TO: Don Coers  
FROM: Grady Price Blount  
DATE: 18 September 2007

re: Creating a College of Health Professions

I am writing to request a joint meeting with yourself, President Rallo, and the professional health sciences faculty of the College of Sciences. As highlighted in my College of Sciences Briefing Paper dated May 21, 2007 and our collective July 23, 2007 TTUS Collaborations memo, the time is right to actively expand ASU’s regional role as a leader in Nursing, Physical Therapy and the associated health sciences. These professions constitute an academic core with a unique and highly specific mission which is directly targeted at impending demographic shifts in the population of Texas. We can confidently project increased enrollments limited only by our commitment of time and resources. I strongly urge that this initiative be identified as one of ASU’s primary measurable goals in the new institutional mission statement.

Creating a College of Health Professions has several immediate impacts benefiting San Angelo and Angelo State University:

- Establish San Angelo as the regional medical center of choice for West Central Texas.
- Demonstrate the commitment of ASU to the health care initiatives defined by the legislature before the demographic tidal wave of aging Texans crests.
- Provide for coordinated development of ASU initiatives seeking advanced SACS accreditation. Places ASU in a better position to secure a move to Level V and eventually Level VI, increasing our reputation as a University that trains researchers and clinical doctoral practitioners.
- Makes ASU more competitive for federal training grants to support essential primary health care providers. Training grants could be targeted toward Hispanics and other underrepresented groups to increase the diversity of health care providers. Increased minority practitioner training places ASU in a position to secure increased federal and state funding.
- Position ASU to compete for federal research grants targeting evidenced-based interventions with minority and at-risk populations. Obtaining Federal research grants further improves ASU’s reputation as a Doctoral Research University.
- Expansion of current, and development of new, clinical practice sites (e.g. existing school-based clinics operated by the Department of Nursing).
- Positions ASU to enhance outreach programs and health care opportunities for underrepresented, elderly, poor and at-risk populations.

Primary early goals for this initiative include branding, naming, and determining the scope and responsibilities for the new college. I recommend that these activities commence as soon as possible.

Secondary benchmarks include navigating the administrative changes defined above through our campus constituencies, the Texas Tech Board of Regents and the Texas Higher Education Coordinating Board (THECB). Moving forward aggressively will allow us to include these
actions in the upcoming THECB DPT proposal as well as the accompanying SACS *Substantive Change Prospectus*.

I requested feedback and an overview on this proposal from our health sciences leadership team (Scott Hasson, Leslie Mayrand, and Shelly Weise). The text of their response is reproduced on the following pages.

It is important that our planning process recognize that we are not proposing anything novel. Rather, we are moving to prepare our administrative structure for one of the next great upheavals in Texas higher education. Our thanks to you for your leadership and confidence in the College of Sciences.
We discussed: 1) What departments would best fit and why;
   2) What would be an appropriate name for a new College;
   3) Advantages/Strengths/Similarities between departments to assist in developing a list;
   4) Short term goals; and
   5) Planning for an upcoming meeting.

1) We considered Kinesiology and Medical Technology. We thought that Medical Technology, although a Health Profession is very limited at ASU (primarily Hospital based) and is not part of the Graduate School. In addition it is primarily a lab based profession versus a patient-based profession (if that makes sense). It was a unanimous decision that Medical Technology would not fit well into what we are envisioning as a College.

   Next we discussed Kinesiology. Some components of Kinesiology fit into the model, but at this time there are many components that do not. Some of the faculty have research and teaching that are involved in Exercise Science, Wellness and Fitness. Yet another portion is coaching and pedagogy which does not fit well. The Athletic training, though clinical, is at a BS level and the individuals come out with Certification and not Licensure. It was a unanimous decision that at this point in time Kinesiology is not a good fit, but that in the future this may change. We concluded that at this point it would be best that the new College start with PT and Nursing.

2) The name of the new College is important for issues of recognition, funding, attracting faculty, etc. Initially we discussed the name of College of Health Professions. This would be inclusive of Health Professions that are at a graduate level, go through an accreditation process and produce individuals that undergo a licensing process. In the future this might include Departments such as Occupational Therapy and Speech Therapy.

   After further discussion Leslie suggested that the title of Nursing in the College name would be beneficial for Nursing: to attract faculty, promote fund raising, and assist in grant funding. There are examples of Colleges combining Nursing and other graduate-level health professions such as PT. The name we envisioned was either the College of Health Professions and Nursing or the College of Nursing and Health Professions. Although there are Schools of Physical Therapy it is less important that PT be part of the College title. We are not opposed to an initial name of College of Nursing and Physical Therapy, which could be changed later to College of Nursing and Rehabilitation Professions if other programs such as OT and Speech are brought in later.
3) There is a long list of similarities between the two extant departments (Nursing and PT). Some of these similarities could result in advantages to developing a College that houses both Departments, and certainly some of the similarities are strengths that would promote a strong foundations for a new College. Below is a list of similarities and notes on advantages of strengths.

A. Both Programs are accredited by professional bodies. Strength - ensures that programs are cutting edge and recognized nationally.

B. Graduates are eligible for licensure. Strength - licensing in a state is the highest level of professional recognition and is subject to state legislative action. The licensure exam is a national instrument so that individuals in 1 state can be licensed in another.

C. Both are striving for Clinical doctorates. Advantage - SACS applications and planning can be highly coordinated if both Departments constitute a College.

D. Both have high visibility as primary care givers and both have national shortages of workers. Strength and Advantage - Can develop programs both Grant and other to attract external funding.

E. Both have non-traditional students. Strength and Advantage - Again funding can be developed around training non-traditional ethnic and age group individuals.

F. Both are Graduate Programs. Advantage - Both programs work closely with the Graduate School and issues such as admission, financial aid, advising can be better coordinated at a single College level.

G. Both programs are year-round. Advantage - The college could work out of a year-round program and not have to be tied so closely to the academic calendar as are under-graduate 9-month programs.

H. Both programs require clinical education. Advantage - Clinical contracts can be coordinated from one College and not tie up central administration business office/contracts.

I. Both programs lack in terminal degree faculty. Strength - A College would allow for a stronger recruitment emphasis. Currently not being in a College that is usually recognized as a "home" for Nursing or PT is a deterrent for some faculty.

J. Both programs employ non-tenure track clinical faculty (Professional Specialists). Strength - Since this recognition has been primarily instituted
for Nursing and PT to assist in handling faculty shortages then the development of this "track" can occur in the confines of the College where it is a common recognition to have clinical faculty that are not tenure track yet can progress in clinical faculty ranks.

K. Clinical Practice and campus clinics. Advantage and Strength - Clinical practice and clinics are a nice outreach to the community. Our goal would be to work with the University community and disadvantaged populations (both elderly and poor). A strength again is to increase grant funding and also to develop a business model that can support clinical faculty and integrate clinical care into students education.

L. Interdisciplinary teaching and research. Advantage and Strength - Faculty from Nursing and PT can teach some similar courses in the curriculum and team teach courses in acute care and long-term care where Nursing and PT are natural partners and team mates in patient care.

4. Short term goals - A) meet with the President by the end of September to propose a College; B) determine the process of establishing a College and what organization need to be informed (Board of Trustees?, Coordinating Board of Higher Education?, SACS?); C) establish the college by the next academic year to initiate in 8/08; and D) Work toward a new building that would house the College 8/13.