The desired result of the subcommittee meetings is a reporting apparatus that is:

A. Useful for program improvement
B. Transparent, with accurate and verifiable data
C. Flexible, customizable to program needs

A different health call structure is necessary because the existing terminology using healthy/cautionary/unhealthy judgments served to not only suppress important detail (e.g., If a program were judged “Cautionary”, was it within a few points of “Healthy” or was it closer to “Unhealthy” status?), but also unnecessarily provoke an emotional and perhaps counterproductive reaction from program faculty.

Preference for an evaluation rubric is one that contextualizes a program score over a range of values so that relative performance is preserved. Another option is to abandon a rubric entirely in favor of a purely qualitative assessment of quantitative measures.

Student outcomes (majors, degrees, etc.) may be reviewed and evaluated separately from management information (costs, estimated revenues).

There are numerous possibilities for data definitions (eight were identified for student major), but there is no intrinsic superiority of any single definition; the “best” definition depends critically on how it’s being used.

Alternative data definitions (e.g., for majors one or more of the following: unduplicated annual majors, unduplicated annual majors in program classes, new majors) should be considered, but evaluating alternatives is difficult/impossible without an understanding of how they will be used in a larger framework.

Alternative measurements, such as the percentage of declared majors who are program majors, or measurements that utilize means and standard deviations should be considered, but their selection depends on the question being asked.

If a health call rubric or sliding scale rating system is not desirable, then it should be a fairly straightforward process to select ten to twelve “useful” data points or measurements; however, this selection process would be arbitrary.

If a health call rubric or sliding scale rating system is desirable, it’s an easier task to complete this first and then select data points or statistics to inform the evaluative context.

A health call rubric or sliding scale rating system should answer the following:

A. What is important to administration/individual programs in terms of performance and why?
B. Are there data points that accurately measure or approximate a program’s performance?
C. Does inter-program comparability in the data and measurements matter if the rubric is flexible enough to adjust what’s important—the interpretation as evidenced in individualized health calls or ranges?

Programs should be able to review their data/measurements with their respective Division Chair and Dean before health calls or conclusions are drawn and any resulting substantive budgetary and programmatic changes decided.