College of Health Sciences
Strategic Plan
2015-2020
Our Mission

“The College of Health Sciences will provide leadership in health care by offering excellent educational experiences in a quality learning environment to facilitate the development of competent, caring health professionals; by generating knowledge through inquiry and discovery; and by engaging in lifelong learning, professional, and community service.”

Our Vision

“To advance healthcare education and research through interdisciplinary and global collaborations”

Our Values

Integrity, Inclusiveness, Excellence, Partnership
Summary of planning process

In Fall 2013, we initiated our strategic planning process. In October 2013, the schools conducted SWOT analyses and these were combined and endorsed by the Chairs Council for the College of Health Sciences. A copy of the SWOT is attached.

Each school also provided us with their strategic goals and priorities. The Center for Global Health also developed a strategic plan. These documents were reviewed and vetted by the Chairs Council, the COHS Advisory Board, and the Strategic Planning Committee of the COHS Advisory Board and by the faculty. Simultaneously, ODU has been conducting the Strategic Planning Process for the university.

In January 2015, faculty, staff, and administrators in the College of Health Sciences (COHS) at Old Dominion University (ODU) participated in a three-hour strategic planning workshop. The primary purpose of the workshop was to develop performance indicators for the six goals and 32 objectives for the College’s 2015-2020 4-2019 strategic plan to align with the university’s strategic plan adopted in December 2014. An online survey was sent to the faculty in January 2015 to endorse the goals and objectives before a strategic planning workshop conducted by Dr. Gwen Lee-Thomas, with Quality Measures, LLC in Chesapeake.

The workshop engaged the COHS in the following:

a) Development of initial working performance indicators,

b) Development of action items that would be needed to ensure implementation or support of the performance indicators,

c) Identification of additional information needed to strengthen or make more appropriate the performance indicators,

d) And selection of strategies to continue the work of developing the performance indicators and preparing them for endorsement.

Dr. Lee-Thomas provided a draft from the workshop with performance indicators, which was circulated to the Chairs Council and the faculty for additional input in April. In summary, 40 COHS faculty, staff, and administrators participated in the online survey and endorsed the goals and objectives.

Faculty and chair input was incorporated into the final copy for adoption on May 1, 2015. As a strategic plan is an evolving document, a dashboard will be used to track progress and inform modifications to the objectives, action items and performance indicators as needed to continually aspire to achieve the college’s strategic goals.
Goals and Objectives

GOAL 1: Enrich the Quality of Life for Faculty, Staff and Students
1. Secure additional resources to support faculty, staff and student retention
2. Enhance internal communication for organizational effectiveness
3. Shift administrative responsibilities to non-teaching faculty professionals
4. Assure accountability through regular feedback, review and recognition of faculty and staff

Goal 2: Enhance Academic Excellence
1. Recruit a diverse and creative faculty
2. Retain a diverse and creative faculty
3. Identify and reward academic program excellence and innovation
4. Support creativity in academic instruction
5. Expand degree programs and professional education in areas of market demand

Goal 3: Advance New Knowledge
1. Increase the number of professor/associate professor-level faculty with active programs of research
2. Establish new PhD Programs
3. Grow research in key areas of Health Services, Kinesiology, Public Health, Rehab Sciences and Translational Sciences
4. Develop the Virginia Consortium for Public Health & Population Health Sciences
5. Incorporate interprofessional education and research within service learning activities

Goal 4: Create an Interprofessional Education and Practice Culture
1. Establish infrastructure for facilitating interprofessional education and practice
2. Create interprofessional learning experiences by incorporating modeling and simulation
3. Foster interprofessional service learning in our communities in Hampton Roads and worldwide
4. Collaborate with the Center for Global Health to expand interprofessional study abroad learning opportunities
5. Implement required courses or experiences to achieve interprofessional core competencies
6. Contribute to the evidence on interprofessional education and practice

Goal 5: Engage with Greater Community through Social, Intellectual and Cultural Activities
1. Ensure community engagement is a distinctive feature of COHS education through service learning
2. Build relationships with area leaders to enhance financial resources to the college
3. Expand and strengthen engagement with international communities and agencies
4. Become the focal point for community education on issues of regional importance
5. Enhance collaboration with the region’s military community
6. Increase alumni involvement in community engagement
7. Improve reporting of health services and service learning

Goal 6: Promote an Entrepreneurial Culture
1. Implement an entrepreneurial curriculum and co-curriculum for students
2. Engage alumni in order to raise awareness of value of entrepreneurship in the health professions and support faculty development
3. Foster a culture of idea commercialization among faculty and students
4. Sustain current and develop new health enterprises
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<tr>
<th>Objective</th>
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| **Obj. #1: Secure additional resources to support faculty, staff, and student retention** | - Retention rates  
- Faculty and staff salary rates within disciplines  
- Resource list by year  
- National salary data by disciplines | - Conduct yearly comparisons within disciplines and start with the fiscal year of 2015  
- Compile Salary Data (Current data and national averages)  
- Conduct Compression Surveys specific to profession  
- Formulate request for salary increases to achieve median averages  
- Increase salary of faculty and staff within disciplines to meet or exceed the median average in 5 years  
- Compile list of additional resources on a yearly basis used to support faculty/students |
| **Obj. #2: Enhance internal communication for organizational effectiveness** | - Staff and faculty meeting attendance rates  
- Faculty/mentor match rates  
- Individual school, IPE, Center for Global Health representation rates in monthly newsletter  
- “Coffee with the dean” turnout rates  
- Social media frequency rates | - Create a centralized meeting calendar and include topics and purpose of meeting  
- Establish components to be reported in communication mediums. (Ex. Research, collaborations)  
- Expand on the newsletter concept with increase participation by five schools  
- Add to website faculty expertise guide  
- Establish information officers for each school  
- Establish a mentor/mentee program for all faculty within schools and across the college to enhance communication and personal growth  
- Obtain faculty, staff and alumni feedback  
- Increase social media visibility through, Facebook, Twitter, blog  
- Reorganize K drive |
| **Obj. #3: Shift administrative responsibilities to non-teaching faculty professionals** | - Funding rates for professional staff  
- Budgeting for quantity and quality of staff support | - Create standardized requirements for the positions  
- (Allocate current and new resources)  
- Reallocate funding for professional staff based on the needs over the past 2 years  
- Centralize some of the data management for accreditation and annual reporting  
- Create standardized forms for reporting specific to measures |
**GOAL 2: Enhance Academic Excellence**

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| Obj. #1: Recruit a diverse & creative faculty | Faculty retention rates based on ethnicity, gender, age, sexual orientation, and geographic region of education | • Track new hires on ethnicity, gender, age, sexual orientation, and geographic region of education  
• Implement CORE2 (Committing Our Resources to Excellence through Equity) recommendations for searches |
| Obj. #2: Retain a diverse & creative faculty | Faculty recruitment rates based on ethnicity, gender, age, sexual orientation, and geographic region of education | • Provide tenure/promotional opportunities  
• Support and provide resources for employee development  
• Provide a competitive environment to prevent poaching by other potential employers |
| Obj. #3: Identify and reward academic program excellence and innovation | Licensure rates of graduates  
Graduation rates  
Academic rankings and program reviews  
Accreditation annual reports and reaccreditations  
Professional recognitions of programs  
Student retention rates  
Program investments  
Public recognition in college communications | • Conduct and review annual accreditation reports  
• Review national program rankings  
• Compile program awards  
• Allocate funds to achieve programs |
| Obj. #4: Support creativity in academic instruction | Faculty conference attendance rates  
Release time rates used for innovation and instruction  
Faculty hours spent working with the Center | • Assess faculty workload reports to provide teaching release rates  
• Increase/track number of faculty sent to conferences |
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| Obj. #1: Increase the number of professor/associate professor-level faculty with active programs of research | Number of faculty at senior ranks | • Recruit 3 faculty eligible for full professor within 5 years  
• Increase research quality  
• Increase funding  
• Provide teaching release for tenure-track faculty  
• Provide professional development for promotion of associate professors |
| Obj. #2: Establish new PhD programs | Annual PhD program total | Increase PhD programs by one each year through 2018  
Submit to SCHEV:  
• PhD program in Kinesiology and Rehabilitation Sciences (KRS) to SCHEV  
• PhD Program in Translational Sciences to SCHEV  
• DNP and PhD Program in Nursing  
• Establish more research assistantships  
• Assess current research centers in school for viability |
| Obj. #3: Grow research in key areas Health Services, Kinesiology, Public Health, Rehab Sciences and Translational Sciences | – Total research space  
– Faculty startup packages  
– Research equipment  
– Faculty release time  
– Publications/Abstracts rates  
– Poster Presentations rates  
– Grant Successful Funding rates  
– Tenure-track faculty numbers | – Increase the numbers of research faculty  
– Provide research release time to tenure track faculty  
– Increase funding by 25% within 3 years—double funding from baseline within 5 years.  
– Incentivize high quality publications  
– Promote accomplishments on COHS website  
– Acknowledge research excellence for all faculty  
– Finalize plan for rental costs for IRP2  
– Increase publications/abstracts, poster presentations and grant successful funding  
– Increase number of collaborative/interprofessional partnerships by 50% in 3 years  
– Increase the number of Tenure Track Faculty by 20% within 5 years |
| Obj. #4: Develop the Virginia Consortium for Public Health & Population Health Sciences | Number of collaborative research projects  
Joint appointment totals between ODU and EVMS | Increase the number of Tenure Track Faculty by 50% within 5 years.  
– Establish three additional joint appointments between ODU/EVMS in 5 years |
| Obj. #5: Incorporate interprofessional education and research within service learning activities | – Number of collaborative student learning experiences  
– Number of core, interprofessional courses across curricula  
– Number of IPE research initiatives | – Expand clinical practice footprint in COHS clinics to involve more students  
– Maintaining or increasing the interprofessional education research initiatives that are currently being pursued in COHS  
– Increase collaborative curriculum/courses  
– Designate core, interprofessional courses across curricula  
– Collect data on student experience  
– Survey graduates of COHS about how experiences are incorporated into new job  
– Increase student cross-disciplinary knowledge and activities |
### Goal 4: Create an Interprofessional Education and Practice Culture

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| **Obj. #1: Establish infrastructure for facilitating interprofessional education and practice** | • Interprofessional education activities  
• Enrollment in IPE courses and student learning activities  
• Results of IPE assessment  
• Number of courses offered  
• Number of students enrolled | • Continue the IPE Advisory Committee with a representative of all schools, patients, and community. Assign faculty and staff resources.  
• Appoint an assistant dean for interprofessional education  
• Implement the recommendations from the task force for interprofessional education  
• Assess and implement required student IPE learning experiences  
• Measure and record IPE competencies  
• Institute educational programming to build faculty capacity for IPE |
| **Obj. #2: Create interprofessional learning experiences by incorporating modeling and simulation** | Number/types of simulation clinical experiences | • Develop IPE competency-based learning scenarios  
• Explore the capacity of available simulation labs  
• Create a COHS Modeling and Simulation Laboratory |
| **Obj. #3: Foster interprofessional service learning in our communities in Hampton Roads and worldwide** | Faculty and student involvement rates, evaluations | • Increase participation of other schools in number of faculty and students for service learning  
• Interprofessional service learning trip for other disciplines besides Nursing, Physical Therapy, and Dental Hygiene  
• Create 4 academic experiences (2 fall; 2 spring); students/faculty go to area free clinics. |
| **Obj. #4: Collaborate with the Center for Global Health to expand interprofessional study abroad and service learning opportunities** | New programs, opportunities for interprofessional study abroad with the Center for Global Health | • Implement interprofessional study abroad for global health  
• Develop interdisciplinary courses/programs across university’s colleges and schools |
| **Obj. #5: Implement required courses or experiences to achieve interprofessional core competencies** | Number of courses that have integrated IPE competencies into learning objectives | • Include expanded definition of Scholarship  
• Incorporate required IPE courses to achieve core competencies  
• Increase % of interprofessional core competency courses |
- Ad Hoc committee to determine possible interdisciplinary opportunities in both number and scope
- Implement IPE accreditation standards
- Conduct workshop for faculty to develop IPE courses

**Obj. #6:** Contribute to the evidence on interprofessional education and practice

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| **Obj. #1:** Ensure community engagement is a distinctive feature of COHS education through service learning | Number/types Service learning activity rates | • Each school will participate in at least one service learning activity each academic year  
• Conduct an environmental scan |
| **Obj. #2:** Build relationships with area leaders to enhance financial resources to the College | Number/amount of grants and gifts Organic community collaboration rates | • Obtain external funding from at least one funding agency each academic year  
• Obtain additional gifts from partners  
• Each school meets with 1-2 area leaders per academic year. |
| **Obj. #3:** Expand and strengthen engagement with international communities and agencies | Memorandum of Understanding rates with international communities or agencies/institutions | Establish at least two (5) new MOUs with international communities or agencies/institutions over the next 5 years. |
| **Obj. #4:** Become the focal point for providing | Number of Continuing Education events  
Number of participants at each event | Increase the COHS-led or hosted/sponsored continuing education opportunities/events by at least one (1) each academic year. |
### GOAL 6: Promote an Entrepreneurial Culture

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| **Obj. #1:** Implement an entrepreneurial curriculum and co-curriculum for students | • Certificate program completers  
• Courses offered  
• Number of students taking courses | • Create a task force to work with the Ensminger Fellows  
• Develop curriculum  
• Develop course outlines (launch a course in 2015)  
• Create entrepreneurial courses in Health Sciences in 5 years  
• Develop certificate program |
| **Obj. #2:** Engage alumni in order to raise awareness of value of entrepreneurship in the health professions and support faculty development | • Money raised for entrepreneurship  
• Number of alumni who attend events  
• Number of alumni who provide feedback on publications  
• Number of alumni who serve on college/program advisory boards | • Increase alumni donations/gifts by 25% (about 5% per year) Include alumni representation on task force  
• Increase alumni communications  
• Identify and engage alumni with entrepreneurial backgrounds |
| **Obj. #3:** Foster a culture of idea commercialization | • New company financials  
• Patent, product and service rates | • Develop 2 new companies in 5 years  
• Develop a catalog of new companies, products, services, and patents (4) |
| among faculty and students | • Develop 3 patents/year  
• Develop 2 products/services/year |
|---------------------------|----------------------------------|
| **Obj. #4: Sustain current and develop new health enterprises** | • Contract for services  
• Collaborative MOUs | • Develop a simulation entrepreneurial center (telehealth)  
• Expansion of existing health enterprises |
APPENDIX A
2013 College of Health Sciences SWOT Analysis

STRENGTHS:

❖ OUR FACULTY, STUDENTS, AND ENVIRONMENT: Our faculty and students are national award winners and proud of our diversity. Our collegial atmosphere in the College of Health Sciences fully reflects Old Dominion University’s (ODU) rating as one of the “Great Colleges to Work For” as determined by The Chronicle of Higher Education.

❖ OUR ACADEMIC PROGRAMS:
  ✓ The College of Health Sciences offers fully accredited degree programs that are internationally and nationally recognized not only for their academic quality, but also for their economic value to our students and to the communities that employ our graduates.

  ✓ Our programs meet our students’ diverse academics needs and career objectives: We offer clinical and research training; traditional, hybrid, and online coursework; accelerated programs; and fully integrated service learning.

  ✓ Our programs graduate highly qualified nurses, public health professionals, and other health care providers WHO ARE HIGHLY RECRUITED.

  ✓ We generate revenue from continuing education programs, clinical services, and tuition.

❖ OUR RESEARCH: We conduct high quality interdisciplinary, multidisciplinary, and interprofessional research. In particular, we have internationally and nationally recognized research expertise in motor performance, stem cell technologies and regenerative medicine, bioelectrics, public health, and modeling and simulation.

  ✓ Over the past five years, generated 12.5 million in externally funded grants.

❖ OUR COMMUNITY CONNECTIONS: We are engaged with our local, state, national, and international communities through our established Military Connections, Community Outreach (i.e., our Dental Hygiene Care Facility, Monarch Physical Therapy, and Monarch General Hospital Simulation Center), and Global Health Initiatives that include study abroad opportunities for faculty and students.

Our community engagement has fostered our College’s strong reputation in the local health community AND created invaluable relationships and intangible resources such as our ties with hospitals, free clinics, internships agencies, non-governmental organizations (NGOs), and other similar partnerships.
WEAKNESSES:

Overall, ODU lacks **INSTITUTIONAL FOCUS AND ADMINISTRATIVE/ORGANIZATIONAL TRANSPARENCY**. More specifically, ODU lacks strategic direction about how it prioritizes competing initiatives (e.g., research growth, investments in athletics, undergraduate residential experiences, military student supports, academic programming etc.). Relatedly, ODU displays a dichotomy of focus between administration (economic) and faculty (education or research). As a result, the University is failing to capitalize on our College’s unique potential for growth. This potential is substantial, particularly given the strength of healthcare in our national economy and the associated strong demand for healthcare workers in the highly competitive US workforce.

In particular, the College of Health Sciences is hindered by the following **INADEQUATE INSTITUTIONAL SUPPORTS**:

**PROGRAMMATIC SUPPORT**: Program assessment about how to grow STEM-H programs is largely absent. We lack PhD programs in Biomedical Sciences and Physical Therapy/Athletic Training. We lack a health informatics program and the major professional programs in rehabilitation sciences such as occupational therapy. We have also inadequate expertise in high priority research and clinical areas such as neurology and cardiopulmonary health. Additionally, ODU has not housed all of its health sciences programs into the college. Consequently, professional health programs are still dispersed and offered by several colleges at ODU such as speech pathology and audiology from the College of Education and Clinical Psychology from the consortium with the College of Sciences.

Related problems include (a) a deficiency in competitive, timely, and sufficient doctoral student funding; (b) high faculty teaching loads that prevent research and the development of new programs; and (c) a failure to recruit and retain senior faculty in all disciplines, especially nursing.

**FACILITIES AND STAFF SUPPORT**: The College’s facilities are inadequate for the growth we have experienced. As a result, we have to rent Research Space, whereas other colleges have integrated research space “free of charge.” Even more distressing, the University has not developed a plan for remedying such shortcomings. More specifically, we need a facilities plan that provides co-adjacent research labs, classrooms, faculty offices, classroom clinics, and storage areas. Furthermore, to remain competitive and to properly educate our students, we need to replace capital equipment, but the associated replacement costs exceed our allowances. Finally, we have inadequate quality and quantity of support staff.

**RESEARCH AND RELATED SUPPORT**: We do not have institutionally-based faculty research support systems that provide faculty with sufficient time to expand their research. It is paramount that the University act to reduce this frustration that quells research initiatives, and that the University invest in the infrastructure to support competitive funding opportunities. Relatedly, the following deficiencies require correction:

- Our lack of research mentors and full professors,
- Shortcomings in grant administration,
- The absence of a workable infrastructure for bringing patents and innovations to market. Our faculty needs institutional supports (including educational programs) about entrepreneurial processes related to commercialization, job creation, and the economic development of intellectual property.
INSUFFICIENT BUDGET AND FUNDRAISING:

✓ Tuition does not keep pace with educational costs for high demand health sciences programs. Budget allocations do not cover these gaps in funding, and we are restricted from charging fees or differential tuition to cover operating expenses.

✓ The current focus on securing gifts that support the College’s mission and potential is inadequate. Alumni support is severely deficient and untapped. Unlike other institutions, ODU does not match contributions on donor gifts or on other fundraising efforts.

✓ We have no or very limited marketing funds.

OPPORTUNITIES

PROGRAMMATIC OPPORTUNITIES:

▪ Establish a School of Public Health
▪ Expand Global Health Collaborations, which are currently highly “in vogue” among policy makers, businesses, and funding agencies
▪ Establish a Health Informatics Program to meet workforce needs and to serve health systems
▪ Increase the health professionals’ scope of care via the Affordable Health Care Act, community centers, and health care systems
▪ Increase the impact and awareness of ODU’s Health Sciences Programs by consolidating the health profession programs (e.g., clinical counseling, speech pathology, audiology, and human movement sciences) into our College, which did not happen when the college was formed
▪ Develop a succession plan for hiring future faculty and chairs for the schools

RESEARCH AND RELATED SUPPORTS:

▪ Capitalize on opportunities for increasing interdisciplinary research, particularly related to clinical and translational sciences
▪ Establish an entrepreneur-in-residence program in each college to accelerate innovation.
▪ Increase our research productivity by maximizing collaborations with PhD students; relatedly, pursue funding to support graduate students’ stipends, tuition, program administration, clerical and travel funds
▪ Seek funding that maximizes the U. S. government’s endorsement of mid-level providers in the Advanced Dental Hygiene Practitioner model

COMMUNITY ENGAGEMENT:

▪ Support clinical faculty in delivering care to underserved populations in Hampton Roads
▪ Develop additional service learning opportunities through our external clinical affiliations

FUNDRAISING:

▪ Develop untapped alumni resources
▪ Cultivate more corporations and philanthropists to fund opportunities in health sciences
**THREATS:** Overall, ODU’s organizational structure and administrative policies prohibit our College from responding in a timely and effective manner to healthcare market forces and trends, and to workforce needs.

- These problems make our College highly vulnerable to competing programs both in terms of lost student enrollments and in terms of external efforts to recruit our faculty. For example, other health sciences programs have state-of-the-art facilities and equipment to address new demands for modeling and simulation, and for interprofessional education. There are two emerging Physical Therapy Programs in Virginia; an emerging Dental Hygiene Program; an emerging graduate program in Occupational Therapy; an emerging Heath-System-Based Nursing Program that is seeking regional (SACS) accreditation; and several emerging proprietary nursing/health programs. Our nursing programs are particularly vulnerable to these external threats due to national faculty shortages in Nursing.

- The General Public lacks awareness of our College’s high quality, nationally ranked programs. Greater awareness would protect our current enrollment levels and the stature of our programs, especially when emerging programs present challenges.

- SCHEV approval processes for increasing innovations in existing programs and for establishing new programs are barriers.

- Public Health Initiatives may compete rather than support nursing and other health sciences programs.