

10/20/2025

ACADEMIC PROGRAM REVIEW REPORT FORM AY2025-2026**Program(s) in the review:** Gerontology OEC, Health Sciences BS**Specialized Accrediting Agency (if applicable):** N/A**Campuses where the program is delivered:** ☒ Anchorage ☐ KOD ☐ KPC ☐ MSC ☐ PWSC**Year of last review:** The BS was reviewed in AY2019-2020. The OEC was implemented in Fall 2023 and has not been through the program review process.**Final decision from last review:** Continuation

PROGRAM SECTION (Due on March 1)**Program Review Committee:**

Chair, Kristin Stoepler, Term Associate Professor & Program Chair, UAA Anchorage Campus

Dr. Britteny Howell, Associate Professor, UAA Anchorage Campus

Dr. Lisa Schwarzburg, Assistant Professor, UAA Anchorage Campus

1. Demonstrate that the program has responded to previous recommendations.

BS Recommendation 1: *As the program continues to grow, it is likely that additional faculty will be needed. The need for additional faculty should be re-evaluated within the normal cycle of program reviews. In the meantime, the need for additional student support resources should be addressed. The program is encouraged to work with the Student Success Center to determine how to best address that need.*

How do you know the recommendation has been successfully achieved? (2500 characters or less)

The BSHS program has addressed both recommendations by (a) evaluating ongoing faculty needs and (b) strengthening student success efforts. Through the program review cycle, we identified the need to replace faculty vacancies to ensure alignment between faculty expertise, student demand, and instructional quality. At the same time, the program has expanded student support, contributing to improved retention, degree completion, and post-graduate outcomes.

(a) Student needs will be met when the program reaches full instructional capacity and restores sustained health sciences-specific faculty expertise to support outcome-driven academic experiences. Indicators include maintaining appropriate student–faculty ratios; adequate disciplinary coverage aligned with program competencies; offering all required courses on schedule without reducing access or increasing time-to-degree; reducing reliance on adjunct instructors; and ensuring tenure-track faculty have time for scholarship, service, and research. Current unfilled faculty vacancies limit the program’s ability to consistently meet these benchmarks.

(b) Student success efforts have expanded through a proactive, relationship-centered approach emphasizing early connection, coordinated advising, and intentional referrals. Collaboration with the COH Student Success Center is central to this work. Faculty communicate regularly with advisors, provide

program-specific advising tools, and use EAB Navigate to document interactions and monitor student progress.

The program also provides targeted support for student athletes through collaboration with athletic staff, and for military-affiliated students through coordination with Military and Veteran Student Services to ensure timely course certification and uninterrupted access to benefits. Faculty further foster belonging by advising student organizations, including the award-winning Health Professions Student Organization, and by partnering with the Indigenous and Rural Student Center, Multicultural Student Center to support culturally responsive programming.

Finally, faculty and students engage in high-impact learning through the Honors College and the Center for Community Engagement and Learning, connecting coursework to real-world health needs.

Collectively, these efforts demonstrate a strong response to the recommendation; however, long-term sustainability of program quality and disciplinary depth will require filling existing faculty vacancies.

Actions taken to date (2500 characters or less)

(a) Over the past five years, the division transitioned one TVEP-funded term faculty position to a general-funded term position and made one term faculty hire. The BSHS program now experiences expertise gaps, including the absence of faculty with a health sciences-specific disciplinary background. In addition, reliance on term appointments constrain sustainability to maintain disciplinary depth and continuity in curricular delivery and student mentorship.

(b) The program has taken deliberate steps to strengthen student success by formalizing partnerships with academic advisors and student support resources. Increased coordination has resulted in more frequent advising touchpoints, clearer documentation, and more consistent referrals for tutoring, health, and mental health services. These efforts have prevented missed registration windows, improved student confidence in navigating program requirements, and supported more efficient progression to degree completion by reducing academic and personal barriers.

Program-level improvements to course rotation frameworks, advising tools, degree audits, and curricular sequencing have further reduced bottlenecks and reduced barriers. Clearer pathways now ensure majors can enroll in required courses on time, minimizing excess credits, reducing time to degree, and supporting timely graduation.

Targeted support for specific student populations that require flexibility has expanded through structured coordination with athletic department staff and with military and veteran student services. Faculty also increased involvement in student engagement by embedding leadership development, peer mentoring, and professional identity formation into co-curricular activities.

To support students navigating cultural transitions, the program strengthened early-connection and referral practices with the Indigenous and Rural Student Center, and the Multicultural Student Center and integrated culturally responsive programming into advising and coursework.

The program also expanded high-impact learning through faculty participation in the Honors College and the Center for Community Engagement and Learning, including honors mentoring and community-engaged research. Finally, Project PACE and extramural funding expanded scholarships, supported experiential learning, accelerated pathways, and supported research and community health roles, strengthening degree completion and Alaska's health workforce pipeline.

Evidence of success to date (2500 characters or less)

(a) As mentioned above, we have determined that the BSHS program has an immediate need for two (2) tenure-track faculty positions to restore health sciences-specific disciplinary expertise. The division hired one new term faculty member; however, this non-tenure track position subsequently transitioned to serving as the graduate chair and now provides substantially less undergraduate instruction. In addition, a BSHS faculty member transitioned to Assistant Dean and no longer carries a required teaching workload. In Fall 2025, the resignation of a term faculty member and program chair with health sciences-specific expertise resulted in a substantial reduction in undergraduate instructional and administrative capacity. These losses create disciplinary gaps, limiting the program's ability to consistently offer required coursework and sustain instructional quality if vacancies remain unfilled.

(b) Evidence that our other student success measures are working is provided in the improved course pass rates data for our program, which have trended upwards over the past 5 years (from 75% to 82% overall). Targeted student supports have improved those pass rates especially for African American, Hispanic, Native Hawaiian/Pacific Islander, and white students. We see consistent improvements in all age groups (18-24 yrs improved by 6% and 25+ yrs improved by 9%) and for both genders in the past 5 years (female improved by 6% and male by 11%). We have seen increases from 75% to 81% of pass rates among Pell grant recipients, First-Generation student pass rates improved from 72% to 90% since 2021. The pass rate of our upper-division courses has increased by 4% overall, with the greatest improvement for full-time students (86% to 91%), students reporting multiracial ethnicity (79% to 100%), and students who elect not to disclose their ethnicity (from 78% to a whopping 100%). However, sustaining these robust student-centered efforts will require filling existing vacancies to restore health sciences-specific disciplinary expertise and support achievement of program outcomes.

2. Demonstrate the centrality of the program to the mission, needs, and purposes of the university and the college/community campus. Include how the program is integrating (or planning to integrate) intentionally designed opportunities for students to develop the four core competencies (Effective Communication; Creative and Critical Thinking; Intercultural Fluency; and Personal, Professional, & Community Responsibility). (3000 characters or less)

The BSHS program is central to UAA's mission of advancing the health and well-being of Alaska's communities through excellence, access, and community engagement. The program offers flexible pathways that serve learners statewide and promotes affordability through widespread use of open-access and low-cost textbooks, accelerated degree completion options, program-approved electives that allow advisors to tailor coursework to align with evolving admissions requirements for clinical partner programs, as well as emerging non-traditional credit pathways. Strong community and workforce alignment is demonstrated through community-engaged coursework, Community-Engaged Student Assistant (CESA) placements, and student participation in Alaska's public health crisis response efforts. Faculty actively mentor students in applied research and regularly publish and present with them at local, state, national, and international conferences, strengthening Alaska's public health and health services workforce pipeline. Many BSHS graduates transition into UAA and partner professional programs (e.g., WWAMI, MEDEX, Creighton OT, ISU Pharmacy), advancing the College of Health's mission to prepare competent, community-responsive health professionals.

The program's Student Learning Outcomes intentionally embed UAA's four Core Competencies across the curriculum:

Effective Communication is developed in foundational courses and reinforced through writing-intensive, research, and advocacy assignments that build professional communication, ethical information use, and

health messaging skills. Students demonstrate mastery through papers, policy briefs, health communication campaigns, presentations, and a culminating professional ePortfolio.

Creative and Critical Thinking is cultivated through application of scientific, epidemiological, and evaluation frameworks in courses. Students analyze health issues using evidence-based reasoning and develop innovative, community-responsive solutions through case studies, problem-based learning, and community-engaged projects that translate theory to practice.

Intercultural Fluency is embedded across the curriculum and directly supports UAA's mission to serve all Alaskans. Courses such as HS A230, HS A305, HS A370, and HS A433 examine cultural humility, population health patterns, cross-cultural communication, and structural inequities, preparing students for professional practice in varied cultural and community settings.

Personal, Professional, and Community Responsibility is emphasized in HS A485: Professional Preparation in Health Sciences. Students engage in self-assessment, goal setting, and competency documentation through ePortfolios, participate in experiential learning, and explore career pathways. These experiences prepare students for post-graduate goals and, for some, practicum experiences, where they apply academic learning in community settings while adhering to ethical and professional standards.

3. Demonstrate program quality and improvement through assessment and other indicators.

i. OEC Gerontology

- *1) Identify the main behavioral, social, and environmental factors that influence age-related outcomes of the aging population and the individual older adult; 2) Critique and analyze assumptions, stereotypes, prejudice, and discrimination related to age (ageism) at both personal and public levels; 3) Describe current strategies for disease prevention, including the key components of person-centered care and end-of-life care models, to generate contextually accurate recommendations for health promotion of older adults.*

Describe your key findings for these outcomes. (3500 characters or less)

Across the three (3) evaluated students who have completed the OEC in gerontology so far, the cohort demonstrated generally strong performance in meeting the program's learning objectives, with variation in depth, clarity, and critical reflection. All students were "fairly" or "highly competent" at identifying the key behavioral, social, and environmental factors that influence aging outcomes, though one student showed exceptional mastery with sophisticated analyses, another showed solid but uneven understanding, and a third demonstrated basic competence with room for deeper reflection and clearer writing.

Students also demonstrated the ability to critique assumptions, stereotypes, prejudice, and discrimination related to ageism. One student analyzed ageism with notable maturity and insight, providing compelling examples and corrective strategies. The others met the objective at a competent level, supplying relevant examples but lacking some depth in reflection or connection to broader societal attitudes. One student, in particular, demonstrated limited critical analysis and struggled with some terminology and writing conventions (possibly because English is the second language).

Finally, all three students engaged meaningfully with strategies for disease prevention, person-centered care, and end-of-life care models. One student exceeded expectations with integrated, well-supported recommendations; another competently described prevention strategies and individualized care planning; and the third provided accurate descriptions but fewer applied health promotion recommendations due to the focus of their paper. Overall, the group collectively met the PSLOs indicating program quality, with

student variation in writing samples likely due to the small sample size and English language proficiencies of the individual students who completed the program.

Describe actions taken to improve student learning for these outcomes. (3500 characters or less)

As we have just launched this program last year with only 3 students who have completed it, we are currently collecting baseline data on this brand-new program. We plan to continue to collect and assess student learning outcomes bi-annually when we conduct our other Health Sciences assessment work. If students continue to demonstrate variation in understanding and writing ability over the next few assessment cycles (that does not appear to be due to individual English language proficiencies), we are prepared to revisit the teaching strategies and/or assessment artifacts used to ensure all program objectives are being met consistently.

Describe evidence that these actions are working. (3500 characters or less)

We currently have baseline data (described above) on three students offering evidence that our OEC is achieving its goals, which we will continue to monitor. To fit student needs, we are planning to reduce the required credit hours for the OEC from 15 to 12, which better aligns with other OECs at UAA. We have also been notified that the OEC can no longer require completion of 400-level courses (our program contained one: PSY A450), so we are in the process of creating a new list of advisor-approved electives to ensure students can complete a 12-credit hour OEC in gerontology. These changes went through UAB in 2026 with an expected 2026-2027 implementation date.

ii. BS Health Sciences

- *1) Assess individual and/or community needs and/or capacity for health promotion; 2) Plan effective health promotion programs and interventions for target populations; 3) Implement health promotion interventions; 4) Evaluate health promotion programs and/or interventions; 5) Coordinate resources and relationships with stakeholders and partners; 6) Communicate evidence-based health information effectively; 7) Articulate the role of public health in inter-professional healthcare teams.*

Describe your key findings for these outcomes. Programs may enter “See above” if there is a significant overlap of outcomes. (3500 characters or less)

Assessment results from the past five years demonstrate that the BSHS program’s curricular, pedagogical, and advising improvements have produced sustained gains in student learning and overall program quality. Evidence from ePortfolios, reflection papers, course artifacts, and alumni surveys consistently indicates strong alignment with program student learning outcomes (PSLOs).

Assess individual and community needs and capacity.

This outcome remains one of the program’s strongest across assessment cycles. Students consistently meet or exceed expectations, even after adoption of a more rigorous rubric and transition to a new assessed artifact in HS A485. Stable performance under higher expectations indicates that earlier curricular revisions and scaffolded needs-assessment activities are effective.

Plan effective health promotion programs.

Students reliably demonstrate proficiency in program planning, rationale development, and theory-based logic model construction. Redesigns to HS A345 and HS A433 emphasizing scaffolding, iterative drafts, peer review, and TILT-informed transparency have resulted in consistently high performance. Alumni surveys validate these findings, with graduates frequently citing program planning and proposal writing as skills used in their professional roles.

Implement health promotion interventions.

Previously a weaker outcome, implementation improved following targeted curricular changes. The addition of structured, hands-on intervention activities in HS A433 led to measurable gains by AY22–24. Even under more stringent scoring criteria in AY23–24, students demonstrated higher levels of competence, which faculty attribute directly to these instructional changes.

Evaluate health promotion programs.

Evaluation has remained a consistent area of strength. Students meet or exceed expectations across cycles, even after revisions to PSLOs and rubrics. Alumni feedback further confirms confidence in evaluation skills, indicating strong preparation for analytic and assessment-focused roles.

Coordinate resources and stakeholder relationships.

Early assessment cycles indicated gaps in this outcome; however, improvements in advising, community-engaged coursework, and stakeholder-focused assignments resulted in higher student performance by AY22–24. Alumni report strong teamwork, communication, and professionalism aligned with effective coordination.

Communicate evidence-based health information.

Student performance has remained strong across all cycles, supported by expanded technical writing, public-facing communication, and multimodal assignments across multiple courses. Alumni consistently report applying these skills in employment and advanced study.

Articulate the role of public health in interprofessional teams.

While this newer PSLO did not fully meet expectations in the most recent cycle, evidence suggests documentation gaps rather than learning deficits. Faculty revised ePortfolio requirements and integrated additional IPE activities into HLTH A151 and HS A485. Even prior to these changes, over half of students demonstrated at least “fairly competent” performance.

Overall, these findings reflect sustained program quality, responsiveness to assessment data, and a clear pattern of continuous improvement that we hope to sustain when faculty vacancies are filled.

Describe actions taken to improve student learning for these outcomes. Programs may enter “See above” if there is a significant overlap of outcomes. (3500 characters or less)

The BSHS program has taken strategic, evidence-based actions to strengthen student learning across student learning outcomes. Faculty continuously analyze ePortfolios, reflection papers, alumni surveys, and advising data to revise curriculum, sequencing, and assessment practices. These efforts demonstrate a consistent pattern of program quality and ongoing improvement:

1. Assess individual/community needs & capacity for health promotion

Faculty refined HS 433 and HS 492 assessments to emphasize data literacy, social determinants of health, and community-engaged inquiry. Clearer scoring rubrics and stronger scaffolding improved students’ analytic depth. Students consistently met or exceeded expectations due to these enhancements.

2. Plan effective health promotion programs & interventions

The program redesigned HS 345 and HS 433 using TILT principles and iterative feedback cycles. These updates strengthened students’ writing, logic models, and alignment of interventions to identified needs.

Scores remained strong year-over-year, demonstrating the success of these planning-focused curricular reforms.

3. Implement health promotion interventions

Historically a lower-performing area, implementation skills improved significantly after faculty added structured, hands-on intervention projects in HS 433 and reinforced applied practice across the curriculum. These changes resulted in “met/exceeded expectations” scores in the most recent assessment cycle—a clear improvement attributed to increased experiential learning.

4. Evaluate health programs/interventions

Faculty strengthened evaluation training by integrating applied evaluation components into HS 433, HS 492, and HS 485. The adoption of a new, more rigorous capstone rubric improved consistency and raised expectations for analytic depth. Students consistently outperformed expectations, confirming this as an enduring program strength.

5. Coordinate resources & relationships with stakeholders

Faculty addressed this by embedding community partnerships more deliberately into coursework, and including skill-building activities in HS 345, HS 433, HS 420, and HS 492 that required students to demonstrate their ability to build relationships with stakeholders to implement health promotion activities and conduct program evaluations. By AY23–24, students met/exceeded expectations, reflecting the impact of these intentional experiential and advising improvements.

6. Communicate evidence-based health information effectively

Training in communication was strengthened from entry-level through capstone courses with assignments (elevator pitches, technical writing, community education products) and structured revision processes. These enhancements produced consistently strong performance and high alumni self-ratings in communication competency.

7. Articulate the role of public health in interprofessional teams

Because this is a newer PSLO, earlier students experienced IPE activities (AHEC trainings, IPE Grand Rounds) but were not required to reflect on these experiences in their ePortfolios. This resulted in “did not meet expectations” scores in AY23–24, despite students having participated in IPE learning. In response, faculty revised HS 485 ePortfolio instructions to explicitly require written reflection on interprofessional roles, responsibilities, and the unique contribution of public health within team-based care. Faculty also improved advising materials and aligned the pre-clinical track with IP

Describe evidence that these actions are working. Programs may enter “See above” if there is a significant overlap of outcomes. (3500 characters or less)

See above

- b. **Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program design, intentionally integrating high-impact teaching and learning practices into the program, and**

meeting indications of quality in distance education, such as the C-RAC Standards. (3500 characters or less)

The BSHS program demonstrates ongoing quality and continuous improvement through intentional curriculum design, responsiveness to workforce needs, integration of high-impact teaching practices, and engagement with employers, advisory bodies, and clinical partners.

In 2020–2021, the program conducted a curricular review to strengthen alignment with the Health Education Specialist Practice Analysis II (HESPA II) competency areas, national best practices in undergraduate health science education, and admission requirements of clinical and professional training programs. This review ensured that program outcomes, course content, and assessments were current, coherent, and aligned with evolving expectations across public health and healthcare pathways.

To further ground curriculum decisions in workforce demand, the program led a statewide survey of healthcare, public health, and social service employers, receiving more than 500 responses. Findings from this survey directly informed program enhancements and the development of new academic pathways, including the Occupational Endorsement Certificate (OEC) in Gerontology and accelerated degree-completion pathways for students entering the program with prior two-year, health-related degrees. The OEC was intentionally designed using the Academy of Higher Education in Gerontology (AGHE) Standards and Competencies to ensure alignment with national best practices in gerontology education and to function as a stackable credential within the Health Sciences curriculum.

Following its official launch during AY2024–2025, the OEC in gerontology recorded its first cohort of completers in AY2025 (three students). Targeted faculty mentoring and community-based outreach have generated growing interest in this certificate pathway, particularly among students preparing for careers in aging services. Incorporating input from the public health graduate advisory group and the College of Health Advisory Council further strengthened alignment between undergraduate preparation, graduate education, and employer expectations.

The BSHS program intentionally integrates high-impact teaching throughout the curriculum. These include writing-intensive coursework, in-class simulations, skill building activities, team-based learning, scaffolded assignments, community-engaged experiences, and through the capstone and practicum experiences. Students also develop professional ePortfolios to document competencies, reflect on learning, and demonstrate career readiness.

Faculty expertise in Transparency in Learning and Teaching (TILT) practices further supports student success and equitable learning outcomes. Faculty regularly implement transparent assignments and collaborative syllabi, clearly articulating learning purposes, tasks, and criteria.

Commitment to accessibility and inclusive design is embedded throughout the BSHS program and reinforced in HS A433 through instruction in inclusive health education and training in accessible health communication. These practices support quality in both face-to-face and distance delivery and align with expectations for effective, student-centered instruction and quality online education.

Together, these efforts demonstrate a cohesive, evidence-informed approach to program quality, innovation, and continuous improvement that is responsive to students, employers, and Alaska's evolving health workforce needs.

- c. **Demonstrate program quality and improvement through other means, for example, maintaining specialized accreditation, using guidance from advisory boards/councils, responding to community partners and local needs, maintaining currency of the curriculum, implementing innovative program**

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design, intentionally integrating high-impact teaching and learning practices into the program, and meeting indications of quality in distance education, such as the C-RAC Standards. (3500 characters or less)

see above - repeat of b.

4. Demonstrate student success and the closing of achievement gaps.

- a. Analyze and respond to the disaggregated data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to close any achievement gaps. The Student Success program review metrics are Junior Graduation Rate, Associate Graduation Rate, Semesters to Degree – Graduate Programs, and Course Pass Rates by Course Level. (3500 characters or less)**

Across 2021–2024, the program’s junior graduation rate remained strong, ranging from 80–100%. The decline to 50% in 2025 appears to reflect small cohort volatility rather than a systemic shift in student success outcomes. Disaggregated data show several full-time/part-time and race/ethnicity subgroups fluctuating between 0% and 100% across years, patterns typical of very small denominators where the outcome of a single student can affect reported percentages. Importantly, upper-division course pass rates remain consistently high (86–90%), indicating no widespread course-level barriers to degree completion. The 2025 outcome reflects the 2021 junior cohort, whose progression occurred prior to curriculum revisions and student success initiatives implemented between 2022–2024 and during the lingering impacts of the COVID-19 pandemic, including disrupted learning environments and reduced on-campus services. Taken together, these factors suggest the decline reflects cohort-specific circumstances rather than structural barriers within the program.

Upper-division course pass rates remain stable at 86–90%, suggesting no widespread course-level barriers to completion, while lower-division pass rates improved from 75% to 82%. Disaggregated data show historically underserved students performing at or above program averages, with upper-division pass rates of 91–95% for Pell recipients and 89–94% for first-generation students.

Lower-division pass rates show a persistent gap for Alaska Native students, declining from 84% to the mid-50–60% range, while rates for White students increased from 77% to 89%. In response, the program has implemented coordinated instructional, advising, and community-based strategies to strengthen early-course engagement, belonging, and academic momentum for Alaska Native and rural students:

- Increased early-alert referrals and one-on-one outreach for students who miss early assignments
- Embedded more low-stakes assessments and transparent rubrics across courses, especially in lower-level courses
- Adopted Blackboard Ultra early to streamline the student experience
- Coordinated with advising and student support services (e.g. Indigenous and Rural Student Center) to connect students to learning support earlier in the semester
- Expanded use of culturally responsive, Alaska-relevant examples in course materials and assignments
- Built relationships with students earlier by participating and supporting targeted programs such as Della Keats, ANSEP, TRIO, and rural AHEC Health Camps
- Actively recruited rural and Indigenous students for undergraduate research opportunities

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- Traveled to rural communities to introduce students earlier to the public health field and help build a sense of community among incoming students
- Engaged directly with middle and high school students to improve relationships and increase interest in health careers.

While gaps persist, early indicators, such as improved student engagement, increased referrals to academic and support services, and stabilization of upper-division outcomes, suggest these strategies are beginning to positively influence persistence and performance.

We will continue monitoring disaggregated data bi-annually, with particular attention to small subgroups, where percentages fluctuate. Future efforts include refining gateway course design (see 4b), strengthening community-campus pathways, and targeted marketing campaigns.

- b. Numerous US universities, and a number of programs across UAA, have holistically evaluated their programs and courses to look for unintended barriers to student success. For example, the Purdue IMPACT (Instruction Matters: Purdue Academic Course Transformation) effort between 2011 and 2018 resulted in 325 courses being redesigned to incorporate research-based strategies known to increase student outcomes, while maintaining academic quality and rigor. Other efforts have involved course sequencing and scheduling, resulting in improved success even for [graduate students](#). Please consider your program's graduation rate, course pass rates, and similar data sources to reflect on any barriers to students moving through the curriculum, and describe what steps you have taken (or are planning to take) for possible redesign of gateway courses, course sequence changes, course scheduling, or similar efforts. (3500 characters or less)**

The data show a clear pattern that lower-division pass rates are improving, while upper-division success is consistently strong. This suggests that students who successfully navigate foundational coursework are well prepared for advanced requirements, but early curricular barriers may remain.

These trends suggest that while the curriculum is effective once students reach upper-division courses, unintended barriers at the lower-division level (e.g. inconsistent expectations across courses, cognitive load in early coursework, scheduling constraints, and redundancy or misalignment in course sequencing) may slow student progression.

These redesign efforts align with national course transformation initiatives, such as Purdue's IMPACT model, which emphasize transparency, active learning, early feedback, and intentional sequencing while maintaining academic rigor. In response, the program has prioritized redesign and sequencing at the gateway (lower-division) level. Gateway courses have also been targeted for focused redesign. Faculty have:

- Implemented TILT assignment principles across courses, particularly at the lower-division level, to clarify purpose, task, and success criteria
- Expanded the use of modular course content, frequent check-ins, and early low-stakes assessments to reduce D/F/W rates
- Aligned course learning outcomes across the introductory, mid-level, and capstone sequence, to ensure intentional scaffolding of core skills (e.g., health communication, literature searching, APA writing style) rather than isolated repetition

- Reviewed and streamlined prerequisites and content overlap across required courses to reduce redundancy and support efficient pathways, particularly for students completing the OEC alongside the BSHS degree

We are also addressing structural barriers related to scheduling. High-demand courses are now offered more predictably and in a variety of formats, with attention to evening and online options for working students. Course rotations have been coordinated with COH Advising so students can more easily plan timely completion of the degree without delaying graduation. Additional work is needed to strengthen coordination with community campuses around course offerings and sequencing. The program is also exploring options to ensure access to appropriate General Education gateway courses that support timely progression. Over the next cycle, the program will use course-level pass-rate reports to identify one to two additional high-impact courses for deeper redesign and explore expanding the use of the College of Health Simulation Lab and interprofessional learning opportunities. Progress will be evaluated through ongoing analysis of course-level pass rates, D/F/W patterns, time-to-degree metrics, and student feedback to ensure that redesign efforts meaningfully reduce barriers while maintaining academic rigor.

- c. **Provide evidence of the overall success of students in the program. For example, you might talk about the percent of students in post-graduation employment in the field or a related field, the percent of students who go on to graduate school or other post-graduation training, and/or the percent of students who pass licensure examinations. You might also give examples of students who have been selected for major scholarships or other competitive opportunities. [Please do not use personally identifiable information.] (3500 characters or less)**

The available data demonstrate that BSHS students, including those who complete the OEC, are successful in degree completion, professional credentialing, and post-baccalaureate education. One key indicator of program impact is the preparation of students and community partners to earn the Certified Health Education Specialist (CHES) credential. According to the National Commission for Health Education Credentialing (NCHEC, 2026), over the past five years, the number of CHES-credentialed professionals in the state of Alaska has increased from 22 to 36, representing a 64% increase statewide. This growth aligns directly with programmatic efforts to embed CHES competencies, exam preparation, and applied practice throughout the curriculum, and reflects the program's role as a primary workforce pipeline for health education professionals in Alaska.

National Student Clearinghouse data show that each year between 27 and 41 program graduates continue their education at another institution, and 11–24 graduates return to UAA for an additional degree or certificate. This pattern indicates that graduates are competitive for further study and view UAA as a strong option for ongoing professional preparation.

Junior graduation rates after students reach 60 credits are high (80–100% in four of the last five years) which suggests that once students are fully in the major, they progress efficiently to degree completion. Upper-division pass rates of 89–90% further support the conclusion that students are mastering advanced content and are well prepared for capstone projects, practicum experiences, and subsequent employment. Although we do not yet have systematic, program-level employment statistics specific to the OEC, the creation of the OEC itself is newly reflected in the data with three completions in the first year, signaling early uptake and room for growth.

Taken together, high junior graduation rates, strong upper-division pass rates across subgroups, and a steady flow of graduates into additional education, the data provide solid evidence that the BSHS and OEC are preparing students for further training and entry into health-related careers, while supporting continued academic momentum beyond the bachelor's degree.

5. Demonstrate demand for the program.

- a. **Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Demand program review metrics are Ratio of Out-of-Discipline Credit Hours to Total Credit Hours, Number of Program Graduates Who Continue Education, and Number of Program Graduates Who Return to UAA to Pursue an Additional Program. (3500 characters or less)**

Between AY2021 and AY2025, the Health Sciences program demonstrated strong cross-disciplinary relevance and graduate outcomes, alongside a deliberate shift in course composition and student progression. Over this period, the ratio of out-of-discipline credit hours steadily declined, reflecting increased specialization and closer alignment with workforce and curricular needs. Health Sciences courses now attract students with clearer academic fit and professional intent, supporting improved retention and program cohesion.

Removing cross-listings from HS A370, HS A420, and HS A433 reduced demand from non-majors, alleviated registration bottlenecks, and improved access for Health Sciences majors. These changes support on-time enrollment in required courses, reduce excess credit accumulation beyond 120 credits, and promote timely graduation. The BSHS program includes only one General Education Requirement (GER) course (HS A492, the integrative capstone), which further limits out-of-discipline credit hours.

To broaden access and strengthen institutional demand, the program proposed reinstating HS A220 as a Social Sciences GER and adding HS A370 as an Intercultural Fluency GER. These proposals align with recommendations from the Institute of Medicine and the American Public Health Association that undergraduate education include foundational public health learning so graduates understand the social, environmental, and structural factors that influence health and community well-being. Previous proposals coincided with changes to GER criteria and approval processes, and the program plans to revisit these requests now that the current framework has stabilized. Until then, the program's out-of-discipline credit hour ratio remains constrained despite strong student interest and alignment with national best-practice guidance.

Graduate outcomes remain strong, with an average of 32 students per year pursuing further education and a peak of 41 in 2023. The decline to 27 in 2025 likely reflects pandemic disruption, Alaska's smaller applicant pool, and national enrollment trends. In response, faculty launched HS A485 (professional preparation), expanded partnerships with clinical training programs, increased mentoring for post-baccalaureate pathways, and leveraged Project PACE to enhance faculty and advisor training and expand scholarship support for rural and disadvantaged students.

The number of graduates returning to UAA for additional programs remained stable (11–24 annually), indicating student satisfaction and confidence in program preparation. Course pass rates increased for both full- and part-time students, reflecting improved curriculum alignment, expanded use of high-impact and transparent (TILT) teaching strategies, and strengthened academic supports.

The program launched a new OEC in gerontology in AY2024–25 and an accelerated MPH pathway allowing eligible juniors to begin graduate coursework early. Overall demand remains healthy, with continued emphasis on workforce relevance, academic-to-practice pipelines, and community-engaged recruitment strategies.

6. Demonstrate program productivity and efficiency.

Analyze and respond to the data in the data sheet for your program. Provide clarifications or explanations for any positive or negative trends indicated by the data, and discuss what you are doing to improve. The Productivity and Efficiency program review metrics are Five Year Degree and/or Certificate Awards Trend, Student Credit Hours per Full-Time Equivalent Faculty, and Full-Time Equivalent Student per Full-Time Equivalent Faculty. (3500 characters or less)

Program productivity data reflect both the maturity and adaptability of the Health Sciences program. The five-year degree and/or certificate award trend for the BS in Health Sciences shows a gradual decline from 54 awards in 2021 to 34 in 2025. This trajectory correlates with university-wide enrollment drop, demographic shifts, and pandemic-related retention issues. This reflects purposeful pacing to ensure quality advising and timely degree completion. Despite this, the program continues to produce one of the highest numbers of graduates within the College of Health. Importantly, Project PACE initiatives and other efforts during this period have reduced time-to-degree.

To sustain productivity and optimize efficiency, the program has refined course rotations to balance faculty workloads across semesters and expanded the use of interdisciplinary electives aligned with workforce needs. Accelerated and stackable credentials increase student throughput without adding faculty FTE, while supervised experiential learning such as practicum, independent study, and research projects, supports community-engaged research and creative activity without overextending instructional capacity. The program also leverages AI-based classroom tools, ePortfolios, and Blackboard Ultra to improve feedback and reduce administrative burden. In addition, ongoing collaboration with the College of Health Communications Team strengthens recruitment and retention strategies and supports optimized course scheduling for balanced faculty loads.

Over the past 5 years, SCH/FTEF has decreased from 522.7 to 475.6 and FTES/FTEF has decreased from 17.4 to 15.9. These rates are ideal as they now fit closer to national averages, which are 400-550 for SCH/FTEF and 15 for FTES/FTEF. The Health Sciences program has continued to maintain strong instructional efficiency while prioritizing student-centered, applied learning experiences that strengthen Alaska's health workforce pipeline. For the OEC in gerontology, the program's planned activities will focus on visibility and long-term sustainability.

Optional: Discuss the extent to which, if any, extramural funding supports students, equipment, and faculty in the program. (3000 characters or less)

Extramural funding has played an important role in supporting UAA's Health Sciences program, its faculty, and its students for the past 5 years. Health Sciences faculty have successfully secured competitive local, state, and federal research and workforce development grants that enhance instructional capacity, community engagement, and student learning. Notably, awards have helped establish the UAA Healthy Aging Research Laboratory, expanding paid student research opportunities, providing faculty salary support, purchasing specialized equipment, and strengthening faculty and student scholarship in gerontology and health sciences. Earned indirect on those externally funded projects support faculty development and student engagement opportunities, particularly through the Alaska Public Health Association's annual Health Summit. Undergraduate engagement in research is considered a high-impact teaching practice that BSHS has been able to greatly increase in the last 5 years.

Health Sciences faculty have led Alaska Mental Health Trust Authority, Alaska Office of Substance Misuse and Addiction Prevention, ACL, NIH, and Alaska INBRE-funded projects that support paid student research positions to deliver program evaluations, health education workshops in our community, and create new

advisory boards throughout Alaska, providing hands-on training, workforce development, community capacity building, practicum opportunities, and public service experience for students. These grant funds directly benefit students by creating high-impact learning opportunities and offsetting educational costs through wages and stipends. Students have presented at professional conferences and even co-authored journal articles with BSHS faculty in the past 5 years.

Overall, while the Health Sciences program remains primarily instructional in mission and funding structure; extramural grants supplement this work by supporting faculty scholarship; enhancing laboratory and teaching infrastructure; increasing faculty productivity and efficiency; and providing meaningful, paid, applied, interprofessional learning experiences for students. Continued pursuit of external funding will remain a priority as the program grows practice-based training and research capacity, as this provides students with co-authorship opportunities on academic papers, posters, and conference presentation experiences for their professional growth.

7. Assess program distinctiveness, as well as any duplication resulting from the existence of a similar program or programs elsewhere in the University of Alaska System. Is duplication justified, and, if so, why? How are you coordinating with UAA's community campuses and the other universities in the system? (2500 characters or less)

National organizations increasingly emphasize that preparation for health professions must extend beyond traditional science coursework. The American Medical Association highlights communication skills, cultural humility, teamwork, and understanding the social determinants of health as essential competencies for future clinicians, while the American Public Health Association emphasizes population health, prevention, and cross-sector collaboration. The Bachelor of Science in Health Sciences (BSHS) at UAA is intentionally designed as a multidisciplinary program that integrates applied health sciences with social and community contexts of health, emphasizing population health, systems thinking, social determinants of health, and targeted pre-clinical preparation.

Key distinguishing features include:

- Dual preparation pathways: a health education track preparing students for careers in public health and a pre-clinical track aligned with partner programs (WWAMI, MEDEX PA, ISU PharmD, Creighton OT).
- Applied population health foundation emphasizing assessment, health communication, health program design and evaluation, community partnerships, and prevention-oriented practice.
- Workforce readiness that enables graduates to enter health-sector roles or competitive clinical programs without requiring post-baccalaureate training.

Across the UA System, health sciences programs vary substantially:

- UAS offers an AAS in Health Sciences focused on technical and applied workforce roles.
- UAF offers a Health Sciences minor intended to complement other majors, primarily for pre-clinical students, without a comprehensive population or community health foundation.
- UAA delivers the only bachelor's-level program preparing students for both advanced study and a broad range of health careers through integrated community health practice, health education, and pre-clinical preparation.
- UAA also houses the UA System's only Public Health minor, accelerated BSHS to MPH pathway, and Gerontology certificate, critical given the state's aging population and workforce shortages.

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Where overlap exists, it is justified by Alaska's geography, regional workforce needs, and limited access to health education, particularly for rural and Alaska Native communities. Ongoing coordination across the UA System supports alignment of course rotations, advising, and access to prerequisites and online upper-division coursework.

8. Assess the strengths of your program and propose one or two action steps to address areas that need improvement. (4000 characters or less)

To build on existing strengths and address areas for improvement, the program has identified the following action steps & associated institutional support needs:

1) Planned Action Steps

A. BS Health Sciences

Curriculum alignment with national standards: Program faculty will conduct a curriculum review aligned with the newly released HESPA III competencies, emphasizing interprofessional education (IPE) and applied skill development.

Division-wide workforce guidance: DPHS faculty will seek to expand the existing MPH Advisory Board to include undergraduate representation, allowing coordinated cross-program guidance on emerging workforce needs.

B. OEC in Gerontology

Assessment and quality monitoring: Continue monitoring assessment artifacts from initial cohorts to ensure learning outcomes are met and to guide curriculum refinement.

Targeted outreach and advising: Continue recruitment through in-class visits, advising appointments, and outreach events to strengthen enrollment.

2) Institutional Support to Advance These Goals

A. Immediate and Near-Term Priorities

The BSHS program currently operates with four allocated faculty lines (730075, 305324, 305545, and 301506). During the review period, two tenure-track Health Sciences positions were transferred to the MPH program: PCN 301288 in 2021 and PCN 301701 in 2024 when the role was promoted to assistant dean. Although that position was initially refilled with a term faculty line (PCN 731988), it has also been transferred to the MPH program, further reducing BSHS instructional capacity. In addition, PCN 730075 will become vacant in AY2026–2027. The loss of PCN 730075, which included practicum coordination responsibilities, represents more than a reduction in administrative capacity. It also reflects the loss of disciplinary expertise needed to oversee practicum placements, ensure alignment with program outcomes, and integrate experiential learning. With three positions lost over the past five years, the program requests authorization to refill two tenure-track faculty positions.

Refilling two tenure-track positions will restore instructional capacity, curricular leadership, student mentoring, and applied expertise aligned with BSHS outcomes. Restoring this capacity will stabilize student placements, reduce progression bottlenecks, and maintain continuity for students and community partners across Alaska. Tenure-track faculty also support long-term program stability through scholarship, grant activity, shared governance, and institutional leadership.

B. BSHS Program Sustainability and Growth

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Curricular infrastructure: Support is requested to advocate for HS A220 and HS A370 inclusion as General Education Requirements (GERs), as these courses promote health literacy, systems thinking, and intercultural fluency. The American Public Health Association recommends integrating introductory public or population health into undergraduate general education so students understand social, environmental, and structural drivers of health. Developing a health sciences–focused research methods course would also address gaps in CHES® competency preparation not met through methods courses in other disciplines.

System coordination: Institutional support to strengthen expectations for course delivery with community campuses would improve course sequencing, advising consistency, and timely degree completion.

C. Gerontology Program Support

Interprofessional education and simulation capacity: Increased support for the COH Simulation Lab and IPE coursework would strengthen interprofessional skills needed for team-based, person-centered aging services, particularly in rural and remote Alaska.

Outreach and early recruitment: Additional COH support to expand early recruitment into gerontology and health sciences, including rural communities, would strengthen the aging services workforce pipeline. Alaska has a higher proportion of residents age 65+ than the national average, yet workforce shortages persist.

9. **Over the past two years programs and colleges conducted a comprehensive review of all fees. Moving forward, per the [UAA Course Fee Policy](#), programs conduct a comprehensive review and re-approval of all course fees as part of the cyclical Academic Program Review process. The college's strategic budget officer will conduct a review, and the dean will review the results and work with the program on any changes. The authorized lead, per the Course Fee Policy, will submit forms for each fee, whether to delete, retain, or change the fee. Forms are due to OAA by the regular February 15 deadline.**

What was the general outcome of the comprehensive fee review? (2500 characters or less)

None of the above programs include any course fees.

Committee chair first name last name: Kristin Stoepler

Date: 2/10/2026

END OF PROGRAM SECTION

DEAN SECTION (Due on April 1)

1. Evaluation of Progress on Previous Recommendations

For each recommendation from the last program review, indicate if the recommendation has been met or has not been met and provide commendations and guidance as appropriate. (2500 characters or less for each recommendation)

BS Recommendation 1: As the program continues to grow, it is likely that additional faculty will be needed. The need for additional faculty should be re-evaluated within the normal cycle of program reviews. In the meantime, the need for additional student support resources should be addressed. The program is

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encouraged to work with the Student Success Center to determine how to best address that need.

Recommendation has been met.

The program requests two additional tenure-track faculty positions. To meet student demands, the program should offer 25 courses (75 credits) per academic year (11 required courses should be offered once per academic year, and seven should be offered twice). There are currently four faculty assigned to the undergraduate program (there are no vacant positions; these positions were reassigned to the graduate program). Accounting for research and service assignments, current faculty can offer up to 66 credits of instruction. This leaves a gap of nine credits. This gap can be filled with adjunct faculty and faculty from other programs and community campuses. Courses can also be offered in the summer on a self-supporting basis. Overall, current course scheduling needs do not justify the need for additional tenure-track faculty positions.

However, the program's teaching capacity is reduced every year because teaching credits are reallocated to other activities (mostly grant-funded research and teaching in other units). On average, teaching capacity was reduced by 48.3% during the review period. The program must carefully consider program needs and priorities when determining workloads.

One term faculty position will become vacant at the end of this academic year. Replacing this faculty position with another term position appears justified. Future recruitments should address the expertise gap described by the program. The program should also continue to explore options to use adjunct faculty and faculty from other programs and campuses.

The program was also asked to address the need for additional student support resources. The program has clearly maintained a student-centered focus in all activities. As a result of these efforts, course pass rates have increased slightly (at an average of one percentage point per year). We commend the program for putting students first and making a significant contribution to UAA becoming a student-centered institution.

Provide your analysis of #2-8 below, based on the data provided and the program's responses above.

2. Centrality of the Program (2000 characters or less)

The Gerontology OEC prepares students for the public health challenges of an aging population, the provision of competent care for older patients in medical settings, and the provision of community resources and support to older adults and their family caregivers facing the end of life. The Health Sciences BS prepares students for careers in health sciences professions including health education and health promotion, public and community health, health care delivery, and rehabilitative sciences. The Health Educator Track qualifies students to take the Certified Health Education Specialist (CHES) exam, while the Pre-Professional (Pre-Clinical) track provides a key pipeline to health-related graduate programs. These programs directly contribute to the College of Health's mission to advance the health and well-being of people and communities. They also make a significant contribution to addressing workforce needs in Alaska's healthcare industry. By offering an occupational endorsement certificate, a bachelor's degree, and an accelerated pathway to graduate studies, these programs also demonstrate UAA's value as a dual mission university.

Faculty are commended for thoughtfully and intentionally integrating opportunities for students to develop core competencies in effective communication; creative and critical thinking; intercultural fluency; and personal, professional, and community responsibility. This integration of core competencies differentiates the college's program options in health sciences from other pre-clinical options. Students acquire key skillsets that help them achieve academic and post-graduation success.

3. Program Quality and Improvement (2000 characters or less)

The OEC in Gerontology is only two years old. Too few students have completed this OEC to assess program quality. The program is currently gathering baseline assessment data. Faculty will then identify, implement, and evaluate program improvement efforts. The Assessment Plan was recently updated. In addition to collecting outcome data from HS A305 (Public Health for an Aging Society), faculty should capture assessment data when students have completed all program requirements. Collecting outcome data at the end of the program will provide a better reflection of student achievement of student learning outcomes (e.g., writing skills may improve as students complete additional program requirements).

The BS in Health Sciences has a long history of being committed to continuous improvement. A review of prior assessment reports from AY21, AY22, and AY24 shows that the program has implemented a robust assessment cycle. Recent recommendations for improvement included embedding high impact teaching practices throughout the curriculum (e.g., improving transparency in learning and teaching, scaffolding student learning, increasing interprofessional education experiences, increasing serviced learning and community-based learning, using ePortfolios, providing undergraduate research opportunities). At the same time, faculty have embedded core competencies and national health education standards into the curriculum. They have also implemented accessible and inclusive teaching practices. To maintain these efforts, the program will need to fill current and future gaps in faculty expertise.

Overall, the program has continuously demonstrated excellent quality and an outstanding commitment to continuous improvement. Moving forward, the program should consider streamlining the curriculum and more clearly stating and justifying requirements for elective and general education courses.

4. Student Success and the Closing of Achievement Gaps (2000 characters or less)

The program regularly analyzes student success data and has implemented key strategies to improve student success and the closing of achievement gaps. Course pass rates are high (average course pass rates are 78% and 89% for lower division and upper division courses, respectively). These rates are comparable to the rates for all UAA courses and have improved slightly during the review period (rates have increased an average of one percentage point per year). As with assessment activities, the program demonstrates a strong commitment to analyzing trends in student success. The program regularly identifies, implements, and evaluates promising high impact strategies to improve student success and close achievement gaps. The faculty are clearly putting students first in curriculum and program decisions. Overall, their work is improving student success and closing achievement gaps. Upon graduation, students are demonstrating success earning national credentials and continuing their education.

The average junior graduation rate was 13 percentage points higher for the BS in Health Sciences than for all UAA baccalaureate degrees, but it dropped 14 percentage points below the UAA average in 2025. Prior to 2025, the junior graduation rate was relatively stable (varying between 80% and 100%; the average junior graduation rate for the BS in Health Sciences was 20 percentage points higher than the average UAA rate). As noted by the program, the drop in 2025 may be due to random fluctuations caused by small denominators. In addition, this cohort may have been impacted by both external and internal factors (e.g., effects of program changes and the COVID-19 pandemic). Moving forward, the program should continue to monitor the junior graduation rate. If needed, the program should then identify and implement additional strategies to improve the junior graduation rate.

5. Demand (2000 characters or less)

The number of program graduates who continue education has increased by an average of 9% per year and the number of program graduates who pursue an additional program has remained stable (when these numbers

decreased by an average of 37% and 52% per year, respectively, for UAA graduates). These comparisons show that the program has greater post-graduation success, is of higher quality, instills more faith in the institution, and is popular for additional training. The program also implemented an accelerated pathway where students may count three courses toward both the undergraduate and master's degree.

Demand for the program can also be observed in course enrollments. Undergraduate courses in Health Sciences tend to have high enrollments. For academic years 2022 to 2025, the average student seat per course count was 10.5% higher for Health Sciences than for UAA (and the trend increased twice as fast, +12% versus +6%). During this period, 24.6% of Health Sciences courses had one seat or less available (15.9% were at or over capacity, excluding directed studies, independent studies, and practicum/project courses). Nine courses are currently offered for spring 2026, and five are at or over capacity.

Unfortunately, the ratio of out-of-discipline credit hours to total credit hours has fallen by an average of nine percentage points per year (down to 16% in 2025). Health Sciences courses are becoming less important for other majors (the program removed the cross-listing of three courses during the review period). The program is encouraged to increase external demand. As recommended by the American Public Health Association, all undergraduates should receive foundational public health education (see policy statement #200915 on integrating core public health education into undergraduate curricula). This is more important today than it has ever been in the history of health sciences education.

6. Productivity and Efficiency (2000 characters or less)

On average, more than 40 students per year (41.4) graduated with a BS in Health Sciences during the review period. In addition, productivity metrics show that the program has higher average numbers of students and instructional loads per full-time equivalent faculty than other baccalaureate programs at UAA. The average student credit hour to full-time equivalent faculty (SCH/FTEF) and full-time equivalent students to full-time equivalent faculty (FTES/FTEF) ratios were both 14% higher for the BS in Health Sciences than for all baccalaureate programs at UAA.

However, recent trends raise questions about the program's future enrollments and productivity (see also recent trends in the junior graduation rate). The five-year degree trend for the BS in Health Sciences has dropped by 36% (as has the five-year degree trend for all baccalaureate programs at UAA). On average, The SCH/FTEF and FTES/FTEF ratios are understandably more variable for the BS in Health Sciences than for all baccalaureate programs at UAA – but there is a downward trend for the BS in Health Sciences (-8% for SCH/FTEF and -7% for FTES/FTEF) that was not observed for all baccalaureate programs at UAA. As noted by the program, current productivity levels may be more appropriate than they were in the past (i.e., the program is the right size for current demand). The program should ensure that productivity does not decline further.

The program is commended for using extramural funding to support students, equipment, and faculty in the program. This extramural funding provides important opportunities for students (e.g., participating in undergraduate research) and for community partnerships (e.g., supporting the Alaska Public Health Association). However, as previously noted, the program should carefully balance workloads to meet the needs of the unit and ensure that teaching obligations are met.

7. Duplication and Distinctiveness (2000 characters or less)

The OEC in Gerontology is the only program within the University of Alaska system that specifically prepares students for working with aging populations. The BS in Health Sciences is the only program at UAA that specifically prepares students for professions in health education and public health. It is also the only program at UAA that provides broad educational preparation for students interested in graduate medical studies. For those students, courses taken are often more important than the choice of majors. The distinctive feature of

the pre-clinical track in Health Sciences is that it provides a comprehensive well-rounded education. The program includes 24 credits of electives personally tailored to each student's professional and academic aspirations. Faculty are commended for their detailed work aligning undergraduate major requirements to graduate program admission requirements. As a result of this work, program graduates are well prepared to apply to graduate programs and to be accepted and successful in those programs. Overall, the program is distinctive and avoids duplication.

To more closely align the two tracks within the BS in Health Sciences (health educator and pre-professional/pre-clinical), and to better define the BS in Health Sciences, the faculty should consider developing a common core of core courses (e.g., AKNS A201; BIOL A111/L, A112/L; COMM A300; HLTH A151; HS A210, A220, A230, A305, A326, A345, A370, A420, A433, A485, A492; PHIL A302; PSY A150), with additional track-specific requirements. Faculty should also more clearly state and justify requirements for elective and general education courses.

8. Strengths and Ideas for Moving Forward (2000 characters or less)

The BS in Health Sciences is planning a curriculum update to align with current national standards. As part of this update, the program should consider having a common core for both tracks. Requirements for elective courses and courses in other disciplines should be clearly stated and have clear justifications. The faculty also seek to expand the MPH Advisory Board to include undergraduate health sciences and gerontology representation. They may be better served by having their own advisory board with members who are clearly connected to the mission of the undergraduate programs. The program has also identified promising strategies for improving the OEC in gerontology including recruiting more students and assessing their learning.

The program requests two tenure-track faculty replacements. The dean's level review does not currently support faculty replacements. Instead, the dean's level review concludes that the program is sized appropriately with three tenure-track/tenured faculty and one term faculty. One faculty has resigned effective May 2026. Filling that upcoming vacancy will be important to maintain current capacity. That position should likely remain a term position (this determination does not impact workloads). It will be critically important for future recruitments to fill expertise gaps.

The program also requests assistance with curricular infrastructure. The dean's level review supports efforts to designate HS A220 and HS A370 as general education requirements, if the program can address previous concerns. Current course enrollments also support having a health science-focused research methods course. There is sufficient demand and interest for this course, and health science students would be better served in a health science-focused course.

Finally, the program requests support for interprofessional education, simulation capacity, and recruitment. The findings in the dean's level review support these requests.

9. Comprehensive Fee Review (2000 characters or less)

There are no course fees for undergraduate health science courses.

Dean's Final Evaluation

I commend the program for: (number and list the specific commendations in the narrative box, 2000-character limit)

1) Demonstrating exceptional leadership in the development and implementation of comprehensive and collaborative initiatives to promote student success;

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- 2) Offering multiple degree options and pathways that clearly support UAA's dual mission, the College of Health mission to advance the health and well-being of people and communities, and student interests in health careers;
- 3) Thoughtfully and intentionally integrating opportunities for students to develop core competencies in effective communication; creative and critical thinking; intercultural fluency; and personal, professional, and community responsibility;
- 4) Demonstrating an outstanding commitment to continuous improvement through program assessment activities and maintaining excellence in all program options;
- 5) Providing flexible and bespoke program options to meet each student's professional and academic aspirations;
- 6) Implementing high impact teaching practices to improve student success and close achievement gaps;
- 7) Graduating a high number of students and demonstrating high productivity and efficiency;
- 8) Offering distinctive program options for students interested in gerontology, health education, public health, and pre-professional/pre-clinical studies; and
- 9) Completing a detailed and insightful program review after carefully analyzing strengths and opportunities for improvement.

I recommend that the program: *(number and list the specific recommendations in the narrative box, 2000-character limit)*

- 1) Strengthen the assessment plan for the OEC in Gerontology to capture outcome data when students have completed all program requirements;
- 2) Continue efforts to expand health sciences education to other majors, after addressing previous concerns;
- 3) Continue to monitor productivity and efficiency metrics and strengthen recruitment efforts to ensure that productivity does not decline further;
- 4) Update the curriculum: align program and courses to national standards; consider a common core of requirements for the bachelor's degree, with track-specific requirements that provide specializations in health education and pre-clinical studies; clearly state and justify requirements for elective courses and courses in other disciplines; and redevelop a health science-focused research methods course to better meet the needs of health science students; and
- 5) Establish an advisory board to ensure the program remains aligned with its mission and meets the needs of both employers and graduate schools.

Dean's overall recommendation to the provost: Continuation -- Program is successfully serving its students and meeting its mission and goals. No immediate changes necessary, other than regular, ongoing program improvements.

If an Interim Progress Report is proposed, recommended year: Select N/A or Academic Year.

If a Follow-up Program Review is proposed, recommended year: Select N/A or Academic Year.

Proposed next regular Program Review: AY2033

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Dean first name last name: Jay C. Butler, MD

Date: 4/1/2026

END OF DEAN SECTION

PROGRAM OPTIONAL RESPONSE SECTION (Due within one week of receiving dean's review)

Are you submitting an optional response? If yes, add your response below, enter your name and date, and follow the guidance below for submission. If no, enter your name and date, and follow the guidance below for submission.

No

Optional Response: (10,000 characters or less)

Committee chair first name last name: Kristin Stoepler

Date: 4/7/2026

END OF PROGRAM OPTIONAL RESPONSE SECTION

PROVOST SECTION (Due on August 1)

Provost's commendations, additional or adjusted recommendations, if any, and other general comments (3500 characters or less):

I generally agree with the dean's many commendations, and would particularly call out the programs' intentional efforts to integrate opportunities for students to develop UAA's institutional core competencies.

I generally agree with the dean's recommendations. However, given my final decision below, I would adjust them to be:

1. Update the BS Health Sciences curriculum, considering my final decision below, as well as the dean's suggestions in the dean's recommendations section;
2. Establish an advisory board, possibly two, to ensure the program remains aligned with its mission and, depending on the mission, meets the needs of employers and/or graduate schools.
3. Ensure there is a clear articulation from the BS Health Sciences to the Master of Public Health Practice (MPH) and which might require a reconsideration of the accelerated master's degree.

For recommendations #1 and #3, the program and college will want to meet with the senior vice provost to map out a plan for a curricular revision, including a three-year course rotation, and for #2 the program might want to consider two different advisory boards, given the very different pathways for the different tracks. I added recommendation #3, that the program will want to ensure there is a clearly articulated pathway from the BS Health Sciences to the Master of Public Health Practice (MPH) which might require a reconsideration of the accelerated BS to MPH.

I am changing the final decision for the BS Health Sciences to revision. In AY2026-2027 the program will want to come forward with a curricular revision, possibly including a name change, such as to BS Public Health, and possibly refocusing the degree to include only one track. Building off the dean's recommendation #4, it is not clear to me that both tracks are necessary, or that the BS is well articulated to the MPH.

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OEC Provost's decision: Continuation -- Program is successfully serving its students and meeting its mission and goals. No immediate changes necessary, other than regular, ongoing program improvements.

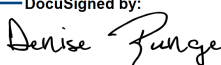
BS Provost's decision: Revision -- Program will be revised in the next academic year using existing resources.

Interim Progress Report: Select N/A or Academic Year.

Follow-up Program Review: Select N/A or Academic Year.

Next regular Program Review: AY2029

Provost's signature:

DocuSigned by:

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Date: August 14, 2026