

# ACADEMIC PROGRAM REVIEW

## Fairmont State Board of Governors

Program with Special Accreditation

**Degree Program:** Master of Healthcare Administration **Date Submitted:** 1/20/2026

**INSTITUTIONAL RECOMMENDATION** Approved by the Board of Governors (§ 5.2.8)

The institution is obligated to recommend continuance or discontinuance of a program and to provide a brief rationale for its recommendation:

- 1. Identification of the program for further development and/or expansion due to demand (e.g., providing additional institution commitment), with or without action.
- 2. Continuation of the program at the current level of activity; with or without action.
- 3. Continuation of program at a reduced level of activity (e.g., restructuring curriculum, reduce credit hours, merge programs, share courses, share faculty, develop a joint program with another institution) or other corrective actions.
- 4. Discontinuation of the Program (review for potential sunset)

**Rationale for Recommendation:** Continue ongoing work in reviewing and revising curricular structure to reduce curricular complexity. This program has several strong advantages, such as its students much faster path to licensure. Increase engagement with the CoBA IAC and develop a healthcare specific Industry Advisory Council. In collaboration with academic administration and the Enrollment Management Division, develop an enrollment plan that identifies student enrollment segments and market measures and targets for each segment (include undergraduate and graduate students in the plan). In collaboration with CMCS, develop a MHA program marketing plan.

  
\_\_\_\_\_  
Signature of person preparing report:

4-28-2026  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Dean

4-28-2026  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Provost and Vice President for Academic Affairs:

5/18/2026  
\_\_\_\_\_  
Date

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Signature of President:

6/10/26  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature of Chair, Board of Governors:

6/25/2026  
\_\_\_\_\_  
Date



Fairmont State University  
Board of Governors

Board Action Item Approval

Date: 6/25/2026

**Action Item:** Approval of the Program Review for Master of Healthcare Administration with Special Accreditation

1. Approve above action item as presented.
2. Approve above action with the following stipulation:
3. Table the above action item until \_\_\_\_\_  
(next Board of Governors' meeting)

hme  
FSU President

6/25/26  
Date

[Signature]  
FSU Board of Governors' Chair

6/25/26  
Date

## Executive Summary for Accredited Programs

(not to be more than 2-3 pages)

Degree Program:	MHA
College:	CoBA
Department:	Management and Marketing
Department Chair:	Rebecca Giorcelli
Name of Person Completing Self-Study	Eric Pulice
Accrediting Agency:	ACBSP
Agency Website:	<a href="https://acbsp.org/">https://acbsp.org/</a>
Date of Most Recent Accreditation Visit:	April 3, 2025
Review Outcome:	Accredited
Date of Next Accreditation Review:	2029 for the Quality Assurance report, 2035 for the reaffirmation

### Part 1 - Accreditation Review Documentation

- Accreditation Reports & Letters** – Attach the most recent accreditation or reaffirmation report, along with the official letter conferring accreditation. **ATTACHED**
- Summary of Findings** – Provide a concise overview of the significant findings from the most recent accreditation review, including accreditation status. **ATTACHED**
- Weaknesses & Corrective Actions** – Identify any weaknesses or deficiencies noted in the accreditation review and explain how these are currently being addressed. **ATTACHED**

### Part 2 – Program Assessment, Outcomes, and Trend Analysis

- Assessment Model & Program Improvement:** Provide a summary of the program’s assessment model, including evidence of the current assessment cycle(s) as outlined in the program’s assessment plan. Describe how assessment results are analyzed and used for continuous program improvement (e.g., curriculum adjustments, resource allocation, faculty development, or student learning outcomes) OR point to where this is in the program’s self-study report

#### MHA Program Student Learning Objectives

SLO1	Acquire competencies to practice as healthcare executives/managers by offering a balanced curriculum and quality didactic/experiential instruction.
SLO2	Participate in didactic and experiential opportunities that lead to research in educational, professional, or healthcare issues relating to health administration and/or management.
SLO3	Synthesize and develop effect methods for exemplary professional performance through the acquisition of key leadership competencies and innovative practices

	through course learning and seminars.
SLO4	Develop and apply skills in effective communication, analytical, critical thinking, and problem solving necessary for successful administrative roles in healthcare practice.
SLO5	Acquire skills needed to understand the policy structure, finance and values of the U.S. healthcare system.
SLO6	Describe/address/identify bioethical, legal-medical and socio-ethical issues in the practice of medicine.
SLO7	Define effective and dynamic health care management tools and techniques required for planning, strategy, organizing, staffing, leading, change and sustainability.

Program Learning objectives are aligned with course-level learning objectives and assignments for each MHA course. See sample alignment map below:

**MHCM 5700 COURSE ASSESSMENT MAP**

<b>SLO</b>	<b>Primary CLO (Aligned)</b>	<b>Assignment Used for Assessment</b>	<b>Assessment Type</b>
SLO1	CLO6	Final Quiz #3	Direct
SLO2	CLO3	Journal #2	Direct
SLO3	CLO7	Written Assignment #2	Direct
SLO4	CLO4	Discussion #4	Direct
SLO5	CLO2	Written Assignment #1	Direct
SLO6	CLO5	Discussion forum #2	Direct
SLO7	CLO1	Discussion forum #1	Direct

Course level learning objectives are designed per Bloom’s Taxonomy. See sample Bloom’s Key below:

Code	Description	
R	Remember	
U	Understand	
A	Apply	
An	Analyze	
E	Evaluate	
C	Create	

Assignment	Bloom Level(s)	Description
Discussion forum #1	U	Understand the fundamentals of demand and healthcare economics.
Discussion forum #2	U	Understand healthcare financing options and labor dynamics.
Journal #1	A An	Analyze risk and cost management in healthcare settings.
Written Assignment #1	EE	Evaluate optimization techniques and their outcomes in cost control.
Journal #2	UU	Understand demand for health insurance and reasons for being uninsured.
Journal #3	A An	Analyze market behavior through supply and demand principles.
Quiz #2 or Reflective Essay	A	Apply concepts of pricing and profit maximization in healthcare.
Written Assignment #2	EE	Evaluate the influence of

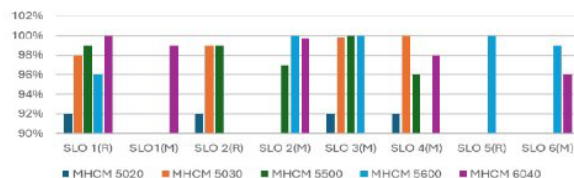
		asymmetric information and insurer behavior.
Journal #4	A An	Analyze the impact of regulation and market structure on care delivery.
Discussion #4	U	Understand the role of government in regulating healthcare markets.
Written Assignment #3	C	Create a market analysis integrating healthcare economics and policy.
Final Quiz #3	R U	Recall and understand key economic concepts and applications.

Assessment trends are analyzed and used to inform curriculum design and delivery. MHA faculty meet annually to discuss assessment results and make recommendations to CoBA leadership regarding program direction, faculty needs, and strategic direction. See sample of MHA assessment data tracking and analysis below.

Master of Science Healthcare Management	Fall 2024		Fall 2024		Fall 2024		Fall 2024		Fall 2024	
Goal: 80% or better receive a score of B or above	MHCM 5020		MHCM 5030		MHCM 5500		MHCM 5600		MHCM 6040	
Student Learning Outcomes:	Lean Sigma		HC Quality		Epidemiology & Population Health		Healthcare Policy and Leadership		Healthcare Informatics Princ	
	Aver. Score	% students > B	Aver. Score	% students > B	Aver. Score	% students > B	Aver. Score	% students > B	Aver. Score	% students > B
SLO 1: R (Reinforced) Av. Score on discussion forum	45.8/50	92%	49/50	98%	49.5/50	99%	48.0/50	96%	50/50	100%
SLO 1: M (Mastered) Av. Score on written assignment									148.2/150	99%
SLO 2: M (Mastered) Av. Score on midterm/final forum							100/100	100%		
SLO 2: R (Reinforced) Av. Score on a discussion forum	45.8/50	92%	49.5/50	99%	49.5/50	99%				
SLO 2: R (Reinforced) Av. Score on written project or exam			COVID dhrabi		Journal/forum				150/150	100%
SLO 3: M (Mastered) Av. Score on written manuscript/final project	239/250	92%	149.8/150	100%	145.3/150	97%	209/200	100%		
SLO 4: R (Reinforced) Av. Score on written assignment/forum	Final project		Final project		Final Paper Analysis		Policy Brief			
SLO 4: M (Mastered) Av. Score on group/indiv. presentation	230/250	92%	149.8/150	100%	144/150	96%			49/50	98%
SLO 5: R (Reinforced) Av. Score on written manuscript/forum post							100/100	100%		
SLO 6: M (Mastered) Av. Score on written assignment							99.50/100	99%	192/200	96%

SLO Results	MHCH 5020	MHCH 5030	MHCH 5500	MHCH 5600	MHCH 6040
SLO 1(R)	92%	98%	99%	96%	100%
SLO 1(M)					99%
SLO 2(R)	92%	99%	99%		
SLO 2(M)			97%	100%	100%
SLO 3(M)	92%	100%	100%	100%	
SLO 4(M)	92%	100%	96%		98%
SLO 5(R)				100%	
SLO 6(M)				99%	96%

ASSESSMENT TARGET: 80% OF STUDENTS ACHEIVE > B



- ❑ **Attach Trend Data** – Include the five-year program trend data (provided by the Office of Institutional Effectiveness) as an appendix or supporting documentation in your program review materials. **(INCLUDED AS SUPPORT DOCUMENTATION IN CONTEXTUAL NARRATIVE BELOW)**
- ❑ **Contextual Narrative** – Provide a concise narrative summary that explains and contextualizes the trend data, addressing the following areas (2-3 pages maximum): **(SEE BELOW FULL NARRATIVE INCLUDING EXECUTIVE SUMMARY ATTACHED AT END OF THIS DOCUMENT FOR REFERENCE).**
  - **External Demand** – Analyze trends in student recruitment, on-time graduation rates, and job placement outcomes, with emphasis on employment providing a living wage.

**Criterion II: External Demand:**

FSU leads all other West Virginia higher education institutions in serving state residents, with over 90% of Fairmont State’s students being native West Virginians (Fairmont State University, 2026). Hong et al. (2023) noted the increased prevalence of health disparities among West Virginians. Access to primary care in the state has also been deemed a concern, with increased age-adjusted mortality rates within West Virginia counties where residents have limited access to healthcare services (Woolard et al., 2023). West Virginia’s healthcare delivery systems face challenges in access and caring for vulnerable populations. These systems require administrative leaders who can manage complex, multifaceted, and unique networks. Workforce data supports this construct. In statewide job posting analytics (Sep 2023–Aug 2025), Health Care and Social Assistance is the top posting sector with 23,432 postings, reinforcing the relevance of graduate preparation connected to healthcare service delivery (Strata Education Foundation, 2025). In the broader field of health administration and management, labor market evidence also shows sustained demand at the master’s level, supporting the program’s continued relevance beyond the immediate service region (Hailu et al., 2024).

The MHA program aligns with community, state, and broader workforce priorities as healthcare delivery remains a primary driver of employment demand in West Virginia.

2. **Employment Opportunities:** Describe the availability of employment opportunities for program graduates within and beyond the service region, using job market data provided. *(Required)*

Employment opportunities for MHA graduates are supported by sustained demand across West Virginia’s healthcare delivery sector. Management Occupations ranked among the top occupational groups with 10,025 postings, indicating that managerial and administrative talent is routinely sought across multiple industries, including healthcare delivery (Strata Education Foundation, 2025).

Postings were concentrated among large, regionally significant employers, many of which reflect likely placement settings for MHA graduates. In the same job-postings dataset, 18 West Virginia employers posted 14,877 Healthcare and Social Assistance positions (See Appendix Table 2) (Strata Education Foundation, 2025).

The demonstrated need for healthcare management positions, healthcare administrators, and educational pipelines for students interested in facilitating healthcare provision is not limited to West Virginia. National labor statistics project a 23% growth in Medical and Health Services Management positions between 2024 and 2034, with an estimated increase of 62,00 positions per year (Bureau of Labor Statistics & U.S. Department of Labor, 2026b).

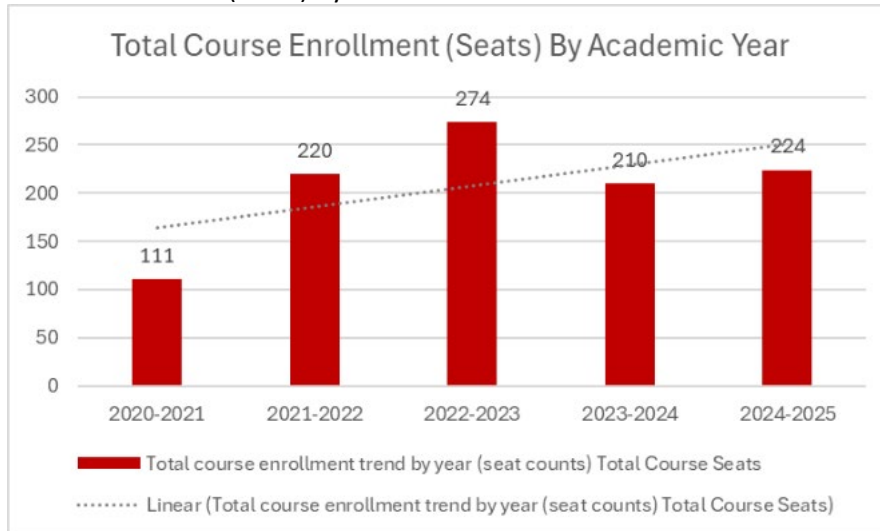
Job titles aligned with MHA preparation are well-represented within the Bureau of Labor Statistics (BLS) definition of Medical and Health Services Managers. These individuals may also be called healthcare executives or healthcare administrators and may oversee whole systems, manage an entire facility, a department/service line, specialized projects and programs, or a provider practice. Examples of aligned management roles include nursing home administrators, clinical managers, and health information managers, among other operational and service-line leadership positions (Bureau of Labor Statistics & U.S. Department of Labor, 2026b).

Compensation and projected openings further support the employment outlook. As of May 2023, BLS occupational wage estimates for West Virginia reported 2,060 Medical and Health Services Managers employed statewide, with a median hourly wage of \$50.72 and an annual mean wage of \$130,850. Specific to North Central West Virginia, Medical and Health Services Managers occupations show a median hourly wage of \$47.90 and an annual mean wage of \$113,350, supporting the relevance of this career pathway within FSU’s regional service context (Bureau of Labor Statistics & U.S. Department of Labor, 2026a).

3. Student Interest: Discuss trends in student demand for the program, including applications, inquiries, new student enrollment, and whether these are increasing, stable, or declining. *(Required)*

To analyze student interest, enrollment data will be considered. Data points for the five-year program review period were used to populate the tables below.

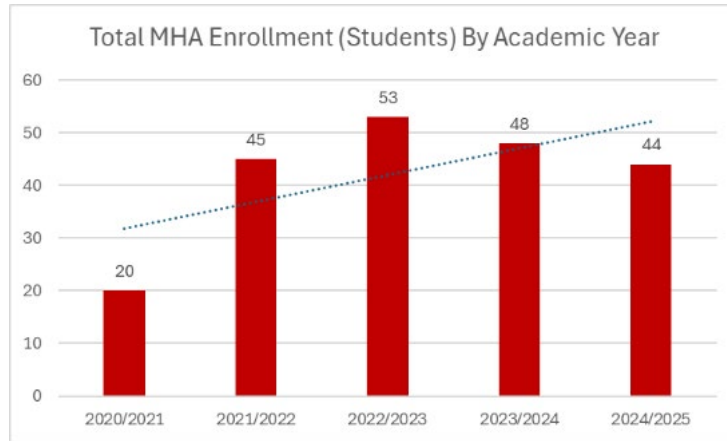
Table 3: Total Course Enrollment (Seats) By Academic Year



Source: (Lafone, 2025)

Table 3 shows total enrollment per academic year for all courses. Data is for individual course enrollment and may contain duplicate student users. Table 3 demonstrated a gradual increasing trend in enrollment beginning with the 2020/2021 academic year to 2024/2025, with enrollment spikes in 2021/2022 and 2022/2023. Note that 2024/2025 enrollment demonstrated an increase from the previous year.

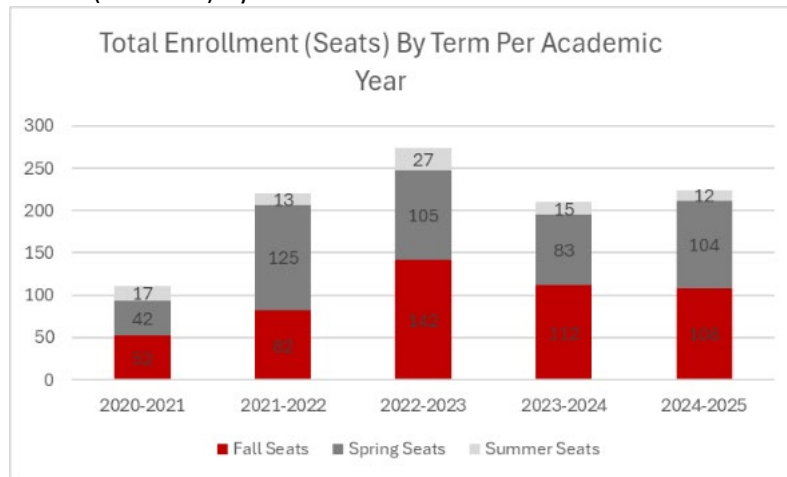
Table 4: Total MHA Enrollment (Students) By Academic Year



Source: (Lafone, 2025)

Table 4 examined enrollment data for the same time period, but by unduplicated student user. The same upward trend present in Table 3 was realized as expected. Similar to Table 3, Table 4 with enrollment spikes in 2021/2022 and 2022/2023. Note that 2024/2025 enrollment demonstrated an increase from the previous year.

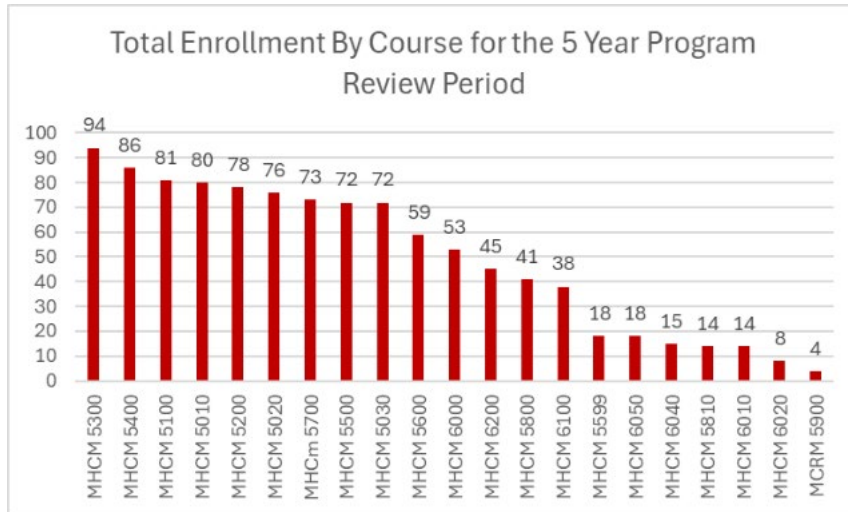
Table 5: Total Enrollment (Students) By Term Per Academic Year



Source: (Lafone, 2025)

Table 5 data points are based on total seats per academic year. Similar to Table 3, enrollment data is calculated per course and, therefore, will contain duplicate student users. The goal of this graphic is to ascertain student interest per semester. Overall, fall semester enrollment is typically higher than the spring and summer terms for the majority of academic years.

Table 6: Total Enrollment by Course for the 5 Year Program Review Period



Source: (Lafone, 2025)

Table 6 demonstrates student interest per course. Data points for all courses offered across all 5 program review academic years were combined to visualize individual course demand. In general, required MHA courses have had higher enrollment, with elective courses demonstrating lower enrollment.

Overall, Tables 3 and 4 demonstrate that MHA enrollment has shown an upward trend since its implementation in 2020/2021. Enrollment spikes in 2021/2022 and 2022/2023 will require additional research. Word of mouth conversations with the previous program leadership faculty resulted in minimal insight for the enrollment spike, other than continued marketing by program staff for the first 3 years of the program will little assistance external to CoBA. These efforts were neither systematic nor sustainable in the long term, possibly contributing to the decrease in enrolment demonstrated. It may be possible to gain additional insight into MHA enrollment if it were compared to enrollment data across other programs or the university as a whole to see where MHA fits within the larger context. Regardless, program leadership will continue to monitor and drive enrollment, as well as recommend implementation of a systematic and structured marketing plan across all graduate programs. The community need for healthcare leadership has been established. MHA program partnerships and pipelines to employment have been established. Potential learners need to know that Fairmont State University’s MHA program is an option for them.

Tables 5 and 6 provide a more detailed look at student demand for specific MHA courses, as well as yearly enrollment by term. In general, enrollment is heaviest in the fall, followed by spring and summer, respectively. This is reasonable and suggests that marketing efforts for the MHA program increase during the late spring and summer months to maximize recruitment efforts when potential learners are more likely to apply for a graduate program starting in the fall semester.

Table 6 serves as a visual reinforcement that the core required courses maintain the highest levels of enrollment. The MHA program has evolved since its inception and progressed through multiple course rotations and offerings. This has resulted in a high degree of administrative and logistical burden when structuring course offerings, as students often have different needs at different points in their academic journeys. For example, the current iteration of the MHA program requires 21 credit hours of electives but offers students up to 42 credit hours’ worth of electives to choose from. This results in faculty offering multiple courses that might have minimal enrollment. In the interest of long-term financial and administrative sustainability, the MHA program should revisit and simplify its course offerings and rotations.

- **Financial Health** – Review program-related financial indicators, including enrollment revenue, cost and revenue trends (course, tuition, program-level), and contribution margins (revenue minus cost).

Based on the Department/Program Model for the most recent year, the program shows a modest direct deficit. Gross tuition and fees total \$299,725 (Tuition \$245,386; Fees \$54,340). After institutional aid of \$120,966 (about 40% of gross), net tuition and fees are \$178,759. Direct instructional salaries and benefits total \$193,899, resulting in a direct program margin of -\$15,140 (-5.1%) (Lafone, 2025).

According to this dataset, the program is slightly below break-even on a direct basis (\$15.1K deficit). With only one year of data, a trend cannot be confirmed, but the current-year position indicates the program is close to a sustainable range yet not fully covering direct instructional compensation. An additional recommendation would be a deeper analysis of the financial health data, as it does not equate to internal calculations performed by program leadership. Multiple years of data would also be important for trend analysis. It would be helpful to have comparative data to understand the MHA's role within the larger picture of the University and other departments.

Current staffing patterns are adequate for sustainability. Table 8 below demonstrates additional capacity benchmarks needed as enrollment increases. One area to consider is the number of additional innovative projects currently in process (Micro-credentialing, AIT Expansion, Targeted enrollment recruitment). As these projects move evolve, they will likely require additional resources for success. Program leadership will assess program needs continuously over the next program review cycle to ensure adequate capacity.

Table: 8: 5 Year Recruitment Plan with Staffing Benchmarks

		Fall			Spring			Summer			Students in cohort Per Year	Comments
		Continuing	New	Grads	Continuing	New	Grads	Continuing	New	Grads		
25/26	Year 0	29	NA	4	33	10	5	37	2	3	38	Graduation Estimates based on review of current students
26/27	Year 1	36	19	11	40	9	7	40	1	1	40	Graduation Estimates based on review of current students
27/28	Year 2	40	25	15	45	16	7	50	1	1	50	Add adjunct capacity
28/29	Year 3	50	25	20	50	20	13	53	3	1	55	Add 1 FTE in place of adjunct
29/30	Year 4	55	31	20	60	20	16	60	3	2	60	Add adjuncts
30/31	Year 5	60	32	25	61	32	16	70	2	2	70	

3. Efficiency & stewardship actions (required)

- i. Describe actions taken or planned to improve financial health while maintaining quality (e.g., curriculum sequencing, section scheduling, pedagogy/assessment that enables appropriate class sizes, laboratory utilization, clinical placement models, OER, shared services).

Program leadership recommends a structural revision to the program that would alleviate instructor expense while producing a positive contribution margin. Figure 2 below provides insight into potential program revision that will be proposed in Spring 2026 with projected implementation in Fall 2026. Note that faculty resources are utilized across both HCMG and MHA programs, thus revisions will be considered as a whole.

Figure 2: Proposed MHA Revision

Compliance with WV HEPC Series 10 Policy Regarding Program Review (§ 5.2)

		Fall Semester								
		HCMG 2201	HCMG 2231	HCMG 3333	HCMG 4000	MHCM 5100	MHCM 5200	MHCM 5040	MHCM 6040	AIT 1 or 2
1 FTE DBA		X				X	X	X		
1 FTE HCMG			X	X	X					
.25 FTE DHA/DBA									X	
.25 FTE LNA/MHA										X**
		Spring Semester								
		HCMG 2221	HCMG 3331	HCMG 4400*	HCMG 4450	MHCM 5300	MHCM 5400	MHCM 5700	MHCM 5810	AIT 1 or 2
1 FTE DBA						X	X	X	X	
1 FTE HCMG		X	X		X					
0 FTE DHA										
.5 FTE LNA/MHA				X						X**
		Summer Semester								
		HCMG 4460	MHCM 5600	MHCM 6050	AIT 1 or 2					
1 FTE DBA			X							
1 FTE HCMG		X								
.5 FTE DHA/DBA				X						
.25 FTE					X**					

<b><u>Problem:</u></b>	<b><u>Solution:</u></b>
1 credit hour MHA courses have been offered inconsistently causing issues with having to substitute special topics courses to make up credit hours, complicating program delivery	Cut MHA 1 credit courses: 5010/5020/5030, Add MHA 5040 Quality Improvement Tools and Strategy (combines all 1 credits above)
Financial Health data shows negative margin, although I question the validity of the financial health data, there is opportunity to improve program financial health. Current program delivery schedule has multiple electives listed and offered causing need for additional faculty resources	Streamline delivery of core classes by removing four 3 credit courses as follows: MHCM 5500 - Epidemiology and Population Health; MHCM 6000 - Introduction to Research Methods; MHCM 6100 - Independent Research; MHCM 6200 - Strategic Management Capstone. Pertinent Learning Objectives from these courses will be worked into remaining MHA courses. This eliminates the need for a super adjunct in the MHA and decreases MHA adjunct expense. research or capstone courses will be delivered through 5599 ind study if students wish to go that route
It is difficult to appropriately schedule or work in elective courses outside of the MHA program due to changes or semesters offered.	Remove electives MSBA 6000 and MCRM 5900 from the course list. Instead address these options on a case by case basis similar to collaborations that Becky and I are currently working on
Other CoBA programs are 30 hours and can be completed in 3 semesters. the current MHA delivery model is 36 credits and requires hour overrides for any student wishing to complete the program in 1 year. This is also a heavy course load for students and might effect retention.	Decrease MHA to 30 credits from 36 to align with CoBA programs. Add the AIT as a 6 credit certification program that students would take in addition to the 30 hour MHA should they want to pursue their nursing home administrator license.
The HCMG minor is not consistent with FSU average hours requirement for minors. The HCMG minor is 21 hours (7 courses) while the average FSU minor is 18 credits. Even though this is not an MHA issue, it should still be addressed in the overall program restructure	Revise HCMG Minor to 18 credits from 21 credits for degree efficiency by eliminating HCMG 4400 Post Acute Care. If students are interested in nursing home administration in the MHA, they can still take this course as a free elective if they have the room, as the course will still be offered for the HCMG major

Note that MHA faculty also provide instruction for the HCMG undergraduate program. The following budget proforma (Figure 3) provides a budget projection containing expense and revenue data for both HCMG and MHA programs. The expense data in Figure 3 is based on proposed structural revisions found in Figure 2 above.

Figure 3: Proforma Budget Projection

Combined BS & MS Healthcare Management	Academic Year		
	F 2025-Sp/Sm 2026	F 2026- Sp/Sm 2027	F 2027 - Sp/Sm 2028
<b>EXPENSE:</b>			
<b>Faculty Salary</b>			
*Assistant Professor of Healthcare Management ( 1.0 FTE )	\$ 66,980.00	\$ 68,989.40	\$ 71,059.08
*HCMG Instructor (1.0 FTE)	\$ 63,860.00	\$ 65,775.80	\$ 67,749.07
HCMG Adjunct (\$2800 each course per semester)	\$ 5,600.00	\$ 2,800.00	\$ 2,800.00
MHA Adjunct (2 @ \$4500 per year)	\$ 9,000.00	\$ 9,000.00	\$ 9,000.00
AIT Adunct (AIT 1 and 2 - 3 AIT courses per year @ \$4500 per course)	\$ -	\$ 13,500.00	\$ 13,500.00
**Temporary MHCM Appointments (1 @ \$40,000 per academic year)	\$ 41,200.00	\$ -	\$ -
Graduate stipends to fulltime Grad faculty (\$4500 per course)	\$ 31,500.00	\$ 36,000.00	\$ 36,000.00
MHA Coordinator Stipend (5k estimate as placeholder)	\$ -	\$ 10,000.00	\$ 10,000.00
<b>Total Faculty Salary Expense</b>	<b>\$ 218,140.00</b>	<b>\$ 196,065.20</b>	<b>\$ 200,108.16</b>
<b>Other Faculty Expense</b>			
Fringe Benefits, taxes & Health Coverage (20% of Asst Professor/HCMG Instructor/Temp Appoint)	\$ 34,408.00	\$ 26,953.04	\$ 27,761.63
<b>Total Personnel Expense</b>	<b>\$ 252,548.00</b>	<b>\$ 223,018.24</b>	<b>\$ 227,869.79</b>
<b>Current Expenses</b>			
Current Operational Expenses	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
<b>Total Current Expenses</b>	<b>\$ 3,000.00</b>	<b>\$ 5,000.00</b>	<b>\$ 6,000.00</b>
<b>Total Expenses</b>	<b>\$ 255,548.00</b>	<b>\$ 228,018.24</b>	<b>\$ 233,869.79</b>
<b>REVENUE:</b>			
<b>Undergraduate Enrollment By FTE*</b>	<i>***189 credits or 15.75 FTE</i>	<i>198 credits or 16.5 FTE</i>	<i>208 credits or 17.33 FTE</i>
Tuition (average of \$8708 * FTE, per year / 50% indirect for FSU admin = Tuition to Department)	\$ 68,576.00	\$ 71,841.00	\$ 75,454.82
Fees per credit hour (\$25 per credit * total credit hour production)	\$ 4,725.00	\$ 4,950.00	\$ 5,200.00
Program Fees (Total Credit Hour Production / 12*\$300)	\$ 4,725.00	\$ 4,950.00	\$ 5,200.00
<b>Total HCMG Revenue</b>	<b>\$ 78,026.00</b>	<b>\$ 81,741.00</b>	<b>\$ 85,854.82</b>
<b>Graduate Enrollment By FTE*</b>	<i>***580 credits(64.44 FTE)</i>	<i>609 credits(67.67 FTE)</i>	<i>639 credits(71 FTE)</i>
Tuition (average of \$9550 * FTE, per year / 50% indirect for FSU Admin = Tuition to Department)	\$ 307,701.00	\$ 323,124.25	\$ 339,025.00
Total credits w/fees generated (\$45 per credit * total credit hour production)	\$ 26,100.00	\$ 27,405.00	\$ 28,755.00
Program Fee (Total Credit Hour Production (total credit hour production / 9 * \$400)	\$ 25,778.00	\$ 27,066.67	\$ 28,400.00
<b>Total MHA Revenue</b>	<b>\$ 359,579.00</b>	<b>\$ 377,595.92</b>	<b>\$ 396,180.00</b>
<b>Total Revenue from Tuition/Fees to CoBA: (HCMG+MHA)</b>	<b>\$ 437,605.00</b>	<b>\$ 394,965.25</b>	<b>\$ 414,479.82</b>
<b>Total HCMG/MHA Program Contribution to CoBA Less Total Expenses:</b>	<b>\$ 182,057.00</b>	<b>\$ 166,947.01</b>	<b>\$ 180,610.03</b>
<b>Notes:</b>			
*3% yearly salary increase estimated			
**Eliminate temporary contract visiting professors in 26/27 (Smith for MHCM)			
*** Credit hour production based on 24/25 data provided by FL. This will serve as benchmark rev data for 25/26 year. Following years assume 5% annual increase in hours			

- **Supplemental Support** – Summarize any additional support the program receives, such as grant funding, in-kind contributions, or financial support from foundations.

None at this time.



## ACCREDITATION COUNCIL FOR BUSINESS SCHOOLS AND PROGRAMS

July 18, 2025

Michael Davis  
President  
Fairmont State University  
1201 Locust Avenue  
Fairmont, WV, 26554, USA

Dear President Davis:

The Baccalaureate/Graduate Degree Board of Commissioners met on April 3-4, 2025, and approved the business program reaffirmation for Fairmont State University. Congratulations!

Fairmont State University is conditionally accredited with the following Notes and Conditions:

**Place a Note on Criterion 3.3.** The business unit did not list trend data in Table 3.2 for each of the student and stakeholder segments. The data presented was only for alumni. An opportunity exists for the business unit to not only provide trend data for stakeholders, but to do so based upon programs and/or modalities, as appropriate. For example, the business unit recognized the need for more specific tracking based upon modality, but has not yet been able to collect and assess the data.

**Place a Note on Criterion 3.4.** While the business unit provided data on achieving alumni satisfaction goals, there is an opportunity for improvement to track other metrics that would show the business unit is listening and learning from its stakeholders and is in continuous improvement.

**Place a Note on Criterion 4.3.** The business unit has an opportunity to use Table 4.1 for all of their program outcomes and assessment findings. The PDF version did not provide needed information regarding the results and action plans to be taken for each measure that was assessed. Not having details about potential action plans can limit the business unit's ability to make data-driven decisions for both curricular and operational improvements.

**Place a Note on Criterion 5.2.a.2.** The business unit would benefit from having an appropriate mix of faculty teaching in each of its programs. One program, the healthcare management program, had the majority of instruction completed by only one faculty member. The use of adjuncts and/or guest speakers would aid students in the diversity of thought/perspectives.

**Place a Note on Criterion 6.1.a.** The business unit has an opportunity for improvement by ensuring that processes are properly followed regarding curriculum delivery and that students are taking the appropriate courses. It was revealed during the site visit that students may be assigned a graduate-level courses as a substitution for a

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**ACBSP World Headquarters**  
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Fairmont State University  
July 18, 2025  
Page 2

required undergraduate course. Some of the graduate-level courses have prerequisites that students have not met. Having students take courses that are not at the appropriate level could cause issues in the design, implementation, and future improvements of courses and the overarching curriculum.

**Place a Condition on Criterion 7.1.a.** The business unit has an opportunity to provide two data points on each accredited program and each program requesting accreditation. The business unit provided retention rates for a few programs, but not all programs. Graduation rates were listed as being shown, but were not present in the dashboard.

**Place a Condition on Criterion 7.4.b.** The business unit has an opportunity to provide evidence explaining how business operation processes are improved based on findings.

**Place a Condition on Criterion 7.4.c.** The business unit has an opportunity to provide evidence explaining how educational support processes are improved based on findings.

The business unit would benefit from using the Tables as prescribed by ACBSP to ensure information is being portrayed in a user-friendly and understandable manner.

Conditions and Notes indicate that either the Standard or Criteria is not fully met, and should be viewed as an opportunity to move your program to a higher level of excellence. It would be extremely rare that a school receive accreditation without these conditions or notes given ACBSP's Core Value of Continuous Improvement and Organizational Learning, that "Business schools and programs should pursue regular cycles of planning, execution, and evaluation of every process and system. Ongoing improvement of these processes and systems leads to ever higher quality and student/stakeholder satisfaction."

Progress on the Notes and Conditions must be reported in future reports. You are encouraged to work with Melanie Hicks on the removal of the Notes and Conditions. Commissioner Hicks may be contacted by phone at 434-592-3723, or by e-mail at [mhicks@liberty.edu](mailto:mhicks@liberty.edu). You may also contact Lucie Depoo at [ldepoo@acbsp.org](mailto:ldepoo@acbsp.org).

You must provide a report on the Notes and Conditions on **2/15/2027**. Conditions must be removed by **2/15/2029**. Your first full Quality Assurance Report is due on **2/15/2029**. Your ten-year reaffirmation is due in **2035**.

ACBSP will inform the public of decisions on accreditation status made by the Boards of Commissioners by posting the accreditation decisions on the ACBSP Website. The decisions on accreditation status can be accessed from [www.acbsp.org/?page=decisions](http://www.acbsp.org/?page=decisions) and will appear as the following:

**Fairmont State University (Fairmont, WV, USA)**

If you have any comments concerning this notification, please let me know.

ACBSP encourages you to publicly announce that your business programs are accredited. In the next few weeks, we will be sending you, via e-mail, a sample ACBSP Press Release and ACBSP Logo files for publicizing your accreditation. As you prepare these materials, the following is your official ACBSP statement:

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Area of Improvement	Classification	Applicable to MHA	Action Plan
<p>Criterion 3.3. The business unit did not list trend data in Table 3.2 for each of the student and stakeholder segments. The data presented was only for alumni. An opportunity exists for the business unit to not only provide trend data for stakeholders, but to do so based upon programs and/or modalities, as appropriate. For example, the business unit recognized the need for more specific tracking based upon modality, but has not yet been able to collect and assess the data.</p>	<p>Note</p>	<p>No</p>	<p>University-wide efforts are underway to improve data collection and use specific to programs.</p>
<p>Criterion 3.4. While the business unit provided data on achieving alumni satisfaction goals, there is an opportunity for improvement to track other metrics that would show the business unit is listening and learning from its stakeholders and is in continuous improvement.</p>	<p>Note</p>	<p>Yes</p>	<p>MHA leadership has moved forward with formalizing an MHA advisory council structure. MHA leadership has requested alumni information from the Foundation to aid in alumni engagement. MHA leadership (with the assistance of Dr. Leary) is taking the opportunity with the switch to course dog to refine program assessment.</p>
<p>Criterion 4.3. The business unit has an opportunity to use Table 4.1 for all of their program outcomes and assessment findings. The PDF version did not provide needed information regarding the results and action plans to be taken for each measure that was assessed. Not having details about potential action plans can limit the business unit's ability to make data-driven decisions for both curricular and operational improvements.</p>	<p>Note</p>	<p>No</p>	<p>All tables were completed and submitted. The functionality of the ACBSP portal has offered challenges to many accredited programs. ACBSP has decided to change portal vendors to streamline accreditation document submission.</p>

<p>Criterion 5.2.a.2. The business unit would benefit from having an appropriate mix of faculty teaching in each of its programs. One program, the healthcare management program, had the majority of instruction completed by only one faculty member. The use of adjuncts and/or guest speakers would aid students in the diversity of thought/perspectives.</p>	<p>Note</p>	<p>No</p>	<p>This relates to undergraduate healthcare management. During the review, EP was teaching all undergraduate classes. MHA courses are taught by Dr. Alvarez, Dr. Smith, and Dr. Pulice.</p>
<p>Criterion 6.1.a. The business unit has an opportunity for improvement by ensuring that processes are properly followed regarding curriculum delivery and that students are taking the appropriate courses. It was revealed during the site visit that students may be assigned a graduate-level courses as a substitution for a required undergraduate course. Some of the graduate-level courses have prerequisites that students have not met. Having students take courses that are not at the appropriate level could cause issues in the design, implementation, and future improvements of courses and the overarching curriculum.</p>	<p>Note</p>	<p>Yes</p>	<p>There were times where MHCM 5300 (Ethics) was substituted for BSBA 4420 (Ethics). This occurred only for healthcare management undergraduate students who had scheduling conflicts with BSBA 4420. The MHA ethics course was specifically geared toward healthcare delivery and fit nicely with undergraduate healthcare management curricula. The HCMG to MHA 4+1 makes this substitution formal.</p>
<p>Criterion 7.1.a. The business unit has an opportunity to provide two data points on each accredited program and each program requesting accreditation. The business unit provided retention rates for a few programs, but not all programs. Graduation rates were listed as being shown, but were not present in the dashboard.</p>	<p>Condition</p>	<p>Yes</p>	<p>University-wide initiatives are underway for better programmatic data.</p>
<p>Criterion 7.4.b. The business unit has an opportunity to provide evidence explaining how business operation processes are improved based on findings.</p>	<p>Condition</p>	<p>No</p>	<p>This is specific to CoBA. The MHA program review has been helpful in establishing baseline data to inform operational processes moving forward.</p>
<p>Criterion 7.4.c. The business unit has an opportunity to provide evidence explaining how educational support processes are improved based on findings.</p>	<p>Condition</p>	<p>No</p>	<p>This is specific to CoBA and how support services are documented.</p>

## **Appendix A: Full Program Analysis for Reference**

### **Executive Summary**

#### **Program overview**

- **Program name:** M.S. in Healthcare Management (MHA)
- **College/Department:** College of Business and Aviation (CoBA)
- **Delivery:** 100% online, asynchronous
- **External review:** CoBA maintains specialized accreditation through the [Accreditation Council for Business Schools and Programs \(ACBSP\)](#), providing external assurance of curriculum quality, learning outcomes assessment, and continuous improvement.

#### **Synopsis of significant findings:**

##### **Major strengths**

- **Clear [mission alignment](#):** The MHA supports Fairmont State’s mission by preparing healthcare leaders who contribute to workforce and community development, with a strong emphasis on applied learning and civic engagement.
- **[Distinctive statewide market position](#):** The program is positioned as the most cost-effective West Virginia option among in-state peers, and the only in-state Master of Healthcare Administration (MHA) offered fully online and asynchronous, which supports working professionals and place-bound learners.
- **[External Demand](#):** FSU primarily serves West Virginians (90%+ in-state), and with persistent health disparities, access-to-care challenges, and strong job-posting demand in Health Care & Social Assistance and management roles—plus projected national growth for medical/health services managers—the program remains aligned with state, regional, and broader employment opportunities.
- **[Applied-learning and partnership strengths](#):** Practicum, service projects, and partner engagement provide authentic experiences aligned with healthcare leadership competencies.
- **[Signature pathway \(AIT\)](#):** The Administrator-in-Training pathway is a differentiator; since 2020, the AIT component has produced 20+ Licensed Nursing Home Administrators, supporting West Virginia’s long-term care leadership pipeline.

##### **Key challenges**

- **[Recruitment infrastructure is not yet systematic](#):** [Enrollment growth](#) has depended heavily on informal marketing and word-of-mouth. A structured, sustainable recruitment/marketing plan is needed.
- **[Curricular complexity and low-enrolled electives](#):** Students must complete 21 elective credits but can choose from up to 42 credits of electives, increasing scheduling/rotation complexity and producing some low-enrollment sections.

- **Direct financial margin slightly below break-even (most recent year available):** The latest program model shows the program close to a sustainable range but not fully covering direct instructional compensation.
- **Consistency in applied-learning documentation and stakeholder feedback:** Partner feedback and applied-learning expectations need more consistent documentation and process “closure” to strengthen continuous improvement.

#### **Five-year trend highlights (majors and graduates/student demand)**

The program began in AY 2020/2021 and demonstrates an [overall upward trend in enrollment](#) across the review period, with spikes in 2021/2022 and 2022/2023, and renewed growth in 2024/2025. Course demand is strongest in fall, followed by spring and summer. Core required courses show the highest demand across the period, while electives trend lower—supporting planned simplification of offerings and optimization of rotations.

#### **Assessment model and use of learning results**

Student learning is organized around program Student Learning Objectives (SLOs) that include executive/managerial competencies; research/applied inquiry; leadership and innovative practice; communication, analytical thinking, and problem-solving; policy/finance; ethics/legal issues; and management tools for planning and operations. Continuous improvement is supported through ACBSP’s expectations and ongoing program monitoring (course success, retention patterns, student feedback, and external/partner input). Planned improvements—such as standardized experiential learning expectations, formal partner feedback processes, and an annual labor-market update—are positioned to strengthen the documented “assessment-to-improvement” cycle.

#### **Student placement and workforce impact (available data)**

Placement outcomes are supported through internship and practicum partners. Monongahela Valley Association of Health Centers has placed interns and hired MHA students. The AIT pathway supports direct placement into long-term care leadership, producing 20+ Licensed Nursing Home Administrators since 2020; many have remained in West Virginia, while others have advanced through national licensure pathways. Applied-learning experiences (service projects, internships, capstone/practicum) reinforce workforce readiness and strengthen regional healthcare leadership capacity.

#### **[Financial health](#) summary (most recent year available)**

Based on the Department/Program Model for the most recent year available, gross tuition and fees total \$299,725; after institutional aid (\$120,966), net tuition/fees are \$178,759. Direct instructional salaries and benefits total \$193,899, resulting in a modest direct deficit of \$15,140 (-5.1%). With only one year available in the dataset, a trend cannot be confirmed; however, the program appears close to break-even and may improve [contribution margin](#) through curriculum/scheduling efficiencies and the [proposed structural revision](#).

#### **Plan for improvement with timeline (summary)**

The program’s [improvement agenda](#) over the next review cycle aligns to five themes:

- **Year 1 priorities**

- Formalize stakeholder engagement: revise the MHA Advisory Committee Charter
- Strengthen employer/partner pipeline infrastructure: create partner database and project tracking; draft adaptable affiliation agreement
- Curriculum and scheduling optimization: propose revisions to simplify electives and optimize course rotations
- Recruitment and internal demand: submit 4+1 proposals; begin microcredential partner identification
- **Year 2 priorities**
- Standardize applied-learning expectations: revise experiential learning standard syllabus and build a reusable Blackboard Ultra experiential shell
- Implement phased marketing plan and improve program visibility
- Establish and begin annual labor-market assessment protocol; use results to guide curriculum refresh actions
- Formalize collaboration pathways (e.g., MCRM)
- **Years 3–5 priorities**
- Promote AIT as a signature pathway and expand AIT partnerships/placement capacity
- Deepen Advisory Council engagement to translate emerging trends into annual curriculum updates
- Identify and engage peer programs through ACBSP networks for benchmarking and best practices

#### **Prior program review deficiencies and status**

The MHA program launched in 2020/2021; this document represents the first full program review cycle since launch. Early program development has emphasized building partnerships (including AIT) and applied-learning opportunities. The next cycle priorities focus on formalizing stakeholder feedback processes, simplifying curriculum/rotations for sustainability, and implementing a structured recruitment/marketing infrastructure.

#### **Criterion I: Mission:**

##### **[MHA Mission Statement](#)**

Narrative:

1. Explain how the program’s mission supports the Fairmont State University mission and strategic priorities. *(Required)*

Fairmont State University’s mission is to educate students as engaged citizens to ensure its delivery of transformational impact. The University advances this mission through programs and education that are actively characterized by opportunity, growth, and achievement. By committing to

community engagement and service as a core value, the university contributes to community and workforce development as well as student and employee populations that are involved and apprised of current needs and trends. The collaboration of both elements – in demand programs and community involvement – produces graduates who apply their education to strengthen organizations and communities across diverse settings.

Consistent with this institutional mission, the Master of Health Care Administration program's mission is to prepare early careerists and seasoned managers for healthcare leadership roles in diverse environments throughout the public or private sectors. Its vision further reinforces Fairmont State's emphasis on opportunity and growth by providing access to a premier graduate degree that guides participants to become competent and effective healthcare leaders. By developing leadership capacity in healthcare, a sector that is consistently understaffed and central to the well-being of West Virginia communities, the program advances workforce and community development priorities that align with the University's aims. The MHA program furthers the education of students through real-world service and engagement projects, internships, and coursework to ensure graduates are confident and enabled to offer professional contributions within West Virginia and beyond.

The combination of experiential development, leadership cultivation, and convenient delivery format carry the MHA program to success. Service projects and assigned coursework are specific in the development of leadership skills within healthcare environments, echoing the university's emphasis on workforce development. The curriculum is purposely delivered to expand opportunities for working professionals and place-bound learners, with courses offered 100% online and student-centered academic advising and instructor support. This program can be completed within three full-time semesters, or it can be spread out to fit the needs of each student.

The structured, applied learning elements of this program help to connect students to real-world contexts and decision-making scenarios. This design allows for flexibility to meet the interests and needs of individual students. Independent study options often appeal to working professionals while capstone and practicum opportunities can be unique to subject, organization, or service for all students to gain what they need from the experience. Together, these elements support student advancement and improve the capacity of healthcare organizations by preparing graduates to meaningfully contribute from the start of their employment.

## 2. Mission Critical Role (*Optional*)

The MHA program fulfills a mission-critical role for Fairmont State University by advancing the University's commitment to transformational impact within West Virginia. This program strengthens healthcare leadership capacity which will, in turn, allow some relief through strategic planning and appropriate maintenance and management of current and future systems. West Virginia faces persistent health disparities and a comparatively high burden of chronic disease, compounded by rural access barriers and an aging population (Hong et al., 2023). West Virginia ranks 48th nationally, with 20.5% of adults having 3 or more chronic disease conditions (*Explore Multiple Chronic Conditions in West Virginia | AHR, 2026*). These conditions create complex organizational and systemic challenges that require effective healthcare leadership across care

delivery and public health systems (Bornman & Louw, 2023; Bradley et al., 2015). The MHA program responds by preparing graduates for administrative and executive practice through a balanced curriculum and experiential learning (Appendix Table 1, SLO1), strengthening leadership and innovative practice through course learning and seminars (Appendix Table 1, SLO3), and developing communication, analytical and critical thinking, and problem-solving skills essential for healthcare administration (Appendix Table 1, SLO4).

### 3. Civic Engagement (*Optional*)

Through linking graduate learning to civic engagement opportunities, the MHA program advances student experience and stays connected to care providers for the most current information. Without inflating costs for either party, collaborative opportunities prove to be mutually beneficial for all involved (Seifer, 1998). These experiences provide structured opportunities for students to apply leadership competencies and management tools in real-world contexts, including planning, strategy, organizing, staffing, leading, change, and sustainability (Appendix Table 1, SLO7). They also reinforce effective communication, analytical thinking, and problem-solving in authentic administrative environments (Appendix Table 1, SLO4). The program further strengthens civic engagement through collaboration with regional partner organizations, including Monongahela Valley Association of Health Centers Inc., the West Virginia Primary Care Association, Mon Health Systems, the West Virginia Nursing Home Administrators Licensing Board, and the WV Chapter of the American College of Healthcare Executives, which support student learning while contributing to community and organizational priorities.

### 4. Mission and Data-Informed Decision Making (*Optional*)

The MHA program uses evidence to guide planning and continuous improvement by monitoring student progress, academic outcomes, student and colleague feedback, and external indicators relevant to workforce preparation. Program review data, including enrollment trends, retention patterns, and course success metrics, are used to identify strengths and improvement opportunities and to inform program changes. This approach aligns with the program's emphasis on engaging students in coursework and applied experiences that lead them to examine, research, and apply real issues in healthcare administration and management (Appendix Table 1, SLO2), as well as developing analytical, critical thinking, and problem-solving skills necessary for successful administrative roles (Appendix Table 1, SLO4). This commitment to evidence-based decision-making supports Fairmont State's mission by linking program improvements to student success.

### 5. Program Distinctiveness (*Optional*)

Like Marshall University's (MU) online M.S. in Health Care Administration and West Virginia University's (WVU) online MHA, Fairmont State offers graduate preparation for professionals who manage the complexities of healthcare delivery. Fairmont State's MHA differentiates itself in three specific ways.

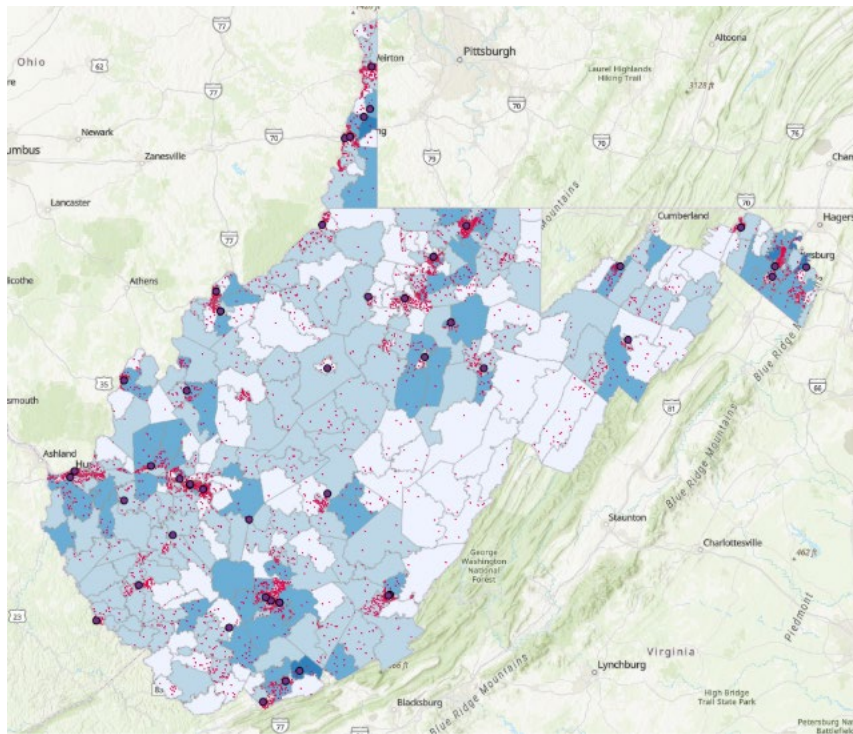
FSU's MHA program expands access for working professionals and place-bound learners through a fully online format and intentional student support, while still emphasizing a rigorous blend of coursework and applied learning that prepares graduates for leadership and management roles in healthcare (Table 1, SLO1). Second, the Healthcare Management Certificate provides a shorter,

workforce-relevant entry point that can also serve as a pathway into the master’s degree, while strengthening the communication, analytical, and problem-solving abilities expected of healthcare administrators (Table 1, SLO4). Third, the Administrator-in-Training experiential component provides a focused pathway into post-acute and long-term care administration, reinforcing the practical management capabilities required to lead organizations through planning, operations, staffing, and change (Table 1, SLO7). The curriculum also ensures students are prepared to navigate the policy and financial environment of the U.S. healthcare system and incorporate ethical and legal considerations into administrative decision making (Table 1, SLO5; Table 1, SLO6). Collectively, these features strengthen alignment with Fairmont State’s mission by expanding opportunity, supporting growth through stackable and applied pathways, and contributing to transformational impact through graduates’ professional contributions within West Virginia and beyond.

**Criterion II: External Demand:**

1. Program Relevance to the Region/State/Nation: Explain how the program contributes to community, state, or national needs and priorities. *(Required)*

Figure 1: WV Map Representing Higher Education & Medical Services



Source: (Lafone, 2025)

FSU leads all other West Virginia higher education institutions in serving state residents, with over 90% of Fairmont State’s students being native West Virginians (Fairmont State University, 2026). Hong et al. (2023) noted the increased prevalence of health disparities among West Virginians. Access to primary care in the state has also been deemed a concern, with increased age-adjusted mortality rates within West Virginia counties where residents have limited access to healthcare services (Woolard et al., 2023). West Virginia’s healthcare delivery systems face

challenges in access and caring for vulnerable populations. These systems require administrative leaders who can manage complex, multifaceted, and unique networks. Workforce data supports this construct. In statewide job posting analytics (Sep 2023–Aug 2025), Health Care and Social Assistance is the top posting sector with 23,432 postings, reinforcing the relevance of graduate preparation connected to healthcare service delivery (Strata Education Foundation, 2025). In the broader field of health administration and management, labor market evidence also shows sustained demand at the master’s level, supporting the program’s continued relevance beyond the immediate service region (Hailu et al., 2024).

The MHA program aligns with community, state, and broader workforce priorities as healthcare delivery remains a primary driver of employment demand in West Virginia.

2. Employment Opportunities: Describe the availability of employment opportunities for program graduates within and beyond the service region, using job market data provided. *(Required)*

Employment opportunities for MHA graduates are supported by sustained demand across West Virginia’s healthcare delivery sector. Management Occupations ranked among the top occupational groups with 10,025 postings, indicating that managerial and administrative talent is routinely sought across multiple industries, including healthcare delivery (Strata Education Foundation, 2025).

Postings were concentrated among large, regionally significant employers, many of which reflect likely placement settings for MHA graduates. In the same job-postings dataset, 18 West Virginia employers posted 14,877 Healthcare and Social Assistance positions (See Appendix Table 2) (Strata Education Foundation, 2025).

The demonstrated need for healthcare management positions, healthcare administrators, and educational pipelines for students interested in facilitating healthcare provision is not limited to West Virginia. National labor statistics project a 23% growth in Medical and Health Services Management positions between 2024 and 2034, with an estimated increase of 62,00 positions per year (Bureau of Labor Statistics & U.S. Department of Labor, 2026b).

Job titles aligned with MHA preparation are well-represented within the Bureau of Labor Statistics (BLS) definition of Medical and Health Services Managers. These individuals may also be called healthcare executives or healthcare administrators and may oversee whole systems, manage an entire facility, a department/service line, specialized projects and programs, or a provider practice. Examples of aligned management roles include nursing home administrators, clinical managers, and health information managers, among other operational and service-line leadership positions (Bureau of Labor Statistics & U.S. Department of Labor, 2026b).

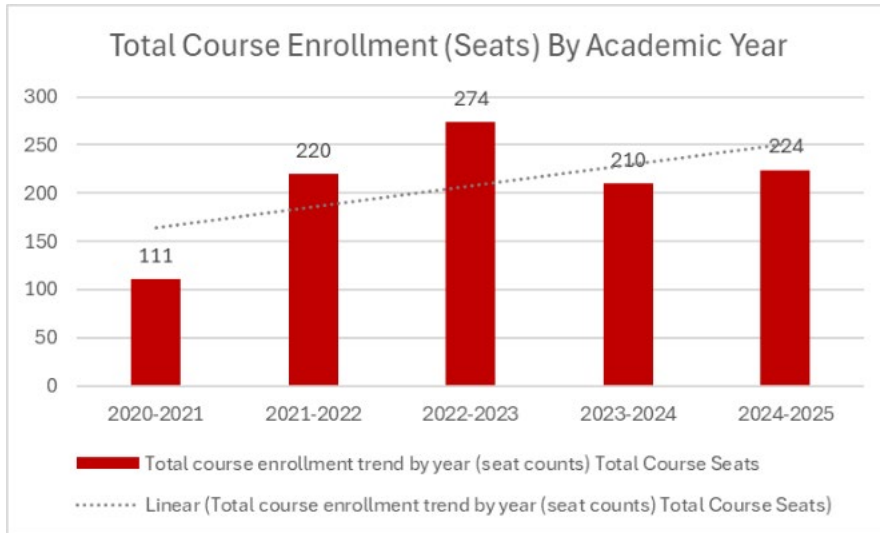
Compensation and projected openings further support the employment outlook. As of May 2023, BLS occupational wage estimates for West Virginia reported 2,060 Medical and Health Services Managers employed statewide, with a median hourly wage of \$50.72 and an annual mean wage of \$130,850. Specific to North Central West Virginia, Medical and Health Services Managers occupations show a median hourly wage of \$47.90 and an annual mean wage of \$113,350, supporting the relevance of this career pathway within FSU’s regional service context (Bureau of

Labor Statistics & U.S. Department of Labor, 2026a).

3. Student Interest: Discuss trends in student demand for the program, including applications, inquiries, new student enrollment, and whether these are increasing, stable, or declining. *(Required)*

To analyze student interest, enrollment data will be considered. Data points for the five-year program review period were used to populate the tables below.

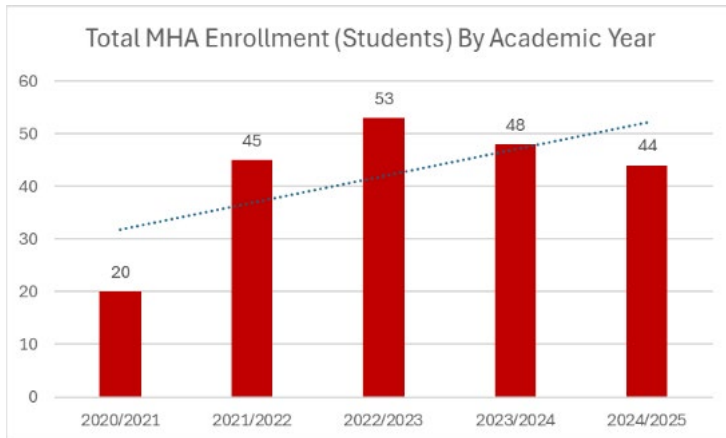
Table 3: Total Course Enrollment (Seats) By Academic Year



Source: (Lafone, 2025)

Table 3 shows total enrollment per academic year for all courses. Data is for individual course enrollment and may contain duplicate student users. Table 3 demonstrated a gradual increasing trend in enrollment beginning with the 2020/2021 academic year to 2024/2025, with enrollment spikes in 2021/2022 and 2022/2023. Note that 2024/2025 enrollment demonstrated an increase from the previous year.

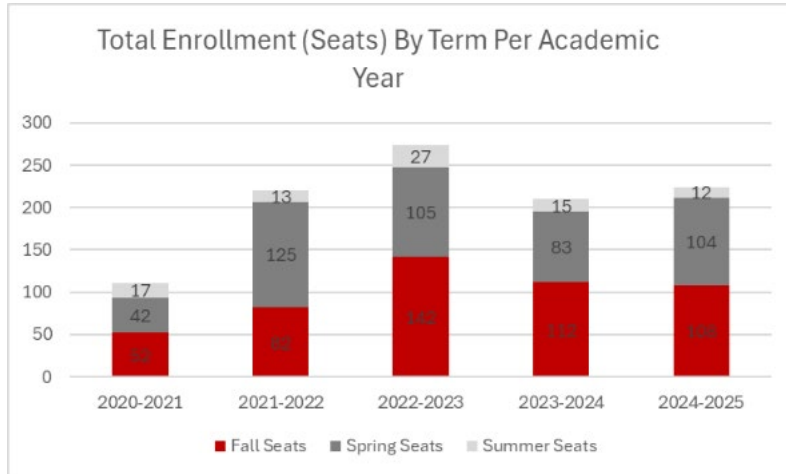
Table 4: Total MHA Enrollment (Students) By Academic Year



Source: (Lafone, 2025)

Table 4 examined enrollment data for the same time period, but by unduplicated student user. The same upward trend present in Table 3 was realized as expected. Similar to Table 3, Table 4 with enrollment spikes in 2021/2022 and 2022/2023. Note that 2024/2025 enrollment demonstrated an increase from the previous year.

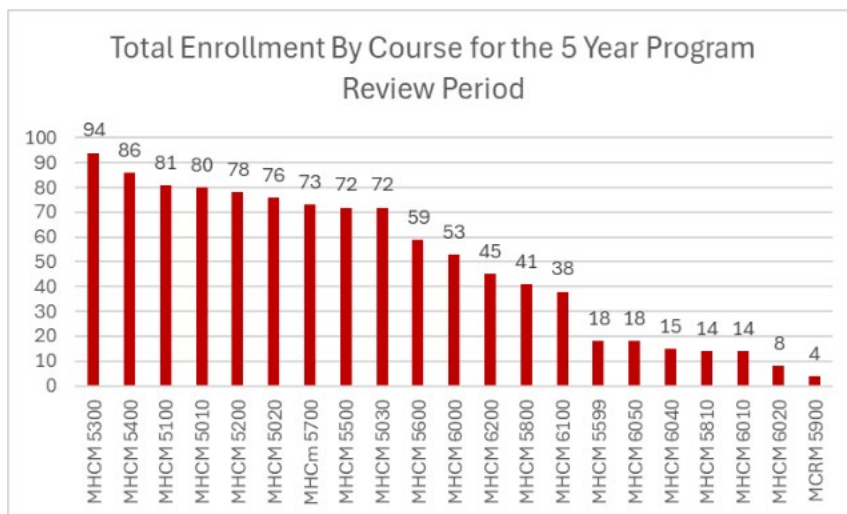
Table 5: Total Enrollment (Students) By Term Per Academic Year



Source: (Lafone, 2025)

Table 5 data points are based on total seats per academic year. Similar to Table 3, enrollment data is calculated per course and, therefore, will contain duplicate student users. The goal of this graphic is to ascertain student interest per semester. Overall, fall semester enrollment is typically higher than the spring and summer terms for the majority of academic years.

Table 6: Total Enrollment by Course for the 5 Year Program Review Period



Source: (Lafone, 2025)

Table 6 demonstrates student interest per course. Data points for all courses offered across all 5 program review academic years were combined to visualize individual course demand. In general, required MHA courses have had higher enrollment, with elective

courses demonstrating lower enrollment.

Overall, Tables 3 and 4 demonstrate that MHA enrollment has shown an upward trend since its implementation in 2020/2021. Enrollment spikes in 2021/2022 and 2022/2023 will require additional research. Word of mouth conversations with the previous program leadership faculty resulted in minimal insight for the enrollment spike, other than continued marketing by program staff for the first 3 years of the program with little assistance external to CoBA. These efforts were neither systematic nor sustainable in the long term, possibly contributing to the decrease in enrollment demonstrated. It may be possible to gain additional insight into MHA enrollment if it were compared to enrollment data across other programs or the university as a whole to see where MHA fits within the larger context. Regardless, program leadership will continue to monitor and drive enrollment, as well as recommend implementation of a systematic and structured marketing plan across all graduate programs. The community need for healthcare leadership has been established. MHA program partnerships and pipelines to employment have been established. Potential learners need to know that Fairmont State University's MHA program is an option for them.

Tables 5 and 6 provide a more detailed look at student demand for specific MHA courses, as well as yearly enrollment by term. In general, enrollment is heaviest in the fall, followed by spring and summer, respectively. This is reasonable and suggests that marketing efforts for the MHA program increase during the late spring and summer months to maximize recruitment efforts when potential learners are more likely to apply for a graduate program starting in the fall semester.

Table 6 serves as a visual reinforcement that the core required courses maintain the highest levels of enrollment. The MHA program has evolved since its inception and progressed through multiple course rotations and offerings. This has resulted in a high degree of administrative and logistical burden when structuring course offerings, as students often have different needs at different points in their academic journeys. For example, the current iteration of the MHA program requires 21 credit hours of electives but offers students up to 42 credit hours' worth of electives to choose from. This results in faculty offering multiple courses that might have minimal enrollment. In the interest of long-term financial and administrative sustainability, the MHA program should revisit and simplify its course offerings and rotations.

4. Public Good & Economic Development: Provide evidence of how the program supports regional economic development (e.g., advisory boards, workforce partnerships, clinical/practicum sites, professional training initiatives). *(Optional)*

The MHA program integrates well with multiple community partners at both the student and faculty levels. Existing partnerships for practicum opportunities have resulted in employment options for students. Monongahela Valley Association of Health Centers Inc. has placed multiple interns and hired MHA students. The AIT program has graduated over 20 Licensed Nursing Home Administrators since its beginning in 2020. Many students have stayed in West Virginia, while others have obtained national licensure and are managing nursing homes across the country.

Future partnerships with the West Virginia Primary Care Association, Valley Healthcare Systems, and the West Virginia Chapter of the American College of Healthcare Executives have the potential to impact the public good while expanding the employment pipeline for MHA students.

5. Peer Program Comparison: Summarize how your program compares to peer or aspirational institutions (enrollment trends, reputation, industry partnerships). *(Optional)*

Currently, MHA leadership has not identified high-performing peer programs. However, future efforts to identify best practices are important. Because the MHA program is accredited through the Accreditation Council for Business Schools and Programs (ACBSP), there is an opportunity to explore peer program relationships.

6. Competitor Analysis: Comment on the presence of similar programs at nearby institutions and how your program differentiates itself. *(Optional)*

Other West Virginia institutions that currently offer MHA programs include WVU and MU. These programs demonstrate some distinct differences from FSU (See Table 7: WV MHA Program Tuition and Structure Comparison). The FSU program is the most cost-effective option in West Virginia for both in-state and out-of-state students. Furthermore, FSU's program is the only MHA that is currently 100% online and asynchronous, making it appealing to working professionals. Class size ratio presents students with higher level support and mentorship. Faculty form close bonds with students and take interest in their socio-emotional wellbeing as well as their academic success, ensuring positive experience and improved completion rate. Of separate note, Fairmont State is situated more centrally for rural West Virginia areas while Marshall and WVU institutions are polarized to southern and northern regions respectively. This is attractive to students for affordability purposes, and this localization organically allows for collaborative efforts with diverse health systems in West Virginia. Integrating these partnerships lends the benefit of authentic experience and the latest practices for graduates to seamlessly move from a student to a leader within these establishments.

Marshall's program is online but requires weekly virtual class meetings, while WVU's program is on-site and in person. Additionally, both FSU and Marshall deliver their MHA programs through their respective business colleges, thus emphasizing critical business skill sets required for effectual healthcare service management. WVU's MHA program is offered as a concentration through the WVU School of Public Health, which does not offer the broader foundation for business and leadership success. Overall, the FSU MHA is positioned well within the current in-state offerings. Finally, there are no in-state MHA programs that offer the AIT track and a pipeline to Nursing Home Administrator licensing. This is unique to FSU and a direct result of the hard work and dedication provided by Dr. Raymond Alvarez. FSU should make the expansion of the AIT program a priority. With active demand for more long-term care facilities and professionals, this AIT partnership allows for dual learning options which facilitate a much quicker transition from student to active management. Expanding the AIT program embodies the FSU mission and has the potential to impact care delivery for some of the most vulnerable members of our population.

Table 7: WV MHA Program Tuition and Structure Comparison

<b>Program characteristic</b>	<b>Fairmont State University – M.S. in Healthcare Management</b>	<b>Marshall University – M.S. in Health Care Administration</b>	<b>West Virginia University – MHA (School of Public Health)</b>
Tuition per Credit (In-State)	\$543.00	\$571.78	\$916.00
Tuition per Credit (Out-of-State)	\$1,179.00	\$1,289.67	\$2,318.00
Total Credits	36	36	35
Total Tuition (In-State)	\$19,548.00	\$20,584.08	\$32,060.00
Total Tuition (Out-of-State)	\$42,444.00	\$46,428.12	\$81,130.00
Published Term Tuition (if posted)			

Modality	Online/asynchronous	Online / Synchronous	On-campus (SPH)
Accreditation / Notes	Institutional: HLC; College of Business & Aviation: ACBSP	Institutional: HLC; Distance grad rate; business college fees included, E-Delivery fee separate	School: CEPH; program per-credit published by SPH

7. Shifting Market Trends: Identify any emerging market forces, technological advances, or societal changes that may affect future demand. Reference advisory boards, alumni, or industry feedback where possible. *(Optional)*

As previously noted, the forecasted demand for healthcare management professionals is growing expeditiously both at a state level and nationally. Leaps and adoptions of new technology spanning artificial intelligence, data maintenance and cybersecurity, health information systems and security, telehealth and new methods of delivery, and changing revenue cycle management require knowledgeable management with critical thinking and adaptive expertise. Continued increase of the venerable population and health disparities drives the need for health leadership across broad networks and precise specialty services. These elements collectively urge the importance of emerging leaders and specially trained administrative professionals in the healthcare industry.

8. Program’s Future Demand Potential: Describe opportunities for program growth, new partnerships, or alignment with state/regional workforce initiatives. *(Optional)*

Previous Criterion 2 sections 1, 2, 4, 6, and 7 collectively support and encompass what the forecasted demand is, why there is growth potential, and how this program strives to meet the demands and properly equip students of the program. Partnerships, as mentioned, are an important and distinctive part of this program, and future expansion of this partner network is expected. FSU’s MHA program is an active participant in their local ACHE chapter which encourages student membership, and MHA maintains a student representative within WV ACHE to act as mutual liaison. Maintaining connection with WV ACHE is a valuable expansion for student education and exposure while offering further opportunities for networking and mentoring in fields and agencies they are preparing for professional careers. Generations who are now entering higher education programs have an interest and drive toward ethically providing services and becoming leaders who can facilitate meaningful change in sectors that drastically impact the human experience, more so in the healthcare sector. Specifically, in the MHA and undergraduate Healthcare Management program, students have expressed the need for peer coalitions for leaders to collaborate, express areas of interest or areas of need, and initiate efforts to address this. Finding no similar existing organization, the students established the Student Association of

Healthcare Leaders to officially offer their services using gained knowledge and skills from the MHA/HCMG programs.

**Criterion III: Internal Demand (Optional)**

Criterion III does not apply to MHA, given the internal demand program data (See Table 7) (Lafone, 2025).

Table 7: Internal Demand Data

Column 1	Y1	Y2	Y3	Y4	Y5
	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Non-major Course Enrollment	4	3	18	6	16
Non-major D/F/W rates	0.0%	0.0%	22.2%	0.0%	0.0%
Non-major D/F/W Count	0	0	4	0	0
Non-major W Count	0	0	4	0	0

Across the five-year period, the MHA program has served a small but meaningful number of non-major students each year, suggesting the curriculum has value beyond the degree program itself. Non-major enrollment is not consistent year to year, with a noticeable spike in years 2022/2023 (18 non-majors) and 2024/2025 (16 non-majors).

In general, Student success outcomes for non-majors are strong. The D/F/W rate is 0% in four of the five years reviewed, meaning non-majors typically complete MHA coursework successfully. In 2022/2023 D/F/W rates increased by 22.2% but were driven mostly by withdrawals, possibly signifying that course rigor was not a reason for withdrawal. Additional research would be needed to examine this construct. Potential data points might include MHA advisory committee, or archived student surveys or advising notes.

An initiative worth mentioning is the MHA 4+1 programs for Healthcare Management and Exercise Science undergraduate students, as these programs might increase internal demand, noting at least 4 exercise science students applying to the MHA 4+1, as well as 2 HCMG students. Exploring additional 4+1 collaborations is recommended to increase internal demand.

#### **Criterion IV: Quality of Outcomes**

The Master of Health Administration (MHA) program is delivered through the College of Business, which holds specialized accreditation from the Accreditation Council for Business Schools and Programs (ACBSP) (See Figure 1). This external accreditation provides independent verification that the program meets recognized standards for curriculum quality, learning outcomes assessment, continuous improvement, faculty qualifications, and academic effectiveness.

Because the program is covered under ACBSP's external quality assurance and periodic review processes, the program should be considered as meeting Criterion IV through external accreditation; therefore, Section 4 does not require separate completion unless additional internal documentation is specifically requested. All ACBSP accreditation materials (including review reports and supporting evidence) can be provided electronically upon request.

#### **Criterion V: Financial Health**

1. Overall financial position & trend (Required)
  - i. Interpret the 5-year health of the program, including any strengths or concerns. Identify key drivers (e.g., enrollment shifts, modality mix, program/course fee changes, additional program costs).

Based on the Department/Program Model for the most recent year, the program shows a modest direct deficit. Gross tuition and fees total \$299,725 (Tuition \$245,386; Fees \$54,340). After institutional aid of \$120,966 (about 40% of gross), net tuition and fees are \$178,759. Direct instructional salaries and benefits total \$193,899, resulting in a direct program margin of -\$15,140 (-5.1%) (Lafone, 2025).

According to this dataset, the program is slightly below break-even on a direct basis (\$15.1K deficit). With only one year of data, a trend cannot be confirmed, but the current-year position indicates the program is close to a sustainable range yet not fully covering direct instructional compensation. An additional recommendation would be a deeper analysis of the financial health data, as it does not equate to internal calculations performed by program leadership. Multiple years of data would also be important for trend analysis. It would be helpful to have comparative data to understand the MHA's role within the larger picture of the University and other departments.

2. Resource sufficiency for quality (Required)
  - i. Evaluate whether current resources (facilities, equipment, labs, library/IT, instructional technology) adequately support effective instruction, learning and support the program.

Current staffing patterns are adequate for sustainability. Table 8

below demonstrates additional capacity benchmarks needed as enrollment increases. One area to consider is the number of additional innovative projects currently in process (Micro-credentialing, AIT Expansion, Targeted enrollment recruitment). As these projects move evolve, they will likely require additional resources for success. Program leadership will assess program needs continuously over the next program review cycle to ensure adequate capacity.

Table: 8: 5 Year Recruitment Plan with Staffing Benchmarks

		Fall			Spring			Summer			Students in cohort Per Year	Comments
		Continuing	New	Grads	Continuing	New	Grads	Continuing	New	Grads		
25/26	Year 0	29	NA	4	33	10	5	37	2	3	38	Graduation Estimates based on review of current students
26/27	Year 1	36	19	11	40	9	7	40	1	1	40	Graduation Estimates based on review of current students
27/28	Year 2	40	25	15	45	16	7	50	1	1	50	Add adjunct capacity
28/29	Year 3	50	25	20	50	20	13	53	3	1	55	Add 1 FTE in place of adjunct
29/30	Year 4	55	31	20	60	20	16	60	3	2	60	Add adjuncts
30/31	Year 5	60	32	25	61	32	16	70	2	2	70	

3. Efficiency & stewardship actions (required)

- i. Describe actions taken or planned to improve financial health while maintaining quality (e.g., curriculum sequencing, section scheduling, pedagogy/assessment that enables appropriate class sizes, laboratory utilization, clinical placement models, OER, shared services).

Program leadership recommends a structural revision to the program that would alleviate instructor expense while producing a positive contribution margin. Figure 2 below provides insight into potential program revision that will be proposed in Spring 2026 with projected implementation in Fall 2026. Note that faculty resources are utilized across both HCMG and MHA programs, thus revisions will be considered as a whole.

Figure 2: Proposed MHA Revision

	Fall Semester								
	HCMG 2201	HCMG 2231	HCMG 3333	HCMG 4000	MHCM 5100	MHCM 5200	MHCM 5040	MHCM 6040	AIT 1 or 2
1 FTE DBA	X				X	X	X		
1 FTE HCMG		X	X	X					
.25 FTE DHA/DBA								X	
.25 FTE LNA/MHA									X**
	Spring Semester								
	HCMG 2221	HCMG 3331	HCMG 4400*	HCMG 4450	MHCM 5300	MHCM 5400	MHCM 5700	MHCM 5810	AIT 1 or 2
1 FTE DBA					X	X	X	X	
1 FTE HCMG	X	X		X					
0 FTE DHA									
.5 FTE LNA/MHA			X						X**
	Summer Semester								
	HCMG 4460	MHCM 5600	MHCM 6050	AIT 1 or 2					
1 FTE DBA		X							
1 FTE HCMG	X								
.5 FTE DHA/DBA			X						
.25 FTE				X**					

<u>Problem:</u>	<u>Solution:</u>
1 credit hour MHA courses have been offered inconsistently causing issues with having to substitute special topics courses to make up credit hours, complicating program delivery	Cut MHA 1 credit courses: 5010/5020/5030, Add MHA 5040 Quality Improvement Tools and Strategy (combines all 1 credits above)
Financial Health data shows negative margin, although I question the validity of the financial health data, there is opportunity to improve program financial health. Current program delivery schedule has multiple electives listed and offered causing need for additional faculty resources	Streamline delivery of core classes by removing four 3 credit courses as follows: MHCM 5500 - Epidemiology and Population Health; MHCM 6000 - Introduction to Research Methods; MHCM 6100 - Independent Research; MHCM 6200 - Strategic Management Capstone. Pertinent Learning Objectives from these courses will be worked into remaining MHA courses. This eliminates the need for a super adjunct in the MHA and decreases MHA adjunct expense. research or capstone courses will be delivered through 5599 ind study if students wish to go that route
It is difficult to appropriately schedule or work in elective courses outside of the MHA program due to changes or semesters offered.	Remove electives MSBA 6000 and MCRM 5900 from the course list. Instead address these options on a case by case basis similar to collaborations that Becky and I are currently working on
Other CoBA programs are 30 hours and can be completed in 3 semesters. the current MHA delivery model is 36 credits and requires hour overrides for any student wishing to complete the program in 1 year. This is also a heavy course load for students and might effect retention.	Decrease MHA to 30 credits from 36 to align with CoBA programs. Add the AIT as a 6 credit certification program that students would take in addition to the 30 hour MHA should they want to pursue their nursing home administrator license.
The HCMG minor is not consistent with FSU average hours requirement for minors. The HCMG minor is 21 hours (7 courses) while the average FSU minor is 18 credits. Even though this is not an MHA issue, it should still be addressed in the overall program restructure	Revise HCMG Minor to 18 credits from 21 credits for degree efficiency by eliminating HCMG 4400 Post Acute Care. If students are interested in nursing home administration in the MHA, they can still take this course as a free elective if they have the room, as the course will still be offered for the HCMG major

Note that MHA faculty also provide instruction for the HCMG undergraduate program. The following budget proforma (Figure 3) provides a budget projection containing expense and revenue data for both HCMG and MHA programs. The expense data in Figure 3 is based on proposed structural revisions found in Figure 2 above.

Figure 3: Proforma Budget Projection

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Combined BS & MS Healthcare Management	Academic Year F 2025-Sp/Sm 2026	Academic Year F 2026- Sp/Sm 2027	Academic Year F 2027 - Sp/Sm 2028
<b>EXPENSE:</b>			
<b>Faculty Salary</b>			
*Assistant Professor of Healthcare Management ( 1.0 FTE )	\$ 66,980.00	\$ 68,989.40	\$ 71,059.08
*HCMG Instructor (1.0 FTE)	\$ 63,860.00	\$ 65,775.80	\$ 67,749.07
HCMG Adjunct (\$2800 each course per semester)	\$ 5,600.00	\$ 2,800.00	\$ 2,800.00
MHA Adjunct (2 @ \$4500 per year)	\$ 9,000.00	\$ 9,000.00	\$ 9,000.00
AIT Adjunct (AIT 1 and 2 - 3 AIT courses per year @ \$4500 per course)	\$ -	\$ 13,500.00	\$ 13,500.00
**Temporary MHCM Appointments (1 @ \$40,000 per academic year)	\$ 41,200.00	\$ -	\$ -
Graduate stipends to fulltime Grad faculty (\$4500 per course)	\$ 31,500.00	\$ 36,000.00	\$ 36,000.00
MHA Coordinator Stipend (5k estimate as placeholder)	\$ -	\$ 10,000.00	\$ 10,000.00
<b>Total Faculty Salary Expense</b>	<b>\$ 218,140.00</b>	<b>\$ 196,065.20</b>	<b>\$ 200,108.16</b>
<b>Other Faculty Expense</b>			
Fringe Benefits, taxes & Health Coverage (20% of Asst Professor/HCMG Instructor/Temp Appoint)	\$ 34,408.00	\$ 26,953.04	\$ 27,761.63
<b>Total Personnel Expense</b>	<b>\$ 252,548.00</b>	<b>\$ 223,018.24</b>	<b>\$ 227,869.79</b>
<b>Current Expenses</b>			
Current Operational Expenses	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
<b>Total Current Expenses</b>	<b>\$ 3,000.00</b>	<b>\$ 5,000.00</b>	<b>\$ 6,000.00</b>
<b>Total Expenses</b>	<b>\$ 255,548.00</b>	<b>\$ 228,018.24</b>	<b>\$ 233,869.79</b>
<b>REVENUE:</b>			
<b>Undergraduate Enrollment By FTE*</b>	<i>***189 credits or 15.75 FTE</i>	<i>198 credits or 16.5 FTE</i>	<i>208 credits or 17.33 FTE</i>
Tuition (average of \$8708 * FTE, per year / 50% indirect for FSU admin = Tuition to Department)	\$ 68,576.00	\$ 71,841.00	\$ 75,454.82
Fees per credit hour (\$25 per credit * total credit hour production)	\$ 4,725.00	\$ 4,950.00	\$ 5,200.00
Program Fees (Total Credit Hour Production / 12*\$300)	\$ 4,725.00	\$ 4,950.00	\$ 5,200.00
<b>Total HCMG Revenue</b>	<b>\$ 78,026.00</b>	<b>\$ 81,741.00</b>	<b>\$ 85,854.82</b>
<b>Graduate Enrollment By FTE*</b>	<i>***580 credits(64.44 FTE)</i>	<i>609 credits(67.67 FTE)</i>	<i>639 credits(71 FTE)</i>
Tuition (average of \$9550 * FTE, per year / 50% indirect for FSU Admin = Tuition to Department)	\$ 307,701.00	\$ 323,124.25	\$ 339,025.00
Total credits w/fees generated (\$45 per credit * total credit hour production)	\$ 26,100.00	\$ 27,405.00	\$ 28,755.00
Program Fee (Total Credit Hour Production (total credit hour production / 9 * \$400)	\$ 25,778.00	\$ 27,066.67	\$ 28,400.00
<b>Total MHA Revenue</b>	<b>\$ 359,579.00</b>	<b>\$ 377,595.92</b>	<b>\$ 396,180.00</b>
<b>Total Revenue from Tuition/Fees to CoBA: (HCMG+MHA)</b>	<b>\$ 437,605.00</b>	<b>\$ 394,965.25</b>	<b>\$ 414,479.82</b>
<b>Total HCMG/MHA Program Contribution to CoBA Less Total Expenses:</b>	<b>\$ 182,057.00</b>	<b>\$ 166,947.01</b>	<b>\$ 180,610.03</b>
<b>Notes:</b>			
*3% yearly salary increase estimated			
**Eliminate temporary contract visiting professors in 26/27 (Smith for MHCM)			
*** Credit hour production based on 24/25 data provided by FL. This will serve as benchmark rev data for 25/26 year. Following years assume 5% annual increase in hours			

Category	Objective	Action items	Timeline
Recruitment and Program Visibility	Increase program awareness via recruitment/marketing	Develop a phased MHA marketing plan similar to HCMG	Yr1
		Implement MHA marketing plan	Yr2
		Promote AIT as a signature pathway/differentiator	Yr3
		Use microcredentials as an on-ramp into the MHA	Yr1-Yr5
	Improve internal program demand	Submit 4+1 proposals to Graduate Council	Yr1
		Formalize FSU MCRM Collaborations	Yr2

Category	Objective	Action items	Timeline
Curriculum and Scheduling Optimization	Revisit and simplify course offerings and rotations	Curriculum proposal to Graduate Council (course offerings/rotations)	Yr1
	Optimize course scheduling/rotation to match demand	Curriculum proposal to Graduate Council (scheduling/rotation)	Yr1
	Develop and implement stackable microcredentials aligned to workforce needs	Identify partners	Yr1
		Implement pilot	Yr1-Yr5

Category	Objective	Action items	Timeline
Market Intelligence and Continuous Improvement	Use labor-market evidence as a recurring annual update	Establish protocol for annual market assessment	Yr2
		Implement annual market assessment	Yr2-Yr5
	Translate “emerging trends” into curriculum refresh actions	Increase MHA Advisory Council engagement	Yr2
		Implement Council recommendations annually	Yr2-Yr3

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Category	Objective	Action items	Timeline
Peer Benchmarking and External Alignment	Explore peer program relationships with ACBSP partners	Identify like programs	Yr3
		Establish contacts and engage	Yr3-Yr5

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