td>1. Develop and deploy a distance-delivered version of medical assisting. 2. Convene a meeting of medical assisting faculty to work on curriculum. 3. Expand offerings at UAA and UAF to meet demand. 4. Identify travel funds for oversight of rural programs through TVC/CRCD.</td>
<td>Stable funding is needed. There is also a need for an additional faculty member to provide instruction during distance development. UAF needs an additional faculty member for local and rural expansion. UAF is seeking remodel funds.</td>
<td>By adding some key demand classes and targeted marketing to meet the massive workforce needs for medical assisting an increase 40 students per year is expected.</td>
</tr>
<tr>
<td>Program</td>
<td>Action</td>
<td>Notes</td>
<td></td>
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<tr>
<td>-------------------------------</td>
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</tr>
<tr>
<td>Massage Therapy</td>
<td>1. Continue to assess need to re-establish program when physical facilities are available. 2. Support ongoing continuing education program.</td>
<td>The lack of an appropriate facility was a major factor in closing the basic massage therapy program. This problem would have to be addressed if it is decided to re-establish the program. Changing this program into continuing education until facility capacity addressed has drawn 10 students in its first year. Estimates for enrollment are expected to increase to 20 in FY’08.</td>
<td></td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>1. Periodically re-evaluate the feasibility of offering a respiratory therapy program. None at present.</td>
<td>It is expected there will be interest in this area if industry demand continues to increase. This is a critical career.</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy Assistant</td>
<td>1. Continue to monitor and participate in affiliation discussions. 2. If affiliation is implemented, provide local support and evaluate success. 3. If apparent this is sustainable, plan for starting an Alaska program within the next three years. None at present. If an affiliation is developed, will require someone in the university system to coordinate in-state program and student activities, and some space for a faculty office and a classroom/skills lab.</td>
<td>Discussion about affiliate program has been to begin with cohorts of 5-8 students and increase over time to 10-12. Further assessment will help to develop a more considered number.</td>
<td></td>
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<tr>
<td>Medicine</td>
<td>WWAMI School of Medicine 1. Prepare for expansion of WWAMI program. 2. Work with the University of Washington to bring the second year program to Alaska. 3. Review task force report for additional university activities related to relieving the growing shortage of physicians in the state and develop plans accordingly.</td>
<td>An estimate of incremental costs related to expanding the WWAMI program and other options has been made. It is not likely that additional pre-requisite course seats will be required. Courses taken in Anchorage by the admitted WWAMI students will need to expand. Facilities required include additional faculty offices, larger classrooms, computer and other labs. In 2005-6 there were nearly 8 applicants for each of Alaska WWAMI’s 10 slots. Plan is to double seats now and later triple.</td>
<td></td>
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<tr>
<td>Role</td>
<td>Tasks</td>
<td>Budgetary Needs</td>
<td>With Satellite Status, the Number of Students Would About Double from 10 to 18-20.</td>
</tr>
<tr>
<td>---------------------------</td>
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| Physician Assistant       | 1. Participate in discussions regarding changes to master’s degree, including development of additional BSHS tracks.  
2. Continue to engage in dialogue regarding satellite status and respond when opportunity arises.  
3. Continue to recruit and support students from throughout Alaska. | Budgetary needs will increase as student numbers rise. Becoming a satellite site will require planning for either providing more program space or utilizing existing skills lab space on campus. | With satellite status, the number of students would about double from 10 to 18-20. |
| Community Health          | 1. Complete development of distance education center.  
2. Package Pre-Session course; make it available to health organizations.  
3. Continue to provide support for distance ed course development.  
4. Coordinate AAS requirements with UAA BSHS program to facilitate professional advancement of CHA/Ps into the physician assistant and other health care professions. | Plans for sustainability needed; secure funding for academic liaison. Distance resources for personnel and equipment needs more sustainable funding. The Alaska Native Tribal Health Consortium would like the university to consider including its Anchorage Training Center in the new health programs building in Anchorage. | Further implementing the pre-session distance course could be used to bring many interested individuals into CHAP. Several cohorts of from 10-20 students could be taught each year. Working more closely with the CHAP system will help to make stronger links between the university and CHA/Ps as they move through their training levels and potentially into other health careers. |
| Nursing                   | 1. Package distance courses for distribution to faculty around the system.  
2. Develop a CD version of the course for use in regions with limited Internet connectivity.  
3. Work on continuing education opportunities for these direct service workers. | Need sustainable funding. In particular, funding faculty (often adjuncts), traveling to distance sites for clinical observation, and engaging local nurses to supervise clinicals, will be required. TVC is seeking funds to remodel space for CNA labs. | Current PCA and CNA programs serve over 200 students per year. Providing additional locations and sections for these programs could bring an 100-200 more enrolled students without exceeding industry demand. |
<table>
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<tr>
<th>Practical Nurse</th>
<th>Certificate in Pre-Nursing Qualifications (CPNQ)</th>
<th>Nursing (Associates Degree)</th>
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</thead>
<tbody>
<tr>
<td>1. Develop and implement a plan to suspend this program prior to December 2007.</td>
<td>1. Continue offering this certificate program at UAS regional campuses.</td>
<td>1. Plan for additional outreach sites.</td>
</tr>
<tr>
<td>The program will continue to require resources at least through December 2007.</td>
<td>None additional at this time.</td>
<td>2. Ensure continuation of extensive instructional design support for faculty.</td>
</tr>
<tr>
<td>In AY06 there are 61 enrolled majors; many of these will enroll in nursing programs prior to completion of all certificate requirements with a 10% graduation rate anticipated. Admission is suspended after the 2007 cohort. Students seeking PN education are currently being referred to AVTEC.</td>
<td></td>
<td>3. Consider addition of second Anchorage cohort.</td>
</tr>
<tr>
<td>Other areas of the state are contemplating beginning similar efforts.</td>
<td></td>
<td>4. Develop simulation resources to expand ability to accommodate more students in cohorts.</td>
</tr>
<tr>
<td>A maximum of 52 additional students is anticipated on full deployment of the AAS program across the state. Access to AAS nursing education has improved dramatically with the addition of the outreach sites. Increasing the number of increased opportunities for place-committed students to enroll. Working on expanding geriatric and rural components.</td>
<td></td>
<td>5. Identify sufficient funding to maintain the expanded AAS program.</td>
</tr>
<tr>
<td>University salary levels are not competitive; a thorough market survey is needed. Need funding needed to move the School off dependence on industry donations and secure simulation technology. Secure funding needed to move the AAS program. Construction of a classroom and office space is very tight and at maximum capacity.</td>
<td></td>
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</tr>
<tr>
<td>In Anchorage, skills and computer labs have no room for growth or the addition of a simulation theater. Office space is very tight and at maximum capacity. Construction of a classroom and office is needed at the Homer campus.</td>
<td></td>
<td></td>
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<tr>
<td>Program</td>
<td>Tasks</td>
<td>Additional Requirements</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
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| RN-to-BSN Program                           | 1. Complete all aspects of this updated and improved program.  
2. Identify faculty to focus attention on this program and its students.  
3. Carry out an extensive informational campaign about the program and the changes that have been made. | An additional faculty member will be needed.                                                             | With marketing and improvement of courses via distance, along with growing numbers of AAS graduates in outreach sites and hospital’s move toward Magnet status, this program is expected to attract increasing numbers of nurses across the state. There is significant capacity for growth in this area. |
| Nursing Science (Bachelor’s Degree)         | 1. Perform market survey of faculty salaries; assess cost of bringing all salaries to market with housing considered.  
2. Find funding to cover increased salary costs; implement competitive salary structure.  
3. Successfully recruit to fill all vacant positions; utilize a recruitment agency to assist in this process. | Large classroom space too limited. Will be short 3-4 offices once all positions are filled. Skills laboratories are adequate but tight. A simulation theater could be utilized to augment clinical experiences if space and other resources were found for its development. | Critical here is to maintain resources sufficient to sustain the expanded number of students at 120 seats per year. The trimester model results in students completing the major in five consecutive semesters. Working on expanding geriatric and rural components. |
| Nurse Practitioner (Master’s Degrees/Certificates) | 1. Inform Alaska nurses and employers about these programs.  
2. Plan for increasing numbers once the applicant pool is larger.  
3. Work on the course and program design to enhance availability and completion. | Will require additional faculty. Faculty at doctoral level especially difficult to recruit. An FNP program coordinator will need to be recruited over the next year. The need for instructional design support is ongoing. It has proved difficult to find clinical placements for the advanced students and an ongoing effort is required to maintain sufficient sites. | Anticipate a maximum of about 75 students in these programs at any one time. |
<p>| Other Nursing Master’s Degrees/Certificates | 1. Inform appropriate audiences about the current programs. 2. Assess under-subscribed programs for scheduling and continuation. 3. Work with industry on other graduate program initiatives. | Marketing these programs can be done at minimal cost. If these programs grow, there may need for additional faculty. | Anticipate 10-15 additional students per year as awareness of program offerings rises among Alaska nurses. |
| Doctoral Degree in Nursing | 1. Continue to support the OHSU program through its completion. 2. Research potential of providing a nursing doctorate in Alaska. 3. Develop plan to offer a DNP. | If development of a local program is planned, expenses will be calculated and funds sought. | The program needs to be implemented within the next 5-7 years, if not sooner. This program could be expected to enroll 25-30 students per year. |
| Public Health | 1. Complete accreditation self-study. 2. Seek funds for student support. 3. Complete recruitment of Presidential Professor in Public Health. 4. Complete recruitment for Director of the Center for Alcohol and Addiction Studies. 5. Recruit additional faculty members to meet minimal accreditation standards. | Funding is required to maintain at least three regular faculty for the MPH program. Strengthening the faculty base for this program is important to the accreditation process. Some re-structuring will be needed to accommodate additional faculty offices. | With additional support, could serve a minimum of 10 additional students per year over the current 50-60. |
| Nutrition and Dietetics | 1. Inform students about the availability of the nutrition minor. 2. Convene work group. 3. Develop and implement follow-up plans. | The work group activity has been funded through a grant. A budget for follow-up will be determined once a plan is developed. | This program is of increasing interest in the state and will demonstrate additional student numbers as it develops and is marketed. |</p>
<table>
<thead>
<tr>
<th>Program</th>
<th>Sub-Program</th>
<th>Objectives</th>
<th>Budget/Resource Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health, Physical Education and Recreation</td>
<td></td>
<td>1. Continue to build better partnerships to provide internships for students. 2. Continue collaboration with state health officers to provide corporate wellness training and education pathways. 3. Collaborate with other UA units to develop the BSHS. 4. Work more closely with all UA health programs. 5. Revise curriculum to incorporate new national certifications. 6. Renovate and expand classroom and laboratory space.</td>
<td>There are minimal equipment maintenance and repair. Program quality and growth is limited by the lack of appropriate office, classroom, and laboratory space. There are currently plans in progress to address this issue.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>As space is made available for this program, it is expected that student numbers will grow.</td>
</tr>
<tr>
<td>Wellness/Health Promotion/Health Education</td>
<td></td>
<td>1. Plan for continuation of CWA program at some level. 2. Research NAU partnership possibilities. 3. Work on BSHS curriculum.</td>
<td>Plans for the future CWA program and the NAU partnership will inform budget needs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>This program is expected to continue to experience steady increase in numbers from around the state.</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>Social Work</td>
<td>1. Ensure continuation of the BSW and MSW distance-delivered programs. 2. Develop ties between the MSW distance program and the Chinese Youth University. 3. Work with WCSWE to develop a web-based graduate certificate in rural social work practice. 4. Secure funds for the WCSWE “Grow Your Own” PhD program.</td>
<td>Various time-limited funding sources have been used to establish the distance social work programs. A portion of the current grant funding expires at the end of FY’07. In Anchorage there is a need for at least two additional faculty offices.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The need for additional behavioral health professionals is very high. To sustain and expand these programs will require stable funding.</td>
</tr>
</tbody>
</table>
| Psychology | 1. Ensure sufficient funding for undergraduate psychology programs at both UAF and UAA.  
2. Ensure ongoing delivery of the master’s program at UAA; re-open admission to the distance master’s at UAF to allow for a continuous pathway for rural students.  
3. Complete first cycle of the doctoral program; assess and revise plan as indicated; seek ongoing support.  
4. Ensure funding for the Training Academy.  
5. Make additional funds available for distance delivery of the undergraduate degree in psychology. | Need new tenure-track faculty positions at both UAA and UAF to accommodate the huge increase in the number of psychology majors over the past five years. The number of psychology majors at UAA has increased 37% in the past five years; its space, however, has not changed in the past 30 years; needs attention. Substantial network upgrades needed for UAF and UAA. Kenai Peninsula College needs a dedicated lab for its psychology students. | Psychology is continuing to grow as a major and has very high enrollment. Additional sections would be desirable but more faculty and space are needed. |
| Community Counseling | 1. Continuation of the Community Counseling distance-delivered program.  
2. New Community Counseling faculty being added in 2007. | Sufficient ongoing funding is an issue. | Increased numbers of students can be accommodated with additional faculty. |
| Human Services | 1. Work on improving collaboration between all program levels and across campuses.  
2. Support existing UAF statewide distance education delivery of human services, funding faculty.  
3. Work on distance development of additional programs and concentrations. | UAA is seriously under-funded for faculty and other support. Funding for distance education is still needed. The funding of one human services TVC faculty is high priority. Plans for more space at UAA should be included in any upcoming campus facility discussions. | The numbers of students in these programs are burgeoning. Numbers of faculty and adequacy of space are limiting additional increases. |
| Disabilities Services | 1. Coordinate plans for the new Mental Health Trust Authority Regional Training Centers.  
2. Incorporate CHD academic offerings with those of UA; look for hard funding when appropriate.  
3. Work with community to establish career pathways with adequate compensation for direct support staff.  
4. Promote the Occupational Endorsement in Direct Support Specialist in collaboration with PWSCC.  
5. Continue major community training activities with the support of other stakeholders. | Space for the Center is now sufficient, but more expensive. Most of the Centers for Excellence in other states are located on campuses, but UAA faces its own facility shortages, making a move onto campus improbable. | In Learn As You Earn program, we anticipate 300 credit hours by 30 students annually. In the new OE in Residential Behavioral Health (based at UAA) we anticipate significant impact on students who are not usually well served by the university: those in entry-level jobs, trying to gain skills while balancing work and family, often in off-road communities. Attendance at Full Lives Conferences averages 350 each year, participation in the Leadership Institute for Frontline Supervisors is approximately 25 staff yearly, and more than 120 gerontology support staff attend the Summer Institute annually. |
|----------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Residential Services | 1. Implement the Occupational Endorsement Certificate as an academic option for Fall 2007.  
2. Promote the program as a career enhancement option both for people currently working in the child welfare system and for students considering this career path.  
3. Develop degree articulation agreements with UAA and/or other MAUs. | Development is presently funded with soft money. While support for this program was included in the AMHTA General Fund request, it was not included in the Governor’s budget and its future support is uncertain. | The Occupational Endorsement Certificate offers opportunities for students to develop workplace competence. It is anticipated that approximately 20 students will be enrolled in each of the five courses and that a minimum of 40 students will earn the OE in the 2007-2008 year. |
<p>| <strong>Other Health Professions</strong> | Pharmacy | 1. Share recommendations with deans of colleges and other leadership. 2. Develop partnerships with pharmacy schools. 3. Implement pre-pharmacy tracks at UAA and UAF. 4. Facilitate development of plan for addressing the pharmacist shortage in Alaska. 5. Work toward development of a pharmacy school for Alaska if advisable. | Future needs will be determined through the planning process. Additional faculty/sections may be needed to accommodate pre-pharmacy students in required science classes. | It has yet to be determined what the level of interest will be in this area in terms of student demand, and how many additional students will be able to enroll in existing classes. This will be studied in the planning process in 2007-8. |
|---|---|---|---|
| <strong>Occupational/Physical Therapy</strong> | 1. Research options for OT/PT partnerships. 2. Complete discussion of Pilot project with Creighton. 3. Prepare recommendations. 4. Enter into partnership(s). 5. Develop and coordinate pre-professional tracks into these programs. 6. In the future, consider the possibility of establishing UA programs in these areas. | Current exploratory activities are being funded through the CHSW Dean’s Office. Future needs will depend on options chosen. | Expect 10-20 students in affiliated programs; perhaps 20-40 in pre-professional courses. |
| <strong>Speech and Language</strong> | 1. Consider augmenting current offerings. | None at present. | Not presently known. |
| <strong>Optical and Auditory</strong> | None at present. | None at present. | Not presently known. |</p>
<table>
<thead>
<tr>
<th>Dentistry</th>
<th>None at present.</th>
<th>Pre-professional track could generate 10 or more students per year.</th>
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<tbody>
<tr>
<td>1. Stay in touch with UW planning for extending its dental program to other WWAMI states. 2. Develop a pre-professional track so Alaskans interested in dentistry can be more easily prepared in state.</td>
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<tr>
<td>Gerontology</td>
<td>Once it is determined if funds will be re-established in the next cycle, plans should be made to seek sufficient funding to maintain a reasonable level of effort in this area. Funding for the gerontology minor should be strengthened, and time for curriculum development supported.</td>
<td>Because UAA minors are not administratively tracked, it is difficult at present to provide the total number of students currently matriculating in the gerontology minor. Educational opportunities for health care worker, faculty and students totaled 950 individuals across 33 different training venues. Approximately 72 of the total participated in more than one offering.</td>
</tr>
<tr>
<td>1. Monitor situation with GEC funding; provide continued educational offerings if feasible. 2. Seek funding to establish a clinical training site in geriatrics as well as professional development 3. Continue to support gerontology minor. 4. Embed gerontology and geriatrics in curricula, including distance delivered.</td>
<td></td>
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<tr>
<td>Health Care Administration</td>
<td>There may be a need to pay an individual to begin to work on curriculum development for the BSHS management track and to focus on coordination of the graduate level courses. This is being discussed in the CHSW Dean’s Office. Future resource needs will be determined in the planning and development process.</td>
<td>This is an area for potential major growth in student numbers. Industry has been requesting additional offerings in health care administration for many years and will be involved in planning and development efforts. It is not inconceivable that these programs could attract 50 students or more.</td>
</tr>
<tr>
<td>Health Care Administration</td>
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<tr>
<td>1. Develop BSHS track in management and supervision; collaborate with faculty providing health courses for the existing UAS BBA program. 2. Coordinate existing health policy and administration courses; ensure all are available in distance format. 3. Execute a master’s program in health administration in distance format. 4. Market programs.</td>
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</table>
| Other Related Activities of Note | Associate of Applied Science in Health Science | 1. Continue offering this program at UAS campuses.  
2. Consider other possible uses for this degree, including as a bridge between certificate programs and the BSHS program now in development. | None at this time. | This may prove to be a major growth area once the pathway is more clearly developed. |
|----------------------------------|-----------------------------------------------|--------------------------------------------------|------------------|--------------------------------------------------------------------------------|
| Bachelor of Science in Health Science | 1. Complete preliminary work on the BSHS expansion.  
2. Complete development plan.  
3. Develop additional tracks for this degree program and take them through applicable university curricular processes.  
4. Implement additional tracks. | Grant funds are being used this year to accomplish the preliminary work. Some resources will need to be found to continue with the program development and curricular process next year. | There is high interest in the development of this degree. There are students waiting to enter. It is presently difficult to estimate the number of students that would enroll, but the number is likely to be significant because of many tracks possible. |
| Area Health Education Center | 1. Manage, track and evaluate AHEC activities and outcomes.  
2. Prepare proposal for the second three year period.  
3. Seek sustained funding support from Alaska entities.  
4. Add 2-3 additional centers if second phase is funded. | Over the extended grant period, will need to replace all HRSA funding with secure funding from other entities. This process of achieving sustainability must be started now as it will affect the second proposal’s outcome. | The impact of the AHEC on students is unlimited. With their commitment to bringing young people from the underserved and rural areas of the state into health careers, the AHEC centers carry the future of health professional programs. |
| Pipeline Programs | 1. Continue health pipeline meetings to develop and implement coordination plans for these programs.  
2. Seek secure funding for program components in this plan. | Once a coordinated plan is developed, ongoing budget and other resource needs will be known. These programs typically use space in the dorms in the summer. | Like the AHEC informing about health careers, and providing college preparatory skills and field-specific knowledge, ensures a flow of students into health programs. |
<table>
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<tr>
<th><strong>Student Success Activities</strong></th>
<th>1. Secure stable funding for the student success coordinator positions. 2. Plan collaborative activities across campuses. 3. Introduce coordinators to additional sites as workload permits. 4. Continue to develop relationships with other student success staff and initiatives on each campus.</th>
<th>Additional funding for travel is needed, along with stable funding for health programs’ student success efforts.</th>
<th>Besides some level of outreach activities, the student success coordinators pull together a variety of types of supplemental instruction to meet the needs of students in preparing for and succeeding in health professional education.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Distance Education Partnership</strong></td>
<td>1. Continue to seek sufficient and stable funding for HDEP. 2. Continue some level of process and outcomes evaluation of HDEP. 3. Institutionalize design within programs needing these services. 4. Improve collaboration across MAUs and with non-health design functions on the campuses. 5. Provide more training for faculty in instructional design and distance pedagogy.</td>
<td>More stable funding is needed, as is statewide university support for distance education in all its various aspects. Continued attention to improving technology systems across the state is essential to successfully using these modalities. Additional smart classrooms, updated equipment and systems are needed.</td>
<td>This project has provided faculty with assistance and knowledge to prepare exceptional distance health programs, making this education available to students across the state. If not for these distance offerings, many place-committed students would have been unable to participate in health programs and to remain in their local regions to serve the people of their communities.</td>
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<tr>
<td><strong>Gateway Course Availability</strong></td>
<td>1. Update and revise gateway course development plan. 2. Bring A&amp;P faculty together to plan enhancements of distance courses. 3. Continue to work on distance gateway course development.</td>
<td>Grant funds will be used for the faculty work session. Identification of resources and funds needed for additional gateway course development will occur after the plan is updated.</td>
<td>Making pre- and co-requisite courses distance is necessary to carry out the distance-delivered health programs. Otherwise, these programs are not accessible to students in areas where campuses do not have courses.</td>
</tr>
</tbody>
</table>
| Civic Engagement | 1. Market Civic Engagement certificate among UAA programs and students.  
2. Increase service learning opportunities for students.  
3. Seek additional funding for this program. | Ongoing funding is needed for the Certificate, particularly for a .5 FTE tripartite tenure-track faculty member. | Enrollment started with ten students in Year One with an expected increase of two-three students per year for a total anticipated enrollment of 18-22 new students per year four years after the initiation of the Certificate. |
|---|---|---|---|
| Continuing Education | 1. Convene a meeting to brainstorm what CE needs the university might serve.  
2. Develop a health CE plan.  
3. Involve AHEC in developing and evaluating these efforts.  
4. Explore continuing education credit opportunities at the Regional Training Centers. | None at present. | Possibilities in the area of continuing education are huge. This is a largely untapped activity in the health arena at the university. |
| International Studies | 1. Continue to explore international possibilities and find resources to support these initiatives.  
2. Work with others to develop supportive infrastructure for international activities. | Infrastructure will be required to deal with travel, passport/visa, housing and other issues for visitors from foreign countries and UA employees traveling out of the country. Will need an office of International Studies. | While this activity may initially involve small numbers of students, eventually partnerships with foreign universities and other entities could bring significant numbers of students to UA campuses or distance. Alaska is well positioned for expanding this effort; with consideration to ensure access to students from other countries, and for UA student and faculty participation in overseas opportunities. |
Motion
University of Alaska Board of Regents

Pursuant to Regents Policy P10.02.040 and University Regulation of same number, the University of Alaska Board of Regents approves the following academic unit reorganization at the University of Alaska Anchorage:

1. The existing College of Health and Social Welfare will be replaced by the new College of Health.

2. The WWAMI Biomedical Program will move from the College of Arts and Sciences to the College of Health and will be re-named the WWAMI School of Medical Education.

3. The Division of Allied Health will move from the Community and Technical College to the College of Health and will be re-named the School of Allied Health.

4. Regents Policy P10.02.040 D. will be amended as follows:

   College of Health and Social Welfare
   School of Nursing
   Institute for Circumpolar Health Studies (AS 14.40.088)
   School of Social Work
   WWAMI School of Medical Education
   School of Allied Health

5. University Regulation R10.02.040 will be amended as follows:

   College of Health and Social Welfare (BOR)
   Department of Human Services
   Department of Health Sciences
   School of Nursing (BOR)
   Alaska Center for Rural Health
   School of Social Work (BOR)
   Center for Human Development
   Psychological Services Center
   Justice Center
   Institute for Circumpolar Health Studies
   Center for Alcohol and Addiction Studies
   WWAMI School of Medical Education (BOR)
   School of Allied Health (BOR)
The University of Alaska Anchorage

The College of Health

1. UAA requests approval to form the University of Alaska Anchorage College of Health with effect from 1 July 2011. The new college will replace the current College of Health and Social Welfare, which will cease to exist. UAA further requests approval to establish two new schools within the new college as specified in 4.b. and 4.c. below.

2. The principal goals of this action are to create an organization that will:

   a. enhance student success by providing unified support for academic advising, counseling, and career guidance from recruitment to graduation across the full range of health education programs at UAA;\(^1\)

   b. expand and reinforce UAA's teaching, training, and research capacity to address the principal health challenges faced by Alaska, its communities, and its peoples;\(^2\)

   c. support and develop existing and new organizations, initiatives, and projects that teach, train, and do research between and across academic disciplines;\(^3\)

   d. work in concert with the UAA Office of Health Programs Development\(^4\) to facilitate cooperation and strengthen the mutually supporting relationships between UAA, our community partners, our sister UA institutions, our partners outside Alaska, and Alaska’s larger community of health provider institutions and individuals;\(^5\)

   e. strengthen capacity to compete for external funding;\(^6\) and

   f. build centralized institutional capacity for strategic choice (set and develop strategic priorities) in these rapidly growing and changing fields of teaching and research.

3. This proposal is the product of extensive consultation including six preliminary meetings with affected organizations and staff in October and November 2010, a major

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\(^1\) UAA 2017, Strategic Priority C; UA AMP, Goal 1, Objective 1.
\(^2\) UAA 2017, Strategic Priorities A and B; UA AMP, Goal 4, Objectives 3, 5, and 6.
\(^3\) UA AMP, Goal 2, Objectives 1, 2, 3, 4, and 6.
\(^4\) The Office of Health Programs Development is located in the UAA Office of Academic Affairs, and is responsible for planning and coordinating the total statewide University of Alaska health education effort.
\(^5\) UAA 2017, Strategic Priority D.6; UA AMP, Goal 5.
\(^6\) UAA 2017, Strategic Priority B.2.
one-day conference in January 2011 with all parties attending, an open forum for review of a draft proposal in March 2011, and two meetings with community partners and health providers in February and March 2011.7

4. The College of Health will consist of the following units:8

a. All units and programs currently located in the UAA College of Health and Social Welfare. These are:

- School of Nursing
- School of Social Work
- Department of Health Sciences
- Department of Human Services
- Occupational Therapy Program
- Physical Therapy Program
- Institute for Circumpolar Health Studies
- Justice Center9
- Center for Human Development
- Center for Community Engagement and Learning10
- National Resource Center for Native Elders
- Alaska Geriatric Education Center

b. The WWAMI School of Medical Education, to be formed from the WWAMI Biomedical Program (7 faculty, 1 director, and associated staff) currently located in the UAA College of Arts and Sciences.

c. The School of Allied Health (22 faculty with associated staff) to be formed from the Division of Allied Health currently located in the UAA Community and Technical College.

5. Student success in health professional education is a strategic priority.11 Everything that can be done, consistent with the maintenance of high academic standards, must be done to continue to increase retention, build academic achievement, raise graduation rates, and reduce time to graduation. To these ends, the formation of the new college will allow the creation of a unified advising system with a single point of access for students, thereby providing the most current, clear, and consistent information to students and their professional and faculty advisers across the entire range of health education programs. Every effort will be made to assure that students are able to

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7 See timeline at Annex A.
8 See organizational chart at Annex B. The college will be headed by a dean.
9 A decision on the optimal location for the Justice Center is reserved for further consideration.
10 The future location of the Center for Community Engagement and Learning is also reserved for further consideration.
11 UAA 2017, Strategic Priority C; UA AMP, Goal 1, Objective 1.
develop skills and knowledge within well-defined career pathways that assure long-term personal and career development. In combination with the development of a core curriculum, these initiatives will increase efficiency and effectiveness and reduce the transition time from education to effective employment in the provider community, thus benefitting students, employers, and the university.

6. The content and the delivery of the curricula of the new college are the responsibility of the faculty, supported by staff and administration in partnership with the health provider community. The faculty are responsible to the communities of Alaska, Alaskan health providers, and their individual academic disciplines for the content and the quality of the curriculum. In carrying out these responsibilities the faculty are strongly encouraged to:

   a. develop a common core curriculum for health programs including, among other important subjects, such things as professional ethics, teamwork practice, patient research, and information management;

   b. build structure and curriculum that will support and develop trans-disciplinary education focused on solving major health problems; and

   c. apply the integrated career pathway principle to curriculum development to assure that all academic programs, especially those taken in shorter time-frames, support long-term career growth and development.

7. The reinforcement and acceleration of research in all of the health determinant fields (health care practice, human biology, environment, and behavioral choices) are strategic priorities for the new college. In this work, it will be especially important to employ multi- and inter-disciplinary approaches and to focus increasingly on the mutually reinforcing “bench to bed” relationships in translational research. To maintain momentum and to continue to build critical mass in health and biomedical research, the Provost will move to form an inter-college research group.

8. Significant new costs are not expected. Some smaller start-up investments may be required as the college moves to unify advising, develop curriculum, and accelerate research. These and related administrative costs will be met by UAA internal reallocation. It is expected that these costs will be more than compensated for by the increased strength, improved flexibility, and additional effectiveness of the new organization. As has been the case in the past, we will continue to pursue new initiative funding for the development of health programs within the framework of the Alaska Health Workforce Plan.

12 UA AMP Goal 2, Objectives 3 and 4.
9. The previously agreed plan for movement of units to the Health Sciences Building, with backfill of vacated space, remains in force. Units not scheduled to move either to HSB or as part of the backfill plan will remain in their current locations for FY12.
Annex A:
UAA Health Programs
Reorganization Timeline

- Announcement by Chancellor & Provost
- Issue Analysis: Development of Key Questions
- External Consultation (Partners and Provider Community)
- Preliminary Consultations (6 Meetings)
- Open Forums
- Health Conference (9 Groups + Follow-Up)
- Final Proposal Preparation
- Draft Proposal
- UAA Cabinet Consideration
- Notice to NWCCU (Regional Accreditors)
- Implementation
- UA President Review
- Board of Regents Mtg

SEP OCT NOV DEC JAN FEB MAR APR MAY JUN
Annex B: UAA Health Program Reorganization

Chancellor

Provost

Community Campuses
Community & Technical College
College of Business & Public Policy
College of Health
College of Education
College of Arts & Sciences
School of Engineering

Division of Allied Health
School of Allied Health
WWAMI School of Medical Education
WWAMI Biomedical Program

From Former College of Health and Social Welfare:
- School of Nursing
- School of Social Work
- Department of Health Sciences
- Department of Human Services
- Occupational Therapy Program
- Physical Therapy Program
- Institute for Circumpolar Health Studies
- Justice Center
- Center for Human Development
- Center for Community Engagement and Learning
- National Resource Center for Native Elders
- Alaska Geriatric Education Center
Appendix 14

UAA Provost Comments Regards the College of Health Strategic Plan
CoH Leadership Team Meeting – 4/25/2013

- Fiscal environment
  - Legislature funding is flat
  - Will not increase near term (3-4 years)
- In 2018, there will be an increase in graduating seniors in Alaska high schools
  - May lead to additional funding for UA
- UA has $1 billion in deferred maintenance
  - UAF will need $600 million over next few years to address this
- Focus on recruiting new students from Anchorage
- Find alternate sources of revenue
  - Recruitment, remediation, retention
  - Proactive scheduling
- All programs will need to be able to demonstrate
  - How they benefit Alaska and Alaskans
  - How effective they are - ROI
- Collaborate with other colleges
  - Education and Business are jointly developing a leadership degree
- Prioritize and reallocate in near term; prepare for 2018 when funding may improve
- No F & A plan in UAA – indirect cost allocation is used
- There are lots of structural issues that need to be addressed

Subsequent Q & A notes:

- UAA has the worst Banner implementation a UAA consultant has ever seen
- UA’s poor data systems provide inaccurate and misleading statistics
- UA average space utilization = 27%
- New Health Sciences Building may hinge on support from business and industry
- Distance education
  - There is competition to UA programs online
  - Need will continue to grow
- There is no technology master plan
  - We need to identify areas where we can leverage alternative technologies
- UAA does not coordinate professional development programs
  - Area need more focus
  - UA needs to provide CE or other organizations will (PACE)
- Need to keep Board of Regents informed about successes, progress, achievements, etc.
- Research
  - Should be germane to State of Alaska
  - State health, welfare, economy are important areas
  - Cross disciplinary work needs to increase