

Doctoral Program in Gerontology (DPG) APR Action Plan Supplement
10-20-16

External Report Recommendations & Associated Proposed Actions:

1. Identify a successor to the out-going UMBC DPG Co-Director, Professor Morgan.

Action: Completed. At UMBC John G. Schumacher, Ph.D. has been appointed to a 3 year term as co-director of the DPG.

2. Identify a senior administrator at one of the campuses to be responsible for the Program.

-This recommendation and the next (#3) articulate the need to evaluate the optimal organizational placement and support of the doctoral program in gerontology within the bi-campus structures in light of its now 15 years of experience. This recommendation seems most relevant for the UMB campus as Dr. Casper serves as the senior administrator for program at UMBC.

Action: At the UMB campus, the Program's administrative office is housed within the Department of Epidemiology and Public Health in the School of Medicine. It is one of 8 graduate programs in the Graduate Programs in the Life Sciences (GPILS) unit, which is the administrative umbrella for the graduate programs within the School of Medicine. Our Program is unusual in that it is fully inter-campus at the administrative, faculty and student levels. Additionally, faculty from 5 of the 6 professional schools on the UMB campus are involved in the Program's governance, teaching/mentoring and research training. It is unclear when or whether the Graduate School, School of Medicine, or GPILS is responsible for the Program. It would be helpful to work with senior administrators at UMB to identify the most appropriate senior administrator who will work side by side with Dr. Casper, to address challenges that arise, and to ensure program stability and promote growth.

3. Consider a structural change such as moving the Program to a department or giving the Program departmental status. Another option is to create an inter-university gerontology center or institute.

Action: Assess possible alternatives at each campus for optimal organizational placement of the doctoral program in gerontology in terms of fit, resources, and administrative oversight/responsibility/advocacy. The ideal placement will be inclusive of both campuses equally and ensure program stability and promote growth. The current structure of the program on each campus provides numerous challenges and not having designated faculty effort or faculty lines, limits our ability to ensure program stability and promote growth. Department status does not seem viable at this point, but consideration of a joint program that has a bi-campus administrative structure able to recognize both campuses equally and accommodate dual campus oversight, may offer many advantages.

4. Commit dedicated, guaranteed faculty resources to the Program. The campuses should commit to hiring three full-time (tenure-track) gerontology faculty, to complement the faculty already contributing to the Program.

Action: Related to #5 below. Notably the UMBC College of Arts, Humanities, and Social Sciences (CAHSS) has authorized an associate/assistant level faculty search for fall 2016 with 0.5 FTE dedicated to the DPG. This is in addition to faculty support already provided at UMBC which is recognized in an MOU between the DPG and the Department of Sociology, Anthropology, and Health Administration and Policy. Future faculty support at UMBC will occur through the regular CAHSS faculty prioritization process.

At UMB, the School of Medicine (GPILS) currently provides a salary supplement to the program director. The School's Department of Epidemiology and Public Health (EPH) provides approximately .5 FTE for faculty who teach core courses and administer other key aspects of the program. EPH support depends on available funds year-to-year, and support from other Schools on the UMB campus is not clearly defined or committed year-to-year. A bi-campus assessment of the total faculty effort dedicated to DPG teaching, graduate student supervision, and academic program service support (e.g., comprehensive exam committee, admissions committee, steering committee) is required. A plan is needed so that the DPG can anticipate its ability to sustain faculty involvement from both campuses. Make immediate, specific recommendations for next three years of faculty resource needs to maintain and recruit faculty involvement in the program. Recommendations should address the serious challenge of retaining or involving many interested faculty (UMB/UMBC) who are unable to be released from home department commitments in order to contribute to the DPG.

5. Devise a strategy and find the resources to compensate faculty for instruction.

Action: At UMBC, assess the current and projected use of operating budget for instructional purposes and attracting new faculty involvement across campus. At UMB, the DPG self-study documented that the Department of Epidemiology & Public Health currently subsidizes the DPG's faculty instruction at nearly \$100,000 annually. As noted, funds have been committed annually based on availability. The model is not sustainable and resources are needed for dedicated faculty lines, FTEs, or long-term, guaranteed faculty effort to ensure the sustainability of the program. Re-evaluate the support for DPG teaching based on campus cultures and current program budgets. Make recommendations for re-adjustment for compensation of teaching support based on prior 15 years of DPG teaching so that the DPG is not dependent on departments (e.g., EPI, SAHAP) to support its instructional faculty and document decisions in new MOUs.

6. Guarantee a set of six to eight state-funded Graduate Research Assistantships to form a foundation for overall student support and to help increase enrollments;

Action: Assess avenues for increased graduate research assistantships from multiple, nontraditional sources inside and outside the universities (e.g., MIPAR, DHMH, Hilltop, Student Affairs Office, NIH Diversity Supplements, etc.). Increasing the number and applied experiences of graduate students is consistent with UMBC's newly adopted strategic plan.

7. Improve and increase attention to internal and external communication.

Action: Commitment to articulating DPG mission on both campuses and progress to both internal stakeholders (e.g., departments, colleges, schools) and external stakeholder (area offices on aging, Centers for Medicaid & Medicare Services), with unified branding that recognizes both campuses equally. Initiate a comprehensive review of external marketing efforts with a focus on website content and impact.

8. Increase the amount of staff support.

Action: Conduct “desk audits” of DPG support staff to assess activity levels. DPG directors will make recommendations for level and organization of administrative support based on audit.

9. Establish an operational budget for the Program that is sufficient to support growth in the program.

Action: Review DPG program operational budget and expenses over the past 5 years at each campus. Examine spending categories and identify any “in-kind” time/effort donations by faculty & staff in support of the program. In particular, as noted above in point #5, incorporate the Department of Epidemiology and Public Health current classroom instructional support time valued at \$100,000. Identify areas where additional investment would have significant positive effect in DPG enrollments, degree completion, and student/alumni success.

10. Involve the DPG in the development activities of both campuses.

Action: Development of a DPG giving campaign focused to engage DPG alumni, faculty, family, and friends in annual campaign giving. Create a robust development portfolio of DPG projects/plans for use by development staff with potential large donors. Engage with UMBC’s and UMB’s existing development office to submit development priorities as part of regular development procedures.

11. Consider focusing on the development of a diverse portfolio of external support.

Action: See item #10 for the development of a diversified portfolio.

12. Explore mechanisms to send a fraction of indirect cost recovery from grants and contracts generated by DPG faculty back to the DPG Program.

Action: DPG currently has no dedicated program faculty thus indirect cost recovery is not an option. No action anticipated.

13. Consider a model of funding new full-time tenure-stream gerontology faculty using a combination of grant funds and state funding.

Action: The partial soft money funding of DPG faculty positions is challenging on the UMB campus given its different culture focused on research. Soft money funding is currently not the direction the UMBC College of Arts, Humanities, and Social Sciences is pursuing with its faculty hiring. This could be an option at UMB if there were dedicated state funding to use in recruiting faculty.

14. Consider the development of an employment placement strategy that includes faculty professional networks.

Action: Building relationship with DPG alumni and local external stakeholders (e.g. Centers for Medicare & Medicaid Services).

15. Support the development of training grant proposals.

Action: Program will focus on submission and resubmission of T-32 applications for the next 3 years. Consider requesting a match of an additional GRA from UMBC &/or UMB related to successful T-32 grant.

16. Given individual faculty successes in obtaining extramural funding from NIH, it is recommended that associated junior faculty should be encouraged to apply for K awards, with support from senior faculty.

Action: The DPG will continue to serve as a conduit for collaboration among junior faculty members. DPG Steering Committee member Dr. Sarah Thom recently earned a K-award. Recent K award at UMBC in Psychology Department.

Stage 2 (3-5 years out)

Recommend that a strategic planning process be put into place, including internal and external stakeholders.

Action: Strategic planning process will be initiated in spring 2017 using the guidance from the recently completed strategic plans of UMB 2015 and UMBC 2016. Areas identified by reviewers will be explored including but not limited to: launching Masters Degree program, certificate programs, dual degree programs, on-line efforts, and research/service related program components.