

**Florida Atlantic University
Health Administration Program
College of Business
Department of Management
Program Review**

Review Team:

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Introduction and Process

On March 2-4, 2021, the team of Dr. Jillian Harvey, Dr. Christy Harris Lemak and Dr. Deborah Shepherd reviewed the Health Administration programs at Florida Atlantic University (FAU) which is located in the College of Business, Department of Management. Dr. Russ Ivy, Senior Associate Provost, provided the reviewers with a self-study and associated documentation for its programs. A detailed itinerary was provided. Sharon Brown, Coordinator, Academic Programs provided exemplary logistical support.

During the site visit the review team met with 36 unique stakeholders including:

Dr. Pierre Alexandre, Program Director & Associate Professor
Ms. Sybil Alfred, Director of Executive Programs
Dr. Jennifer Attonito, Instructor
Dr. Salvatore Barbera, Instructor
Dr. Patrick Bernet, Associate Professor
Dr. Ronald Carlton, Adjunct Faculty
Dr. Scott Feyereisen, Assistant Professor
Ms. Daniela Garzon-Aljure, Graduate Student Traditional MHA
Dr. Elizabeth Goodrick, Professor
Dr. Daniel Gropper, Dean & Professor of the College of Business
Dr. Gulin Gumus, Associate Professor
Ms. Mata Hari, Undergraduate Student
Dr. Paul Hart, Associate Dean
Ms. Taylor Horne, Undergraduate Student
Dr. Russ Ivy, Senior Associate Provost
Dr. Ken Johnson, Associate Dean & Investments Limited Professor
Mr. David Kaiel, Undergraduate Student
Dr. Roland Kidwell, Chair, DeSantis Distinguished Professor of Management/Entrepreneurship & Director, Adams Center for Entrepreneurship
Ms. Chantal Leconte, Adjunct Faculty
Mr. Rudy Molinet, Adjunct Faculty
Dr. Judith Monestime, Instructor
Dr. Lawrence Newmann, Senior Instructor

Dr. Dennis Palkon, Professor
Ms. Kimberly Paulus, Executive Director, Student Academic Services
Mr. Anuj Patel, Graduate Student, Traditional MHA
Ms. Hannah Postdumus-Wagner, Undergraduate Student
Dr. Ed Pratt, Dean, Undergraduate Studies
Ms. Angela Primiano, Adjunct Faculty
Dr. Neeraj Puro, Assistant Professor
Dr. Marc Rhorer, Assistant Dean
Dr. Bob Stackman, Dean, Graduate Studies
Dr. Karin Scarpinato, Executive Associate Vice President for Research
Dr. Siri Terjesen, Professor and Associate Dean for Research and External Relations Business
Dr. Alan Whiteman, Associate Program Director & Instructor
Mr. Vegar Wiik, Asst. Dean of Academic Programs & Executive Director of Executive Education
Mr. Keith Willis, Adjunct Faculty

Program Overview

The Health Administration program includes the Bachelor of Health Services (BHS), and the Master of Health Administration, which is offered in three Formats: Traditional Program (TMHA), Executive Program (XMHA) and Online Program (OMHA).

The Mission of the Health Administration states: *Our mission is to prepare students to become future health care managers and leaders, who are committed to organizing and improving the health delivery system in the U.S. and throughout the world. The Health Administration (HEAD) program offers both undergraduate and graduate degrees that will provide students with the knowledge needed to work in a dynamic health care setting. Due to the continuously changing environments of the healthcare system, these degrees are designed to provide a flexible, rigorous, and comprehensive academic curriculum blending didactic and practical experience.*

PROGRAM STRENGTHS

Context:

- The programs are located in a vibrant, growing university (FAU) and large, well-funded College of Business (COB).
- There is clear alignment between health, the business of health and medicine and FAU's strategic priorities.
- FAU offers significant support for first-generation students.
- Leaders across the campus were aware and supportive of the program.
- Students and faculty highlighted the impressive classroom space.
- There is growing emphasis on externally funded research endeavors at University and COB levels.

Faculty:

- There is a strong mix of full-time faculty and adjuncts. Full-time faculty have a strong record of scholarship.
- There is growing interest in grants and other types of externally funded research, which is common and important in the field of health administration.

- Faculty appreciated the flexibility and the encouragement to be innovative in their teaching.
- Some faculty are using innovative methods and incorporating research into their teaching.
- Faculty appropriately use case study approaches, many guest speakers from local health care organizations and encouraging student participation in local case competitions.
- Faculty feel supported and spoke highly of the resources for preparing and teaching courses. In particular, FAU's Center for E-Learning was frequently cited as beneficial resource.
- The majority of the faculty were dedicated to ensuring that students had a good experience.
- Adjuncts bring a wealth of "broad-based and real world" experiences to the classroom.
- Adjuncts feel included in the program and were pleased with the opportunities to participate in the Provost Coffee Hour, Faculty Senate, as well as various professional development events.

Students:

- For the most part, students were very excited about the program and the support they have received from certain full-time faculty and adjuncts. The programs were described as having a "supportive not punitive" culture.
- FAU has the most diverse student population in Florida. All stakeholders were energized by the diversity in the student population. In particular, the BHS comprises a diverse student population (e.g., traditional and nontraditional students, first generational students, and ethnicity).
- The caliber of the students selected to represent the three programs in the external review were very impressive.

Programs:

- All reviewed programs are growing or stable in terms of enrollment.
- Classes are small enough to encourage meaningful student interaction and engagement.
- All three programs consistently demonstrate good results on key metrics such as student retention and success.
- The XMHA offers "concierge" student treatment.
- Many initiatives are "piloted" in XMHA and then spread to other COB programs (e.g., "Faculty Ambassador" and some Boot Camp activities).
- The XMHA offers opportunity for students to network with local practitioners and other Executive students in COB.
- There is strong engagement with XMHA and TMHA students in local ACHE activities.
- The BHS Gerontology Certificate and minors offer opportunities to gain additional expertise.

PROGRAM WEAKNESSES AND CHALLENGES

Context:

- The graduate programs in Health Administration are structurally disjointed. The XMHA and TMHA are housed under two different leadership teams and different faculty teach in each format. There could be greater coordination across these program formats.
- There remain communication issues about the "right program" for applicants. There should not be competition between the programs if the correct students are targeted for each.

- There appears to be very little, if any, networking across academic departments in the College of Business in general and among the programs in Health Administration in particular.
- There was an emphasis on faculty participating in securing external funding (“grants”). Some faculty, however, expressed concerns about not being equipped to write grants and not being recognized for the scholarship associated with grant-funded work (unless it is published in a narrow set of journals).
- There is perceived competition for undergraduate students between the BHS and the new Health Sciences degree. There is some validity to this concern, as there has been a decline in BHS enrollment since the establishment of the Health Sciences program.

Faculty:

- The programs may not have the right number and mix of faculty. There are 653 students across three programs, with only 12 full-time faculty. Students suggested there are too few professors teaching in the BHS because they often have the same instructors in multiple courses. Faculty mentioned that up to 120 students can be in a course without a TA or grader for 3000-level courses.
- Very few full-time faculty teach in the XMHA program.
- There is significant confusion and conflicting information across stakeholders about performance review and Tenure and Promotion guidelines, particularly as it relates to acceptable publications and external funding (“grants”).
- In the undergraduate program, the lack of faculty involvement with students outside of the classroom environment may contribute to further decline in student enrollment.

Students:

- It is essential that all three programs have clear and consistent guidelines and advisement opportunities if students are to successfully complete program requirements in a timely manner (e.g., two undergraduate students expressing concern about having to delay graduation because of lack of information on the sequencing of courses).
- There is a lack of networking opportunities for students, within and between the program participants (e.g., student organization, mixers with guest speakers, participation in the undergraduate and graduate student research symposiums, or other joint sponsored events).
- Students expressed concerns that not all instructors use a recording or monitor system during testing (some active student conduct code violations).

Programs:

- The lack of faculty involvement in the student admission process to the TMHA and XMHA programs is unusual.
- It appears to some that the XMHA is cannibalizing students, faculty, and energy from the TMHA.
- The TMHA curriculum has not updated in a long time. Specific weaknesses identified by stakeholders and agreed upon by review team in comparison to similar programs include:
 - Missing or limited content areas: health information systems, epidemiology, public health, ethics, health care finance, hospital/healthcare operations, quantitative skills building; measurement and quality improvement, leadership, and reimbursement and value-based care.

- The curriculum is not mapped to larger framework, competency model or goals.
- All stated objectives for both the BHS and MHA are at the “Apply” level of Bloom’s Taxonomy.
- Student outcomes (learning or career) are unknown to faculty.
- It was unclear how students find their practicum location (there is no single person in charge of internships or the practicum experience).
- All TMHA courses meet in the evenings, which makes engagement sometimes hard because both students and faculty are tired after working all day.
- The MHA programs are not CAHME-accredited (this was mentioned by student stakeholders). There is considerable competition in the Florida MHA/MBA market, including growth in CAHME accredited programs. Current CAHME-accredited programs in Florida include: AdventHealth, FAMU, FIU, Jacksonville, UCF, UF, Miami, UNF, and USF.
- Not many BHS students are aware of various minor options.
- Other program weaknesses: Internship may be too short; Poor in-person attendance in classes that are recorded; Students were unclear about course evaluations, and if they were getting the correct survey questions.

RECOMMENDATIONS

1. Curriculum:

The current curriculum (course content and sequence) may not reflect what is relevant to students or to the needs of employers today or tomorrow. Students select degree programs and universities to gain knowledge and skills required to achieve their personal and career goals.

Recommendation 1a: Curricular Redesign

The BHS and TMHA curricula need an immediate review and updating in order to reflect current and future health care industry and competencies required for career success. We recommend creating a Curriculum Review Committee composed of full-time faculty and adjuncts (and potentially students and other stakeholders). This committee would review at least three BHA and MHA undergraduate and graduate programs from other institutions and provide suggestions on how best to restructure the current programs.

In addition, to broaden each program’s appeal and allow for maximum flexibility, a set of common core courses should be required for students enrolled in the TMHA and XMHA. Rather than keeping current set of courses and adding electives, we recommend a complete review of the curriculum (top to bottom).

We recommend re-designing both BHS and MHA curricula content at same time and adjusting learning objectives for differing levels of learning (lower for BHS; higher for MHA). If there are gaps in content areas, you may consider co-hiring or co-assignment of faculty from other schools and departments (e.g., marketing, supply chain, nursing). The TMHA and XMHA receive the same degree and should have equivalent competencies and outcomes. This can be accomplished under a model where the EMHA receives additional concierge experiences and course experiences and learning objectives reflect the significant work experiences of XMHA students.

Recommendation 1b: Engage the Field of Practice in the Curricula

As part of the curriculum review, we recommend discussion of program goals and curricula with the field of practice (as members of the Committee of through a structured process). The last self-study review recommended that the department create an Advisory Board. It is not clear, however, that there is a functioning Advisory Board.

This is a unique opportunity to draw on the adjuncts, who are highly engaged in the program and the field. It is also a chance to draw on the expertise of program alumni to form the board. The board can provide insight into the curriculum redesign and feedback on local (and global) workforce needs and professional development opportunities for BHS and TMHA.

Recommendation 1c: Explore Opportunities for BHS Minors and Career Pathways

Consultation with the Advisory Board and local healthcare stakeholders can include consideration for additional BHS minors, such as group practice management; and population health or community health management (or public health). For example, many Southeastern states are experiencing a shortage of qualified nursing home administrators, so the BHS may consider engagement with the state nursing home licensure board. Consistent, robust communication with external stakeholders will identify other minors and opportunities for faculty and student activities.

2. Cohesive Identity, Engagement, and Health Administration Infrastructure

Historically, the Health Administrative programs have been part of several departments. It is clear that despite time and some effort, they lack a clear identity within COB and FAU. There were many examples of this in the meetings (for examples, full-time faculty and adjuncts who did not know each other; XMHA activities unknown to TMHA faculty). There is even evidence of this in the self-study document, it includes language that is left over from when the program was still part of another department (Learning Objective: Demonstrate knowledge about the industrial organization).

Recommendation 2a: Establish a Cohesive Health Administration Infrastructure

We recommend the creation of a cohesive, structural infrastructure in the COB for HA programs within the Department of Management. This could create greater ownership of the programs among faculty, students and alumni. Faculty should be included in planning, implementation, measurement and improvement of all programs.

The single administrative structure should include BHS, TMHA, XMHA and OMHA with consistent approaches from admission to graduation, including faculty assignment, curricula, student organizations, etc. While XMHA and OMHA students are clearly provided with additional services due to the concierge fees paid, there are infrastructure needs that cut across all programs. Currently, there are three small, independent programs. As a single entity, there is an

opportunity to create economies of scale for infrastructure needs, but - more importantly, to create a single, more cohesive group of individuals committed to the mission.

We specifically recommend:

- Create a single point of contact for TMHA students (staff) who does legwork for practicum course. This person could draw on alumni of all programs as first contact for placements (maintaining database of alumni and friends for other purposes). This role could also support the Advisory Board described in Recommendation 1b.
- Create more transparency by scheduling routine meetings for HA Executive Director, Faculty and Student Advising. Invite adjuncts to HA program meetings and review student and program progress toward goals and metrics. This would allow opportunities to address student issues, curriculum changes, course scheduling, etc. The programs lack a culture of continuous improvement and external stakeholder input that a structured approach like this can remedy.
- Redesign admission and advising processes. Faculty engagement with students begins with the admissions process and continues post-graduation. The MHA admissions processes should be redesigned to include faculty input (beyond setting criteria for admission). This is standard for high quality graduate programs. This will be even more important as the COB moves away from using test scores and will rely on a more holistic review of application materials. We recommend extending the Faculty Ambassador program from XMHA to TMHA program and assigning faculty advisors to every MHA student (TMHA and XMHA). This level of engagement of faculty must be structured and recognized in annual performance reviews and promotion and tenure processes.

Recommendation 2b: Program Identity and Engagement:

There is currently no single, cohesive identity for health administration. This has led to a lack of faculty engagement. Further, students and alumni should be given opportunities to network with each other and with faculty outside of class. Experts in disciplinary areas in the COB (but outside of HA) should be invited to participate (e.g. marketing, informatics, supply chain).

We recommend these specific suggestions used in other HA programs that could be immediately implemented at FAU:

- Gather XMHA students and alumni and invite them to serve as de facto advisors to all programs. Invite them to campus to advise and while there, include TMHA students to a mixer to meet with them. Use this meeting (perhaps a panel discussion on a current “hot topic”) as a session to gather information about curriculum for both BHS and MHA curricula. Include faculty and ask them to present research and seek collaborations with MHA alumni companies. Show the HA community at FAU that robust collaboration is occurring and include the entire HA community BHA, TMHA, XMHA, all faculty, alumni. Invite applicants to the XMHA.
- Establish a tradition for a once-a-semester or year “mixer” for HA faculty, TMHA and XMHA students during a local ACHE event (for cross generational mentoring).
- Consider how to appropriately include the BHS students in one or more of these. Most undergraduate and graduate healthcare administration programs have student organizations which build networking skills and provide professional development.

Typically, each club has a faculty advisor to guide the students. These are often student chapters of the professional organizations that the students will join post-graduation. Opportunities include student chapters of ACHE, ACHCA, HIMSS, and IHI. IHI and HIMSS hold national meetings in Orlando, and frequently provide student scholarships, volunteer and networking opportunities.

- One way to connect across levels may be to use “service learning” - document and promote the volume of academic and service-learning hours. FAU has a program in this area and could be specifically linked across HA programs and partners.
<https://www.fau.edu/community/faculty/academic-service-learning.php>

3. Align Expectations for External Funding with Promotion & Tenure Expectations

There is a misalignment between the goal to increase funded research, and what is recognized in faculty performance evaluations and promotion and tenure expectations. To be successful funded researchers, faculty must publish in the journals that are read by healthcare researchers and disseminate findings to multiple stakeholder groups. This is because the peer reviewers of grants are typically not business school professors and there are specific expectations for grant-funding related to dissemination and spread among specific “user” audiences. Therefore, increasing faculty external funding may be in direct competition (misalignment) with COB faculty performance and Tenure and Promotion requirements. This issue was raised frequently and with great concern by many during the external review.

Recommendation 3a: Align Faculty Performance and Tenure and Promotion Review Processes and Metrics with Health Administration Program Goals

The COB promotion and tenure journal list issue may threaten FAU’s ability to recruit and retain the faculty needed to offer a successful, competitive HA program. Nearly all faculty expressed concerns related to this issue and in particular, their ability to “show their worth to the field.” If the issues related to publishing in certain tier journals are not resolved, the department may lose talented faculty that are otherwise dedicated to the COB and program and be unable to recruit the outstanding faculty they seek.

If FAU and COB are committed to enhancing external funding, in particular through federally funded, peer-reviewed grants and contracts, we recommend an expanded list of acceptable journals for annual review (in particular if external funding is desired). To facilitate research growth and support HA faculty within COB, annual performance reviews and Tenure and Promotion Guidelines should adopt a wider range of journals, and clear guidelines on how grant funded research “counts.”

Recommendation 3b: Assess the research and professional development needs of the faculty.

Several faculty members are interested in pursuing funded research but require additional resources or mentorship. We suggest assessing needs and connecting interested faculty to the larger University research infrastructure. There are opportunities (as noted below) to connect

faculty to local health systems and health sectors firms to conduct joint projects that may yield pilot data for future fundable work.

Recommendation 3c: Increase external funding (beyond grants)

There are opportunities to increase funding through grant funded research and other funded projects, including consulting with local health care organizations for data analyses and other projects. The local market includes multiple large healthcare systems, payers, long-term care organizations, and other healthcare stakeholders. The HA programs can leverage relationships with the local health care organizations for research opportunities (e.g., paid contract work to consult or conduct analysis; or as grant funded research sites). In addition, these relationships provide internship opportunities for students.

There are also ways to incentive faculty in obtaining external funding of all kinds. We recommend establishing a committee to review and implement transparent policies within the COB. The committee would begin with a review of how this is currently done in other similar Schools. Some examples include: (1) specific workload policies with course buy downs tied to funding levels; (2) research incentive programs that allow faculty to earn salaries about 12-month levels, contribute to personal faculty development accounts, other benefits; (3) new faculty contracts that identify dedicated research efforts or incentives. We recommend a transparent policy with metrics that is aligned with annual review and Tenure and Promotion practices, rather than a case-by-case negotiation scheme.

4. Program Growth and Student Recruitment

There has been decline in BHS enrollment and small enrollment (approximately 42 students) in the TMHA program. Yet, there is tremendous potential for growth of healthcare administration programs that are located within a College of Business. US News just ranked Medical and Health Services Manager as *the #1 Best Business Job for 2021* <https://money.usnews.com/careers/best-jobs/rankings/best-business-jobs>

We recommend a close examination of how the new Health Sciences program used a variety of mechanisms to recruit majors (including social media). A group of dynamic and motivated FAU BHS and/or TMHA students could be charged with developing a social media strategy for HA programs.

Recommendation 4a: Health Administration Accreditation (MHA) and Certification (BHS)

We recommend FAU investigate CAHME-accreditation for the MHA program (all formats) and seek AUPHA Certification for the BHS. These are markers of “top programs” and could be a differentiator in the local market and in the State. Student stakeholders in our meetings mentioned that the TMHA was not CAHME accredited. Faculty mentioned that the program was too short to seek CAHME accreditation. Current CAHME criteria, however, do not specify a minimum program length. <https://www.cahme.org/> Both CAHME accreditation and AUPHA certification (<https://www.aupha.org/certification/certification>) could create a culture of

continuous improvement and external stakeholder engagement that would enhance and improve FAU programs moving forward.

Recommendation 4b: Enhance FAU-Student Awareness and Recruitment

There appears to be very little being done to recruit students to the BHS and TMHA programs. There are multiple student recruitment opportunities within FAU including:

- The College of Science hosts a Pre-Professional Week Program. This could be expanded to be a university-wide initiative, and the HA programs should be involved to increase awareness of programs and student HA clubs.
- Alternatively, the HA programs could host its own “business of health” Week and do similar outreach to FAU undergraduates.
- Enhance the process for sophomores to get connected to the major and the college. Invite students to the newly established HA student clubs/activities and encourage them to interact with faculty.
- An engaging 1000 or 2000 level elective in healthcare administration could attract undergraduate students into the program. One faculty member described a course he teaches that is open to all majors. Perhaps consider more targeted recruiting for majors within this course.
- Develop a process by which adjunct and full-time faculty will be able to recommend talented undergraduate students to the TMHA program (Recommendation 2a also addresses this).
- Increase awareness of the MHA program to undergraduate students in specific situations. For example, students we interviewed suggested that TMHA is a good program for Bio and Pre-med students – for “gap years” and would help them in medical school. They also mentioned that it is great for international students.
- After/during the curricula review, pursue a 4+1 HA program (undergrad to grad in HA) and potential other 4+1 options for BHS students (and for other undergraduate majors with TMHA).

Recommendation 4c Expand Externally-Focused Student Recruitment Opportunities:

- Identify the top local high schools and community/technical colleges, especially those with Health Care programs and develop a partnership to recruit talented candidates into the BHS program.
- Develop messaging/marketing materials that adjunct faculty can distribute to individuals in their workplaces looking to return to a complete a degree in health administration.

Answering Specific Program Questions

1. How does the review team perceive the current curriculum and what are your recommendations? Please see Recommendation 1.

2. *Our program is in the College of Business. Often, the metrics used to evaluate departments and units in College of Businesses do not apply to healthcare administration units, which tend to be in health-related colleges. What are some of the strategies that you have used in your institution to improve ranking and visibility?*

Many strategies to improve rankings and visibility have been recommended already, including seeking CAHME Accreditation (MHA), as FAU is not eligible for US News Rankings without it. Other strategies include:

- Consistent, active engagement in AUPHA forum discussions, meeting presentations and committees. This work must be financially supported by the COB and recognized in annual performance reviews and Tenure and Promotion processes.
- Publication in journals that other Health Administration and health services research faculty read and respect, including but not limited to *Health Affairs*, *Health Care Management Review*, *Health Services Research*, *Inquiry*, *Medical Care Research and Review*, *Medical Care*, *Journal of Health Administration Education*, *Journal of Healthcare Management*, and *Milbank Quarterly*. In addition, content experts may have additional prominent journals in their area, such as *American Journal of Public Health*, or the *Journal of the American Medical Informatics Association*, *Managed Care*, *Journal of General Internal Medicine*, etc.
- Encourage and support (and recognize as valued) faculty presentations at ACHE, HIMSS and other practice-facing conferences.
- Encourage and support student activity in national case competitions (note: some of these are limited to CAHME-accredited programs). There are now numerous case competitions available for undergraduate and graduate students. In addition to paying for students to attend, the program and COB must recognize and reward faculty time to coach and mentor teams.

3. *What are some of the strategies that you have used in your institution to improve student performance in quantitative methods without increasing the number of courses?*

We recommend that faculty use more problem sets and quantitative methods in all courses (not just statistic or research courses). Above all, the programs may be enhanced in this area if the curriculum review (Recommendation 1a) includes the use of a competency model (or other overarching framework) that infuses analytics as a core skill set for those seeking BHS or MHA degree. This will help identify how students learn basic “quantitative” skills in some courses and then move up to moderate and become experts in later courses. Right now, it does not appear that this progression has been identified in a systematic fashion.

4. *What are some of the strategies that you have used in your institution to generate revenue for your units?*

This is addressed partially in Recommendations 3b and 3c.

Another important source of revenue is through endowment and development funds that can be used to support faculty and student projects and activities. The program could seek funds to support health care as a business work - training and development, consulting activities that help

local industry and help identify FAU as “best” for this. This type of funding could also be used to offer some of the “concierge” services to TMHA students. This is also a way to continue to create ways for academia and practice to intersect that will yield benefits for faculty, program, students and alumni.

5. The College and University have a reasonably strong student profile of diversity. What strategies could be implemented to increase diversity among faculty and staff?

This is a major challenge for colleges of business and for health administration programs. A meaningful review of the issues and helpful recommendations are beyond the scope of this document. As has been discussed, FAU is located in one of the most diverse markets in the United States and is one of the most diverse and inclusive campuses in the world. That provides important context to recruit and retain diverse faculty. Some possible avenues to explore:

- (1) Grow your own future faculty who are diverse. What is the role of FAU in developing future HA faculty through doctoral education? Does the COB participate in The PhD Project? Do you participate in NAHSE, NAHLE and other health leadership programs specifically related to diverse populations? Are faculty in the doctoral program(s) seeking diverse candidates interested in health administration?
- (2) Raise the profile of your programs. Everything recommended here will help you recruit great faculty and staff. Many HA doctoral programs recommend to their graduates that “the best place” to work is a CAHME-accredited program. Many of these doctoral students meet potential co-workers at AUPHA meetings and read their scholarship in the journals mentioned above.
- (3) We assume FAU is actively engaging in Implicit Bias training for search committee members.
- (4) Use your diverse students, adjunct faculty, and alumni in the Faculty Recruitment Process.

6. What are your reflections about the lasting impact of the pandemic on courses delivery? All of our courses are currently offered online or in hybrid modes. When the pandemic is over, how should we configure the ratio of online/hybrid/traditional modalities?

We believe that the processes recommended in this report are most salient to this question. In addition to the review recommended in 1a, we suggest the entire team of HA constituents (from all programs) convene in a deliberate, systematic approach to interview students, faculty (including adjuncts) and alumni about the past year with the objective to learn what has worked and not worked in the past year. This will allow you to take what has been successful in the online platform for teaching and integrate lessons learned into the curricula.

The pandemic has also made it clear that epidemiology, population health, health informatics, technology and other elements that are “light” or “missing” in your curriculum are very important.

