## THE UNIVERSITY OF NORTH CAROLINA AT ASHEVILLE **FACULTY SENATE**

Senate Document Number 7319S  Date of Senate Approval 05/02/19						
Statement of Faculty Senate Action:						
THE UNIVERSITY OF Request to Establish New Academic Degree Program						
The following approvals must be obtained prior to sending the Request to Establish a New Academic Degre Program to the UNC System Office.						
Institutions _University of North Carolina Asheville and University of North Carolina at Chapel Hill (Gilling School of Global Public Health)						
Degree Program Title (e.g. M.A. in Biology)Master in Public Health (M.P.H.)_						
Reviewed and Approved By (Name and title only. No signature required in this section.) Check box to indicate participation in review. (Provost is required.)						
UNC-CH Gillings School of Global Public Health  Provost: Robert Blouin  UNC Graduate School: Stephanie Schmidt  Graduate Council (as appropriate): n/a  Undergraduate or Graduate Dean (as appropriate): Barbara Rimer  Academic College Dean: Todd Nicolet or Laura Linnan  Department Chair: Director of One Gillings MPH  Program Director/Coordinator: Travis Johnson, Interim Director						
UNC Asheville Reviewed and Approved By (Name and title only. No signature required in this section.) Check box to indicate participation in review. (Provost is required.)						
<ul> <li>□ Provost: Interim Provost, Karin Peterson</li> <li>□ Faculty Senate Chair (as appropriate): Micheal Stratton</li> <li>□ Graduate Council (as appropriate): n/a</li> <li>□ Undergraduate or Graduate Dean (as appropriate): Susan Reiser, Interim Associate Provost</li> <li>□ Academic College Dean: Jeff Konz, Dean of Social Sciences</li> <li>□ Department Chair: Amy Joy Lanou, Department of Health and Wellness</li> </ul>						
☐ Program Director/Coordinator: Travis Johnson, Interim Program Director						

## **New Academic Program Process**

New academic programs are initiated and developed by the faculty members. Approval of the Request to Establish a New Academic Degree Program must be obtained from department chairs and college deans or equivalent administrators before submission to the UNC System Office review.

<u>Directions:</u> Please provide a succinct, yet thorough response to each section. Obtain the Provost's signature and submit the proposal to the UNC System Vice President for Academic Program, Faculty, and Research, for review and approval by the UNC System Office. Once the Request to Establish is approved, UNC System Office staff can submit the proposal for review and approval by the UNC Board of Governors.

# Request to Establish a New Academic Degree Program

Institution	UNC Chapel Hill, Gillings School of Global Public Health
Joint Degree Program (Yes or No)? If so, list partner campus.	UNC Asheville
Degree Program Title (e.g. M.A. in Biology)	MPH
CIP Code and CIP Title (May be found at National Center for Education Statistics)	51.2201
Require UNC Teacher Licensure Specialty Area Code (Yes or No). If yes, list suggested UNC Specialty Area Code(s).	No
Proposed Delivery Mode (campus, online, or site-based distance education). Add maximum % online, if applicable.	Campus with hybrid delivery of some courses (maximum % online = 50)
If requesting online delivery, indicate if program (or one or more courses) will be listed in UNC Online.	
If requesting site-based delivery, indicate address(es), city, county, state, and maximum % offered at site.	
Proposed Term to Enroll First Students (e.g. Spring 2019)	Fall 2020

Do the following sections of your previously submitted and approved Letter of Intent to Develop a New Academic Degree Program document require any change or updated information? If yes, note the items and explain.

Category	Yes or No	Explanation (if applicable)
SACSCOC Liaison Statement	No	
Review Status (campus bodies that reviewed and commented on Letter of Intent)	No	
Program Summary	No	
Student Demand	No	
Societal Demand	No	

#### 1. **Program Planning and Unnecessary Duplication:**

a. List all other public and private four-year institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program, including their mode of delivery. Show a four-year history of enrollments and degrees awarded in similar programs offered at other UNC institutions (using the format below for each institution with a similar program). Programs at UNC institutions may be found on the UNC System website.

Sources for the following information include: ECU, UNCC, and UNCG from GA Infocenter. UNCCH from Gillings enrollment census. LRU from last Council on Education for Public Health (CEPH) accreditation report. Campbell from IPEDS.

Institution	UNC GIllings School's MPH Program in Asheville NOTE: This program will be phased out when joint program is established.					
Program Title	Masters of Public Health (MPH)					
	2018					
Enrollment	14					
Degrees Awarded	-	-	-	-		

Institution	UNC Chapel Hill: in person, online only, online + campus visits					
Program Title	Public Health (MPH)					
	2013 2014 2015 2016					
Enrollment	516 467 409 411					
Degrees Awarded	222	220	215	183		

Institution	East Carolina University: in person with some courses online				
Program Title	Masters of Public Health (MPH)				
	2013 2014 2015 2016				
Enrollment	165	137	156	164	
Degrees Awarded	72 69 55 68				

Institution	UNC Charlotte: in person					
Program Title	Public Health (MPH)					
	2013	2014	2015	2016		
Enrollment	100 111 103 100					
Degrees Awarded	32	47	36	44		

Institution	UNC Greensboro: in person					
Program Title	Community Health Education (MPH)					
	2013 2014 2015 2016					
Enrollment	48 55 63 53					
Degrees Awarded	18	15	33	20		

Institution	Western Carolina University: in person					
Program Title	Health Science (MHS)					
	2013 2014 2015 2016					
Enrollment	75 89 91 95					
Degrees Awarded	16	31	29	21		

Institution	Lenoir-Rhyne University: in person and videoconference					
Program Title	Public Health (MPH)					
	2013 2014 2015 2016					
Enrollment	69 64 77 -					
Degrees Awarded	0	9	16	-		

Institution	Campbell University (MSPH): in person					
Program Title	Public Health (MSPH)					
	2013 2014 2015 2016					
Enrollment						
Degrees Awarded	-	11	7	11		

<sup>\*2016</sup> most updated information available.

b. Describe what was learned in consultation with other programs regarding their experience with student demand and job placement. Indicate how their experiences influenced your enrollment projections.

Based on conversations with faculty and administrators at these campuses, and the clear need for and interest in additional public health workforce in Western NC, our projections of 15 new students each year growing to 20-25 new students each year by the 4th year with an anticipated total of 44 enrolled yearly seem conservative. Other benefits have been discussed. For example, WCU and UNC Asheville undergraduate programs are likely to be pipeline programs.

We have talked with UNC-Greensboro and UNC A&T about their Joint MSW program, which has shown success over the past 25 years. Their suggestions for making a Joint program function well have been incorporated into our Joint MPH plan.

Additionally, the current UNC Gillings MPH in Asheville pilot program has shown success in the proposed model and has demonstrated interest and need for this program in our region.

c. Identify opportunities for collaboration with institutions offering related degrees and discuss what steps have been or will be taken to actively pursue those opportunities where appropriate and advantageous.

This is conceptualized as an inter-institutional collaboration, involving UNC Gillings School of Global Public Health, offering the best public health training in the country; UNC Asheville, offering an emphasis on high-impact teaching and learning grounded in the liberal arts and sciences; and MAHEC, providing state-of-the-art real-world training for health professionals.

UNC Asheville and WCU see our program as a next step for their students interested in careers in public or population health. We will look for opportunities to work with their students while working in service learning projects. Faculty at UNC Asheville and UNC Gillings are already collaborating with colleagues in other institutions including at NC State, UNC Charlotte and Western Carolina University, and we will leverage those relationships in planning and establishing this program.

d. Present documentation that the establishment of this program would not create unnecessary program duplication. In cases where other UNC institutions provided similar online, site-based distance education, or off-campus programs, directly address how the proposed program meets unmet need.

The only MPH offered by a UNC system school in the Asheville area is the current one which has served as a pilot for the joint MPH degree we plan to offer. We plan to phase out the current program when the Joint MPH program is established.

UNC Gillings does provide an excellent online program. We believe this proposed Joint MPH program provides a unique opportunity for a place-based public health education by the UNC Gillings School of Global Public Health in partnership UNCA and in collaboration with the local community through MAHEC. Providing education in community settings increases understanding of the community. This program will draw students to Western North Carolina (WNC) and graduate competent public health leaders and practitioners, which will help meet the need for increased public health capacity in WNC and other rural areas of the state. Additionally, the onsite cohort teaching model and community-based applied practice projects will increase collaborative public health partnerships in the region.

e. **Admission. List the following:** Admissions requirements for proposed programs (indicate minimum requirements and general requirements).

**General Requirements:** Our program would require a 3.0 GPA or higher, GRE 50% or higher or similar on other Grad School tests, and 2 years of work or volunteer experience. Each area is subject to a holistic assessment of the candidate.

**Test Requirements:** GRE (general) score within last 5 years (or approved substitute) – see Other Requirements

**Letters of Recommendation:** Three letters of recommendation should come from letter writers who can attest to the applicant's ability or potential to complete graduate public health training. Applicants who have graduated from an academic degree program in the past 5 years are recommended to have at least one academic letter of reference.

International Applicants Only: TOEFL or IELTS score (no more than two years old)

Other Requirements: Applicants must submit an application to the MPH through <a href="www.sophas.org">www.sophas.org</a> first. After the SOPHAS application has been submitted, applicants will receive an email from the UNC Graduate School as well as from UNC Asheville with next steps. Applications will be reviewed by a committee with representatives from both UNC Gillings and UNC Asheville. This follows the established process for admission to the UNC Gillings MPH degree. Applications will not be reviewed until all application materials have been submitted and verified. The review committee will recommend admission to the UNC Graduate School and UNC Asheville, who will review the recommendation and make the final admission offer.

Applicants who are pursuing or who already hold a research or professional doctorate degree may be exempted from the standardized test score requirement. The following professional exams, taken within the last 5 years, may be used to substitute for the GRE: DAT (Dental), GMAT (Business), LSAT (Law), MCAT (Medical), PCAT (Pharmacy).

Statement of Purpose: Applicants will respond to the following questions without exceeding 1500 words:

- 1. Why are you interested in pursuing a Master of Public Health degree and how will this prepare you for your career?
- 2. How have previous work and volunteer experiences led you to your choice of concentration(s)?

3. How will you contribute to a diverse, inclusive student community in the joint program?

Concentration specific admissions preferences: Preference is given to applicants with the equivalent of 1-2 years full-time work or sustained volunteer experience in public health/health behavior.

Documents to be submitted for admission (listing): All verified post high school transcripts, 3 letters of recommendation, statement of purpose, validated test scores

#### f. Degree requirements. List the following:

#### Total hours required. State requirements for Major, Minor, General Education, etc.

This degree requires 42 total credit hours in the MPH degree program. Up to 20% may be transferred in as approved by the Graduate School and Program.

## Other requirements (e.g. residence, comprehensive exams, thesis, dissertation, clinical or field experience, "second major," etc.).

- 1. MPH Integrated Core-required courses, 12 credits. Per CEPH accreditation, 12 graduate level public health foundational learning objectives, and 22 MPH foundational competencies are adequately taught and meaningfully assessed by faculty instructors within the (core) course structure.
- 2. Joint MPH Concentration-required courses, 15 credits. Per CEPH accreditation, at least 5 concentration competencies (distinct from foundational and other concentration competencies) must be adequately taught and meaningfully assessed by faculty instructors within the (concentration) course structure.
- 3. MPH Practicum, 3 credits: comprised of (1) Preparation course, 2 credits; (2) Practicum/field experience, 200 hours minimum, students are required to produce at least 2 deliverables for the practicum setting that demonstrate at least 5 MPH foundational (core) and concentration competencies; (3) Reflection course, 1 credit.
- 4. MPH Culminating Experience, 3 credits: Course taken in the final academic term; students are required to produce 1 high-quality written deliverable that demonstrates synthesis of at least 4 MPH foundational (core) and concentration competencies.
- 5. Graduate-level course electives, 9 credits.

## g. Enrollment. Estimate the total number of students that would be enrolled in the program during the first year of operation and in each delivery mode (campus, online, site, etc.)

	Campus	Online	Site	Full-Time	Part-Time
Year 1	15-20		UNC Health Science	15-20	
Teal 1			Campus at MAHEC		
Year 4	35-55		UNC Health Science	35-45	0-10
rear 4			Campus at MAHEC		

## h. For graduate programs only, please also answer the following:

Grades required	GPA of 3.0 or higher
Amount of transfer credit accepted	8 credit hours (20% of degree requirement)
Language and/or research requirements	Experience in research is favorable but not required. Language proficiency in English is required. TOEFL requirements are the internet-based TOEFL exam = 90 and the IELTS exam = 7. These are the same as the UNC Graduate school policy.
Any time limits for completion	5 years

i. For all programs, provide a degree plan showing the sequence of courses to be taken each year. List courses by title and number and indicate those that are required. Include an explanation of numbering system. Indicate new courses proposed. A possible format is offered below as an example. If your institution uses a different format that provides the required information, it may be submitted instead.

See table below and institutional formatting in appendices. All courses below will be added to Catalogs at both institutions.

Year 1	Course No.	Course Title	Required (Y/N)	Brief Description (If New Course)
Fall 1	PBHT* 731	Place-based Theory in Public Health	У	MPH Concentration Competencies:  PBHT01. Apply the concept of place and understanding of key public health issues in rural and under resourced communities.  PBHT02. Integrate place-based sociological, anthropological and economic development theories with public health practice.  Introduce concepts of place-based public health including community beliefs, behaviors, system structures, culture, art, and geography and how they provide assets and barriers for the communities' health.  Examine the impact of rurality, person, race, poverty, gender, ethnicity, culture, behavior and society on health outcomes.  Study the concept of place-based from a public health, sociology, anthropology and economic perspective.  Introduce students to key stakeholders in the public health field in WNC.
Fall 1	SPHG 711	Data Analysis		Graduate level public health foundational learning objective 3.  MPH Foundational Competency 3.  Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.
Fall 1	SPHG 712	Methods and Measures	У	Graduate level public health foundational learning objectives 4, 6. MPH Foundational Competencies 1, 2, 4. Explain the critical importance of evidence in advancing public health knowledge. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program.
Fall 1	SPHG 713	Understanding Public Health Issues	У	Graduate level public health foundational learning objectives 1, 2, 4, 7, 8, 9, 10, 11, 12.  MPH Foundational Competencies 6, 19, 20, 21, 22.  Explain public health history, philosophy and values.  Identify the core functions of public health and the 10 Essential Services*.

Spring	PBHT	Place Based	у	MPH Concentration Competency:
1	733	Community Transformation		PBHT04. Apply the principles of Community-Based Participatory Research and Communities of Solution to advocate for health equity and use these tools in a community's relational networks, policies, social structures, and environments.  • Examine the principles and use of Community Based Participatory Research and Communities of Solution to improve community health in WNC communities.  • Use CBPR to assess a community in WNC.  • Use principles of collaboration to build interdisciplinary teams to address community health issues using the Communities of Solution model.  • Discuss ethics of community engagement and research.  • Apply the principles of Results Based Accountability.
Spring 1	SPHG 721	Conceptualizing Public Health Solutions	у	Graduate level public health foundational learning objective 5.  MPH Foundational Competencies 5, 8, 12, 14, 15, 16, 18, 19.  Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
Spring 1	SPHG 722	Implementing Public Health Solutions	у	Graduate level public health foundational learning objective 3.  MPH Foundational Competencies 2, 3, 7, 9, 10, 11, 13, 17.  Use systems change tools, quantitative and qualitative methods and sciences to develop programs for population's health.
Spring 1	SPHG 701	MPH Practicum Preparation	У	Develop cultural competence and humility, professional skills, plan for practicum, and complete a learning agreement with preceptor to define scope of work and intended foundational (core) and concentration competencies that will be developed in the practicum and demonstrated in the practicum products.
Spring 1	PUBH 791	Core Principles in PH Leadership	У	Prioritize public health values and ethics in a philosophy of leadership relevant to adaptive public health challenges.  Demonstrate effective communication skills to promote a compelling public health agenda.  Facilitate inclusive engagement and collaborative decision-making across professions and with diverse stakeholders to lead in public health practice.
Summ er 1		200 (minimum) practicum hours	У	200 hours of applied practice experience with community partner organization in which the student experiences public health practice in action and produces at least two high quality deliverables that demonstrate at least five MPH foundational (core) and concentration competencies and benefit the host organization and/or its target population.

Summ	PBHT	Individual	у	MPH Concentration Competency:
er 1	732	Transformation Applied to Public Health and Place		PBHT03. Apply the principles of personal transformation in the processes of engaging with communities, leading change, producing research, interacting on teams, and advocating for health equity.  · Work through the place-based principle of understanding oneself, one's values and one's place and their relationship to the identity and values of the community.  · Assess personality and leadership style and its application to improve public health.  · Examine social location and implicit bias and their effect on public health and one's own health.  · Assimilate personality preference, personal strengths and weaknesses, group inclusion, change style and leadership style
				into understanding how to engage groups and communities.
Year 2				
Fall 2	PBHT 734	Implementation of Place-based Theory and Design in Public Health	у	MPH Concentration Competencies: PBHT06. Demonstrate the use of leadership skills to promote health equity on individual, community, institutional, and system levels. PBHT07. Apply the concept of Local to Global, along with tools learned in the Western North Carolina setting, to other settings while recognizing and building in needed adaptations.  Apply place-based theory to design community-based interventions in local communities.  Engage with local community partners to develop a multisectoral plan to address a place-based issue.  Use qualitative techniques to understand community concerns regarding a place-based public health issue.  Determine key stakeholders to create a community of solution to address the public health issue.  Discuss financial development and sustainability for community interventions.
Fall 2	SPHG 702	MPH Practicum Reflection	у	Guided critical reflection on the practicum experience as it relates to public health and Individual career path. Faculty will assess each student's demonstration of competencies in their practicum products.

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Fall 2	PUBH 718	Leadership Systems Design for Implementation	у	Design transformational systems and innovative approaches to ensure effective public health practice.  Integrate research and practice-based evidence to continuously improve the quality of public health practice.  Develop structures of accountability to promote good governance and stewardship of resources to improve population health.
Spring 2	PBHT 735	Place-based systems transformation	у	MPH Concentration Competency: PBHT05. Apply the principle of systems and design thinking in the framework of local health systems to promote health and social equity.  • Teach principles of system design.  • Engage with health systems, health delivery models and health access for different populations and communities across WNC.  • Examine how poverty, race, culture, geography and system structure affect the effectiveness and equity of health care systems.  • Explore ways to bridge public health and clinical care to improve health of communities.
				· Examine other systems including government, education and nutrition that impact individual and community health.
Spring 2	PBHT 992	MPH Culminating Experience in Place-Based Health Transformation	У	Integrate skills and knowledge to engage with a local organization to describe, model, develop, evaluate, and/or disseminate work that addresses a local health issue. This will include a comprehensive written deliverable that will describe background, activities and deliverables provided to the community partner. Per CEPH accreditation criteria, the MPH Culminating Experience is required in the student's final academic term, and students must produce a high-quality written product that demonstrates synthesis of at least four foundational (core) and concentration competencies; ideally the product is useful to a public health organization.
Spring 2	PUBH 730	Leadership in Quality Improvement & Systems Change	У	Integrate research and practice-based evidence to continuously improve the quality of public health practice.  Develop structures of accountability to promote good governance and stewardship of resources to improve population health.

<sup>\*</sup>PBHT is a placeholder code for future subject code and course numbers to be determined later. These are highlighted in green.

#### II. Faculty

a. (For undergraduate and master's programs) List the names, ranks and home department of faculty members who will be directly involved in the proposed program. The official roster forms approved by SACSCOC may be submitted. For master's programs, state or attach the criteria that faculty must meet in order to be eligible to teach graduate level courses at your institution.

Faculty Requirements: In order to teach in the Joint MPH program, the faculty or adjunct teaching faculty member must have an advanced degree in public health or advanced degree in their field or equivalent experience with expertise in the course matter. For faculty teaching more than one course in the program, a terminal degree in their field or extensive experience (+10 years) with an advanced degree is preferred.

Efforts will be made to identify adjunct faculty from WNC communities, with particular consideration for those communities with whom UNCA has established a partnership and a Memorandum of Understanding (MOU), as for example UNCA's MOU with Cherokee.

#### **UNC Chapel Hill Faculty**

UNC Gillings School of Global Public Health Faculty Based in Asheville

Travis D Johnson, MD MPH, Assistant Professor, Public Health Leadership Program. MD from Medical University of South Carolina, MPH in Global Health Leadership, Harvard Chan School of Public Health Sarah Thach, MPH, Associate Director of Community Partnerships, MAHEC, Adjunct Professor, Public Health Leadership Program. MPH in Health Behavior Health Education from UNC Gillings School of Global Public Health

Jill Fromewick, MS, SCD, Research Scientist, MAHEC, Adjunct Professor, Public Health Leadership Program. ScD in Social Epidemiology from Harvard Chan School of Public Health Vacant Position, to be filled after approval

<u>UNC Gillings School of Global Public Health Based in Chapel Hill (participating remotely and through onsite visits)</u>

Courtney Woods, PhD, Assistant Professor, Dept of Environmental Sciences
Shelley Golden, PhD, Assistant Professor, Department of Health Behavior
Karin Yeatts, PhD, Associate Professor, Department of Epidemiology
Jane Monaco, DrPH, Associate Professor, Department of Biostatistics
Dana Rice, DrPH, Assistant Professor, Public Health Leadership Program
Dorothy Cilenti, DrPH, Associate Professor, Dept of Maternal Child Health
Anna P. Schenck, PhD, Associate Dean for Practice, Director of Public Health Leadership Program
Vaughan Upshaw, DrPH, EdD, Professor of Practice, Public Health Leadership Program
Lori A. Evarts, MPH, PMP, CPH, MBTI, Assistant Professor, Public Health Leadership Program

#### **UNC Asheville Faculty**

UNC Asheville Faculty Based in Asheville and Regularly Involved in Planning and/or Teaching

Ameena Batada, DrPH, Associate Professor, Department of Health and Wellness, UNC Asheville. Adjunct

Professor, Public Health Leadership Department, UNC Gillings School of Global Public Health. DrPH in

Health Communication from Johns Hopkins Bloomberg School of Public Health

Amy Joy Lanou, PhD, Chair of Health and Wellness Dept, UNC Asheville. Executive Director, North Carolina Center for Health and Wellness, UNC Asheville. PhD in Human Nutrition from Cornell University

Emma Olson, MPH, MSW, Director of Partnerships and Evaluation, North Carolina Center for Health and Wellness, Adjunct Professor, Public Health Leadership Department, UNC Gillings School of Global Public Health. MSW and MPH in Clinical Social Work & Global Health Leadership from New York University

Vacant position to fill after approval--DrPH

A second FTE position will be filled as the program expands, this position will be filled with a full-time faculty whose time will be split between the MPH program and undergraduate teaching. The remaining teaching resources will be used to support other UNC Asheville Faculty with relevant expertise from English, Anthropology, Sociology, Chemistry, Environmental Science, Statistics, and MLAS, among other fields as interest and teaching schedules allow.

(For doctoral programs) List the names, ranks, and home department of each faculty member who will be directly involved in the proposed program. The official roster forms approved by SACSCOC may be submitted. Provide complete information on each faculty member's education, teaching and research experience, research funding, publications, and experience directing student research including the number of theses and dissertations directed. n/a

b. Estimate the need for new faculty for the proposed program over the first four years. If the teaching responsibilities for the proposed program will be absorbed in part or in whole by the present faculty, explain how this will be done without weakening existing programs.

We anticipate that the program will require 3 new full-time faculty members (one from UNC and two from UNC Asheville) as well as adjunct faculty and effort from existing faculty. The financial model provides coverage for any and all faculty teaching in the program, which will enable existing programs to have funds for resources to ensure existing programs remain whole. We anticipate that the new faculty will support research at UNC Gillings Global School of Public Health and both research and undergraduate teaching at UNC Asheville. We request two new faculty teaching lines for UNC Asheville that will be funded by the program revenues at the onset of the program.

c. Explain how the program will affect faculty activity, including course load, public service activity, and scholarly research.

The joint MPH program will provide regular and sustained opportunities for public service, communityengaged learning and scholarship, and scholarly research through an established platform for collaboration. Interested and engaged UNC Gillings, UNC Asheville faculty and WNC community partners will have the added benefit of working with graduate students in public health based in WNC. These partnerships are anticipated to create new collaborative research opportunities and partnerships between the institutions and with regional organizations. Because faculty involved will teach no more than two classes per semester and adjuncts and UNC Asheville contributors will teach generally one course per year in the program, the model as proposed will make it possible for faculty to appropriate balance new and existing workload.

**III. Delivery Considerations.** Provide assurances of the following (not to exceed 250 words per lettered item):

a. Access (online, site-based distance education, and off-campus programs). Students have access to academic support services comparable to services provided to on-campus students and appropriate to support the program, including admissions, financial aid, academic advising, delivery of course materials, and placement and counseling.

This is an off-campus program for both campuses as it will be delivered at the UNC Health Science Campus at MAHEC. UNC Gillings has a history of providing quality resources for online and distance student and this program will use many of those resources.

A student services coordinator for the program will be on site at the UNC Health Science Campus at MAHEC. The student coordinator will aid with admissions, enrollment and coordinating resources for students.

Additionally, the students will have access to academic, medical and library support resources at UNC Asheville. Specific student resources and fees from each institution will be based on the UNC Eshelman School of Pharmacy model.

The students will have academic advising on site with Asheville-based faculty from both universities. Faculty will have offices at the UNC Health Science Campus at MAHEC. The program will follow the Academic Advising and Faculty Mentoring model at UNC Gillings.

b. Curriculum delivery (online and site-based distance education only). The distance education technology to be used is appropriate to the nature and objectives of the program. The content, methods and technology for each online course provide for adequate interaction between instructor and students and among students.

The Joint MPH program will follow the model for the pilot UNC Gillings School's MPH Program in Asheville which has been a proven site-based distance model. All classes will be led by Asheville-based instructors and in coordination with UNC Chapel Hill-based faculty. UNC CH-based faculty will travel for class participation and/or use video technology. The model is a one-day-a-week in-person format to allow working professionals to enroll in the program.

The MPH core courses' material, assessments and sessions will be based-on and closely mirror the courses delivered at UNC Gillings SGPH. The concentration classes have been jointly designed by faculty from both UNC Gillings SGPH and UNC Asheville and will be fully developed by the Joint MPH Program faculty. Elective courses will initially be UNC Gillings based with similar formatting to the core courses. Newly developed electives for the Joint MPH program, based on workforce need, will go through appropriate processes at each institution for approval.

c. Faculty development (online and site-based distance education only). Faculty engaged in program delivery receive training appropriate to the distance education technologies and techniques used.

Faculty will use the same tools that they use in their own programs and will receive the same support.

d. Security (online and site-based distance education only). The institution authenticates and verifies the identity of students and their work to assure academic honesty/integrity. The institution assures the security of personal/private information of students enrolled in online courses.

The Joint MPH program will use the online learning module system at either UNC Gillings School of Global Public Health or UNC Asheville and will remain within their security and FERPA regulations.

#### **IV. Library**

a. Provide a statement as to the adequacy of present library holdings for the proposed program to support the instructional and research needs of this program.

Students will have full access to the UNC Library system through UNC Gillings SGPH and the MAHEC library service. MAHEC has designated a staff librarian to support faculty and students in the Joint MPH program. We do not anticipate needing additional library resources as UNCCH and MAHEC have subscriptions to a wide array of health and medical databases and journals.

b. If applicable, state how the library will be improved to meet new program requirements for the next four years. The explanation should discuss the need for books, periodicals, reference material, primary source material, etc. What additional library support must be added to areas supporting the proposed program?

As the program develops, the MAHEC librarian will coordinate with UNC-CH based librarians to ensure that all services are optimized for the faculty and students. Needed books and articles that are not available at the library will be purchased on a course basis by the program.

c. Discuss the use of other institutional libraries.

MAHEC has onsite library services with librarians designated for the UNC Health Science at MAHEC programs.

d. For doctoral programs, provide a systematic needs assessment of the current holdings to meet the needs of the program.

Not a doctoral program.

#### V. Facilities and Equipment

a. Describe facilities available for the proposed program.

The NC state legislature has funded a new building on MAHEC's Biltmore Campus to house the Joint MPH Program and the Asheville Campus for the UNC School of Medicine. The classroom space houses state of the art technology and is designed for case-based and seminar type classes. A large classroom is provided for the full cohort and breakout rooms for group work. Next to the classroom are 6 faculty offices and an open collaborative space. A larger size classroom is also available for any meetings with multiple cohorts or joint sessions with the medical students. Conference rooms, student interdisciplinary workspace, student lounge and an interdisciplinary cafe are also in the building. The building is on campus with

Family Medicine, OB-GYN, Psychiatry, Dental and Pharmacy departments. The cafe is designed to provide interaction between all departments. Students will also have access to the new state of the art simulation center.

b. Describe the effect of this new program on existing facilities and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

The program will require additional classrooms and offices, which will be provided at a new education building at MAHEC through the WNC health capacity building state-appropriated funds. Given our enrollment projections and our condensed proposed class schedule, we anticipate that these facilities will be more than adequate for the next decade.

c. Describe information technology and services available for the proposed program.

The program will have access to the SAKAI learning module system. The MAHEC Information Technology team will support the online network. The classroom will have video conferencing, large video screens and interactive boards to facilitate interactive in-classroom experiences and remote guest lecturing. Video conference rooms are also available to facilitate administration and teaching team collaboration between institutions.

d. Describe the effect of this new program on existing information technology and services and indicate whether they will be adequate, both at the commencement of the program and during the next decade.

The facility will be available before the start of the program. The new facility will be completely outfitted with new technology and have adequate support staff. The budget includes maintenance expenses and IT upgrades on annual and 5-year cycles.

#### VI. Administration

a. Describe how the proposed program will be administered, giving the responsibilities of each department, division, school, or college. Explain any inter-departmental or inter-unit administrative plans. Include an organizational chart showing the "location" of the proposed new program.

We propose that UNC Gillings will be the lead financial institution and academic home for the Joint program. UNC Asheville will be the host institution for the program. This is a model set up by the UNC Greensboro - NC A&T Joint Masters of Social Work program. Because of later noted differences, we believe one institution designated as home for all students is preferable. Our proposal that UNC Gillings is the lead institution is based on the premise that it already has a highly successful MPH program with necessary administration systems in place.

To be successful as a program jointly held by two institutions, we propose the flow (based on Joint MPH program enrollment numbers) of funds (tuition, fees, state appropriation, etc.) into a segregated account for housing the JMPH funds. These funds will be used to operate the JMPH solely, including overhead at each institution, with no aggregation to other funds. We believe the preferred model (Plan A, with UNC-CH as the administrative home) is best as it is simplest, is consistent with current funding models, and reduces concerns about competition with its other MPH programs.

However, if setting up a segregated fund is not possible through the UNC-CH system, then we propose Plan B. Plan B is essentially the same regarding agreement for money flow. In this model we would request a special tuition allowance for the MPH program so that it is not a discounted UNC Gillings MPH degree. Additionally, we would request equal reimbursement through the 12-cell model using the UNC-Gillings inputs. We are seeking the guidance of the Systems Office in this decision and are working with the financial departments from each institution.

The program will be directly overseen by a joint governing board with 2 members from each institution and one member from the Mountain Area Health Education Center (MAHEC), which is the community-based partner and campus. This mirrors on a smaller scale the UNC Health Science at MAHEC governing board. The board will oversee the budget and the activities of the program director. The program director will be directly accountable to this board and must be approved by the board. The board will also approve the annual budget. The program at UNC Gillings will be housed in the UNC One Gillings MPH and under the director of One Gillings MPH. The program at UNC Asheville will be housed at the NC Center for Health and Wellness with its Executive Director, who is also a faculty member and who reports to the UNC Asheville provost. The director of One Gillings MPH and the executive director of the NC Center for Health and Wellness will sit on the board along with a chief administrator from each school (likely UNC Asheville Provost or Associate Provost and Vice Dean of UNC Gillings). As the program will be operated at the UNC Health Science at MAHEC, the president or CEO of MAHEC will also sit on the board.

The program director will be a full-time employee of UNC-CH and report in his/her academic responsibility to the director of One Gillings MPH and the assistant dean of academics. Administrators of the program including the assistant director, the student coordinator and any future administrative position will report directly to the program director and likely will be employees of UNC-CH. There will be a joint faculty team comprised of faculty from both Chapel Hill and UNC Asheville that will aid in administration of the program and teach in the program. Although these faculty will be working closely with the program director, they will be housed in an academic department either at UNC Gillings or UNCA for purposes of faculty evaluation. Their responsibilities outside the program will be overseen by their department head. Reappointment, tenure and promotion will be through the faculty members' home departments with consultation from the joint MPH program director (just like when a UNC Asheville faculty member teaches for the Humanities program or outside their department).

As the home institution, UNC Gillings will house the financial, admission and registration processes. Regarding the financial process, we request that a segregated fund be established for the Joint MPH program at UNC Gillings. Gillings special tuition, state allocations including tuition funds, and fees raised by the program will be placed in this segregated fund. The fund would then pay all program costs including administrative costs at each institution as well as administrative costs within the program including administrative personnel, teaching costs, research, course and program development costs, facility costs, operational costs, student scholarship, work-study and service learning costs (see budget). Up to 5% per year of of the above costs will be saved in the fund for contingency, emergency and investment for innovation given available margin at the end of year. Revenue above this will be equally shared by UNC Gillings and UNC Asheville to further develop their mission and facilitate faculty development and research in Western NC.

Admissions will be conducted through SOPHAS at UNC Gillings under the One Gillings MPH in cooperation with UNC Asheville. An admissions committee will be comprised of faculty working in the Joint MPH program from each institution. This committee will recommend admissions to the UNC Graduate School

and to UNC Asheville.

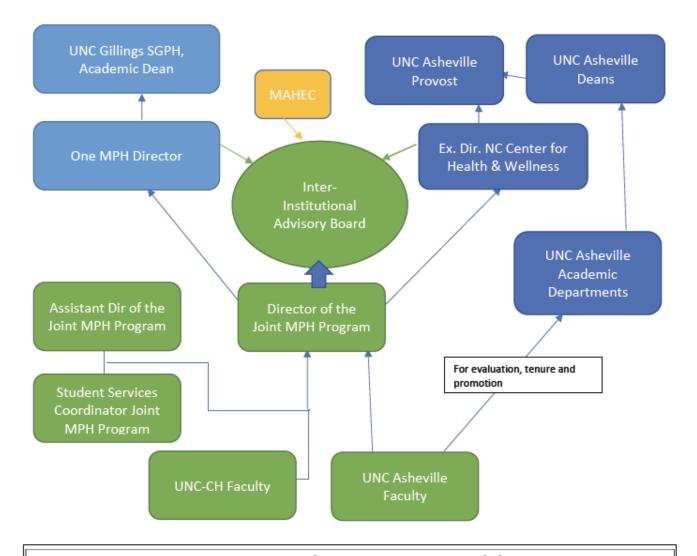
Enrollment and registration will be through UNC Gillings and UNC Asheville. Charging and distributing fees will be conducted by UNC Gilling as the home institution. UNC Gillings and UNC Asheville will manage all transcripts and permanent records. Each course will be numbered the same and listed in both institutional course catalogs. UNC Asheville as the host institution will shadow enroll the students and keep records as well. The official transcripts will list both UNC Asheville and UNC Gillings as delivering the courses. This is consistent with UNCA - NC State joint Engineering program and UNC-Greensboro - NC State Joint MSW program.

Advising of students will be done through Joint MPH faculty locally in Asheville.

Access to academic tutoring, career counselling, student health services including mental health, oncampus library will be through UNC Asheville with a payment structure of fees similar to the one developed by UNC Eshleman.

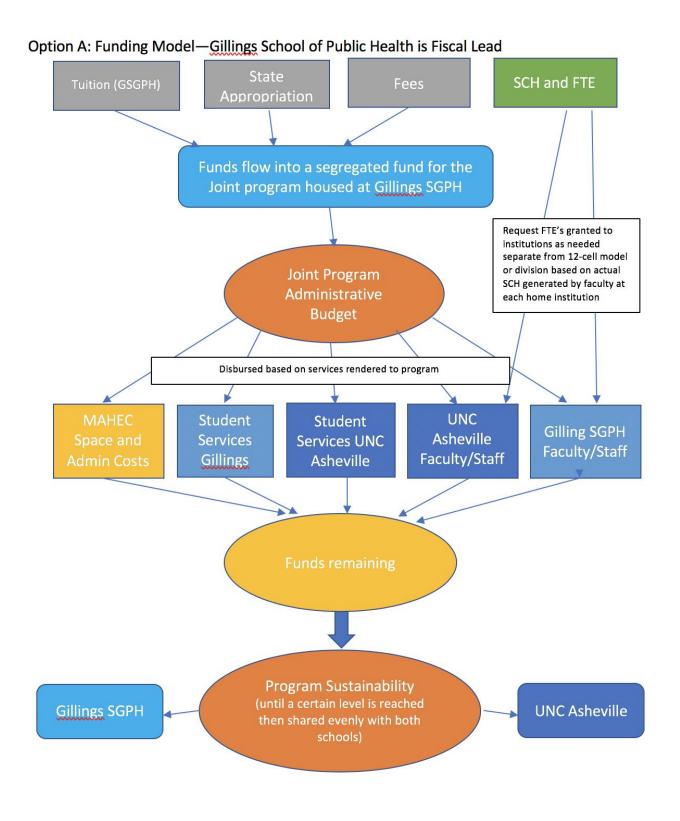
The program will be delivered in classrooms and administrative offices held at the UNC Health Science Campus at MAHEC. This facility will also have a open interdisciplinary student center, conference rooms, research department, and exercise facilities.

A Master of Public Health degree will be offered jointly to the graduating student from each institution and each institution will be on the diploma. A graduation will be held for all UNC Health Science at MAHEC students annually. The students may also participate in graduation ceremonies of each institution. As each institution will contribute equally to the degree, each institution will be credited for every student completing the program.



## Joint MPH Program Administrative Organizational Chart

- An inter-institutional Advisory Board will be set up to advise the Joint MPH Program. 2
  representatives from UNC-CH, 2 members from UNC Asheville and a member from MAHEC will be
  members of the board. Chair of the board will rotate between UNC Asheville and UNC-CH on a 3year basis.
- The board will oversee the hiring of the Program Director, approve budget, and any major changes to administrative, academic or curricular structure including the additions of new positions, concentrations or minors.
- UNC Gillings will be lead institution for administration. Admissions (in conjunction with a joint admissions committee), enrollment, and financial funding will go through Gillings SGPH.
- The Joint MPH Director, Assistant Director and Student Coordinator will be Chapel Hill Employees.
   UNC-CH Faculty based in this program will report directly to the Program Director. Promotion and tenure will be overseen by the PD and the ONE MPH Director.
- The UNCA professors will also report for teaching and administration responsibilities to the PD who
  will oversee their positions in regards to the Joint Program, but evaluation, tenure, and promotion
  decisions will be handled at UNC Asheville. UNCA faculty who work with but not fulltime for the
  program will report to their departments for tenure and all UNCA related responsibilities.



b. For joint programs only, include documentation that, at minimum, the fundamental elements of the following institutional processes have been agreed to by the partners:

Admission process
Registration and enrollment process for students
Committee process for graduate students
Plan for charging and distributing tuition and fees
Management of transcripts and permanent records
Participation in graduation
Design of diploma

Letters of institutional commitment will be written and attached when this document pass through the internal campus processes on both campuses.

#### **VII. Additional Program Support**

a. Will additional administrative staff, new master's program graduate student assistantships, etc. be required? If so, please briefly explain in the space below each item, state the estimated new dollars required at steady state after four years, and state the source of the new funding and resources required.

We anticipate that we will need administrative support staff including a program director, assistant director, admin assistant/student support coordinator, faculty curriculum coordinator, and faculty interinstitutional research coordinator. The total cost will be estimated at \$425,000 in year four, which will be supported through the program revenues.

We anticipate the need for up to 2 graduate assistantships. This will be paid through the Gillings special tuition scholarship fund.

Central to our mission is recruiting regional leaders and public health workers to the degree to enhance the current workforce. We anticipate that finances will be a barrier. We have budgeted for scholarships, graduate assistantships, and work-study programs for students in the program. This will be funded through MAHEC state allocated funds, local foundations and revenue generated by the program. We have allocated up to \$327,000 per year.

#### VIII. Accreditation and Licensure

 a. Where appropriate, describe how all licensure or professional accreditation standards will be met, including required practica, internships, and supervised clinical experiences.

The program will meet the <u>Council on Education for Public Health</u> accreditation standards, significantly revised in 2016 in response to changes in the public health professional landscape. The UNC-CH Gillings School of Public Health has maintained CEPH accreditation for years, recently extended through 2024, and submitted a compliance report in January 2019 to demonstrate compliance with the 2016 criteria. The Gillings MPH concentration delivered at the UNC-A site since Fall 2018 meets CEPH accreditation standards. The Joint MPH program follows the same degree format, and will therefore be fully compliant with CEPH's 2016 accreditation criteria.

b. Indicate the names of all accrediting agencies normally concerned with programs similar to the one proposed. Describe plans to request professional accreditation.

Official substantive change forms with supporting documentation will be submitted to <u>Southern</u> <u>Association of Colleges and Schools Commission on Colleges</u>, and to <u>Council on Education for Public Health</u>, after campus and systems approvals are secured.

c. If the new degree program meets the SACSCOC definition for a substantive change, what campus actions need to be completed by what date in order to ensure that the substantive change is reported to SACSCOC on time?

If the program is approved and meets the SACSCOC definition for substantive change, the approved program plan must be submitted to SACSCOC by December 31st, 2019 to meet the 6-month prior to implementation deadline. We are already in communication with SACSCOC about requirements and working with each institutional liaison.

d. If recipients of the proposed degree will require licensure to practice, explain how program curricula and title are aligned with requirements to "sit" for the licensure exam.

Graduates from CEPH-accredited schools and programs of public health are eligible to sit for the "Certified in Public Health" (CPH) credentialing exam, proctored by the <u>National Board of Public Health Examiners</u>.

#### IX. Supporting Fields

a. Discuss the number and quality of lower-level and cognate programs for supporting the proposed degree program.

The design of the Joint MPH program will be to rely upon the interdisciplinary teaching sourced from faculty at UNC Gillings SGPH and UNC Asheville. We anticipate that faculty will chiefly come from the following departments but not limited to these departments depending on need and availability.

- Health and Wellness, Sociology, Anthropology, Math/Statistics, Chemistry, and Environmental Science departments at UNC Asheville
- Other MPH concentrations and SGPH Departments at UNC Gillings SGPH

b. Are other subject-matter fields at the proposing institution necessary or valuable in support of the proposed program? Is there needed improvement or expansion of these fields? To what extent will such improvement or expansion be necessary for the proposed program?

The Joint MPH program will function within the One Gillings MPH and UNCA graduate studies. At this time we believe the fields and faculty within these fields are available to provide the degree without the creation of new fields. UNC Asheville is exploring developing an undergraduate public health concentration that will compliment, add resources and provide a pipeline for our program. We are also exploring bringing in MAHEC medical, dental and pharmacy learners and expanding their fields of study to be a part of the program. These will improve the program but are not necessary for the growth and stability of the program.

X. Additional Information. Include any additional information deemed pertinent to the review of this new degree program proposal.

## XI. Budget

a. Complete and insert the Excel budget template provided showing <u>incremental</u> continuing and one-time costs required each year of the first four years of the program. Supplement the template with a budget narrative for each year.

	Joint MPH/			
Joint MPH Proposed Budget 2020-2024	MPH-AVL	Joint MPH	Joint MPH	Joint MPH
	2020-21	2021-2022	2022-2023	2023-2024
Administration	\$214,091	\$222,617	\$351,219	\$363,172
Program Director (0.5FTE)	\$82,500	\$84,975	\$84,975	\$84,975
Assistant Director (0.5FTE)	\$39,690	\$41,675	\$50,000	\$52,500
Coordinator for Community				
Partnerships	\$0	\$0	\$87,000	\$91,350
Administrative Assistant (and Support)	\$40,000	\$42,000	\$44,100	\$46,305
Total Salary	\$162,190	\$168,650	\$266,075	\$275,130
Total Benefits	\$51,901	\$53,968	\$85,144	\$88,042
Teaching Costs	\$554,400	\$646,800	\$814,968	\$998,336
Total Courses Taught	18	20	24	28
Avg Cost per Course	\$23,333.33	\$24,500.00	\$25,725.00	\$27,011.25
Faculty Teaching Cost	\$420,000	\$490,000	\$617,400	\$756,315
Benefits for Faculty	\$134,400	\$156,800	\$197,568	\$242,021
		4		4
Operational Costs	\$198,699			-
Travel	\$55,340	· ·	·	\$58,617
Office Operations	\$10,000	\$10,000	\$10,300	\$10,609
Classroom Support Charge	\$25,543	\$26,310	\$27,099	\$27,912
Recruitment	\$38,566	\$39,123	\$39,696	\$40,287
Accreditation	\$10,000	\$10,000	\$10,000	\$10,000
Student Support Cost	\$59,250	\$69,125	\$79,000	\$88,875
Total Course Development Costs	\$160,000	\$94,000	\$128,000	\$138,000
Total MPH Program Operating Costs	\$1,127,190	\$1,174,375	\$1,517,774	\$1,735,808
JPPH Development Costs	\$40,000	0	0	0

Student Practicum/Scholarship/Work				
study programs	\$315,000	\$342,000	\$382,000	\$407,000
Continuing Education (CPD) and				
Certificate Programs	\$36,000	\$42,000	\$42,000	\$48,000
General Institutional Overhead Cost	\$319,116	\$311,030	\$401,123	\$434,989
Overhead for Non-Teaching (NT) Costs				
(40% of NT operating costs)	\$229,116	\$211,030	\$281,123	\$294,989
Overhead Teaching Costs (\$5K/course				
to Inst of lead instructor)	\$90,000	\$100,000	\$120,000	\$140,000
Contingency and Emergency (5% OC)	\$90,065	\$91,370	\$115,045	\$128,890
Total Costs for MPH Program	\$1,927,371	\$1,960,775	\$2,457,942	\$2,754,686
Revenue	\$1,864,287	\$2,190,916	\$2,549,290	\$2,952,965
Student Enrollment Projection	30	35	40	45
Gillings School Based Tuition	\$171,000	\$199,500	\$228,000	\$256,500
Gillings School Based Tuition UNC Graduate General Tuition	\$171,000 \$360,000	\$199,500 \$612,500	\$228,000 \$700,000	\$256,500 \$787,500
			·	
UNC Graduate General Tuition	\$360,000	\$612,500	\$700,000	\$787,500
UNC Graduate General Tuition Student Fees	\$360,000	\$612,500	\$700,000	\$787,500
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell	\$360,000 \$59,250	\$612,500 \$69,125	\$700,000 \$79,000	\$787,500 \$88,875
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix)	\$360,000 \$59,250 \$1,065,952	\$612,500 \$69,125 \$1,104,706	\$700,000 \$79,000 \$1,320,205	\$787,500 \$88,875 \$1,558,005
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix) CPD Programs/Certificates	\$360,000 \$59,250 \$1,065,952	\$612,500 \$69,125 \$1,104,706	\$700,000 \$79,000 \$1,320,205	\$787,500 \$88,875 \$1,558,005
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix) CPD Programs/Certificates X-MAHEC Faculty/Student Support	\$360,000 \$59,250 \$1,065,952 \$30,000	\$612,500 \$69,125 \$1,104,706 \$35,000	\$700,000 \$79,000 \$1,320,205 \$35,000	\$787,500 \$88,875 \$1,558,005 \$40,000
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix) CPD Programs/Certificates X-MAHEC Faculty/Student Support Supplemenation	\$360,000 \$59,250 \$1,065,952 \$30,000 \$178,085	\$612,500 \$69,125 \$1,104,706 \$35,000 \$170,085	\$700,000 \$79,000 \$1,320,205 \$35,000 \$187,085	\$787,500 \$88,875 \$1,558,005 \$40,000 \$222,085
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix) CPD Programs/Certificates X-MAHEC Faculty/Student Support Supplemenation Total Revenue	\$360,000 \$59,250 \$1,065,952 \$30,000 \$178,085 \$1,864,287	\$612,500 \$69,125 \$1,104,706 \$35,000 \$170,085 \$2,190,916	\$700,000 \$79,000 \$1,320,205 \$35,000 \$187,085 \$2,549,290	\$787,500 \$88,875 \$1,558,005 \$40,000 \$222,085 \$2,952,965
UNC Graduate General Tuition Student Fees UNC Based State Allocation (12 Cell Matrix) CPD Programs/Certificates X-MAHEC Faculty/Student Support Supplemenation Total Revenue Net Cost	\$360,000 \$59,250 \$1,065,952 \$30,000 \$178,085 \$1,864,287	\$612,500 \$69,125 \$1,104,706 \$35,000 \$170,085 \$2,190,916	\$700,000 \$79,000 \$1,320,205 \$35,000 \$187,085 \$2,549,290	\$787,500 \$88,875 \$1,558,005 \$40,000 \$222,085 \$2,952,965

#### **Budget Narrative**

This is an on-the-model program based on enrollment and UNC Gillings' faculty salaries. This program is designed to be self-supporting. We anticipate that tuition and fees paid by enrolled students, along with state allocated funds for the same students, will cover required costs for resources to deliver the degree without additional funding needed.

This program has been preceded with the piloted UNC Gillings SGPH Master of Public Health Program in Asheville. The pilot program has served to develop the academic model, financial model, and model potential enrollment growth. If this proposed Joint MPH Program is approved, then we anticipate that the developed academic model of delivery, the financial costs and the enrollment growth will continue as projected by the budget and recruitment noted during the 2 year piloting process. The budget submitted reflects these assumptions.

Start up costs to cover the shortfall until steady state is reached at year four is covered by state legislative funding through MAHEC, which has been given for increased health capacity in WNC. The legislative funding is also covering cost for a new state-of-art facility and classroom to deliver the degree on the MAHEC campus.

The main cost differential between year 1 and year 4 is the amount of courses taught, the development costs for these courses and additional institutional costs. To provide a critical mass of faculty and sufficient variety of courses to meet student demand and regional needs, we will increase what is offered on a year by year basis with continual financial assessment.

Administration Costs: The program will require a program director, an assistant director, a lead faculty curriculum coordinator, a coordinator for intra-institutional and student research, a community program and service learning director, and a student coordinator. It is noted that the program director has more responsibility due to the remote, joint and place-based nature of program and will have more responsibilities than overseeing a concentration within an existing degree program. As such, faculty members will be appointed and supplemented to coordinate curriculum processes and facilitate research between institutions and within the community. These positions will be added as revenue allows. Additionally, due to the interdisciplinary nature of the program, the program director, the curriculum coordinator and the faculty research coordinator will likely also work clinically, in an undergraduate department or in a local research institute which may offset costs as the program grows. Additional program administrative support will be given by each institution as appropriate for the resources needed by the students.

Teaching Costs: The Council of Education for Public Health requires at minimum 3 core faculty per concentration fully employed by one of the designated institutions who provide at least 0.5 FTE toward the concentration. Additionally, to ensure a critical mass of faculty involvement for quality of teaching and experience for the students, we plan on having at least 4 regular teaching faculty and the use of other institutional faculty and community faculty to deliver the courses. For flexibility due to the complexities of a joint program, we will account for the faculty time through payment per course. We anticipate that as an average one third of teaching will be delivered by UNC Gillings Asheville-based faculty, one third by UNCA faculty and one third by community-based faculty teaching as adjuncts in both institutions.

New Faculty: No additional cost for new faculty will be needed for this program. We anticipate allocation based on enrollment can cover the cost of faculty in the program. To start the program, we anticipate

the need for two additional lines of faculty FTE needed at UNCA. We request these lines to be allotted outside the 12 Cell Matrix so that the program may start with optimum support and faculty. These lines will be fully funded through the program revenue. This need may grow as enrollment grows and we request that the program may add additional faculty lines for the program as needed, based on revenue support to prevent too much burden on institutional faculty.

The curriculum is based on a 3 student credit hour (sch) / contact hour model. In year 4, we are anticipating 6 faculty FTEs will be needed to cover the 18 courses plus additional electives within the MPH curriculum. These teaching expenses will be covered by program revenue.

Since teaching faculty will not be dedicated only to the MPH program, and to fully utilize the resources from each institution, the program will use a curriculum delivery budget model of \$24,000 for each course. These courses will be individually or team-taught by UNC-CH faculty, UNC Asheville faculty, and MAHEC/community faculty. Core faculty will consist of existing faculty members from UNC-CH and UNC Asheville. The MPH teaching will be part of their annual teaching load. The MPH program funding will be used in part for adjunct faculty to replace institutional teaching that is lost. To address the difference in teaching costs at UNCA and UNC Gillings, we will reimburse teaching based on the lead instructor of the course. If the lead instructor is from UNCA we will reimburse at a rate of \$15,000 plus benefits per course. An additional fee of \$5000 for teaching overhead will be paid to the institution of the lead instructor. The community faculty will be paid directly an agreed upon price averaging \$8000 for the course with no benefits. Each faculty will be assigned an institution on a 50-50 principle for adjunct appointment. The institution holding the adjunct will be paid the \$5000 overhead pay. Full negotiation of this model will be outlined in the MOU between institutions.

Initially, 16 courses will be taught to satisfy the necessary 42 hours or required credit for an MPH. We anticipate offering more elective courses and possible minors (3 courses focused on a particular public health discipline) and even certificate programs. This will require additional faculty. The model plans for the program director and assistant director to teach within their job requirements.

Additional operational costs include the transport of faculty from Chapel Hill to Asheville or class room technology for participation and to facilitate full integration and UNC Gillings involvement in live teaching sessions. This also includes classroom support fees and support for conferences and continued education.

Development Costs: The first year will be the first delivery of the new concentration, which will require course development and new faculty involvement. The second and third year incorporates new electives delivered locally which will also require course development costs. The third and fourth year we plan to explore developing minors or dual degree programs with the Asheville-based UNC Pharmacy, Medical, Nutrition and Dental programs.

Student Support and Scholarship Costs: The goal of the program is to increase workforce capacity across the Western NC region. As part of reaching this goal, we are recruiting students from every community in the region. We anticipate that the financial costs of the program may be a barrier to this goal. As such, we plan on providing a significant amount of scholarships and work-study programs to help alleviate costs and increase recruitment of high-quality students from the region and under-resourced communities. These will increase each year with enrollment growth.

Institutional Costs: The program will require overhead and institutional costs from each institution. These costs as allocated in the 12-cell matrix will be divided equitably between institutions based on the MOU.

b. Based on the campus' estimate of available existing resources or expected non-state financial resources that will support the proposed program (e.g., federal support, private sources, tuition revenue, etc), will the campus:

Seek enrollment increase funds or other additional state appropriations (both one-time and recurring) to implement and sustain the proposed program? If so, please elaborate.

We have obtained funding through NC Legislature appropriations for the creation of the UNC Health Science Campus at MAHEC. These funds have served to establish the UNC Gillings MPH in Asheville pilot program and to help start the proposed Joint MPH program. As such, we do not anticipate the need for additional enrollment increase funding. If funding for the program goes through the proposed segregated funding model, we do not anticipate the need for additional one-time or recurring funds.

Require differential tuition supplements or program-specific fees? If so, please elaborate.

1. State the amount of tuition differential or program-specific fees that will be requested.

We do not anticipate a tuition differential or program specific fees other than that which is in place for the Gillings ONE MPH program at Chapel Hill.

2. Describe specifically how the campus will spend the revenues generated.

To optimize funding for the program and to provide transparency for financial activity with the institutions, we request that a segregated fund for the Joint MPH program be established and housed at UNC Chapel Hill or UNCA. This fund would receive all tuition-based state appropriations, student paid tuition, special Gillings tuition dollars and students fees. Payment then will be sent to each respective institution based on services and costs to each institution for the Joint MPH program. Please see budget for projected costs. Additional revenue for the program will be first allocated to the Joint MPH fund for contingency, emergency and investment for new educational programs. Revenue over \$200,000 will be divided equally between the two institutions to further each's institutional missions with a focus on faculty development and increasing partnership for education and research between UNC-CH, UNCA, and other institutions in WNC.

3. Does the campus request the tuition differential or program-specific fees be approved by the Board of Governors prior to the next Tuition and Fee cycle?

No. We plan to implement the new structure in Fall 2020. We request Board of Governors approval before the start of School Year Fall 2019 to allow for the normal processes of accreditation, recruitment and development.

c. If enrollment increase funding, differential tuition, or other state appropriations noted in the budget templates are not forthcoming, can the program still be implemented and sustained and, if so, how will that be accomplished? Letters of commitment from the Chancellor and/or Chief Academic Officer should be provided.

#### General Letter of Agreement:

We are committed to the collaborative work between UNC Chapel Hill and Gillings School of Global Public Health and UNC Asheville to put in place a financially viable and equitable model with an accompanying memorandum of understanding that details the administrative and financial processes needed to implement and sustain the program.

The request to establish document has been written and reviewed jointly and separately by both institutions and outlines our commitment. In the request to establish document we have agreed upon a proposed admission process, registration and enrollment process for students, committee process for graduate students, plan for charging and distributing tuition and fees, management of transcripts and permanent records, participation in graduation and design of diploma.

Using the proposed model described in the request to establish document, the program will be financially viable if we meet our target enrollments and are able to access the incoming funds for the support of the program costs (the same graduate school and Gillings SGPH tuition and fees and the typical level of state-appropriation based on those enrollment figures). Because of the enrollment growth from the pilot UNC Gillings MPH program in Asheville, we anticipate that this program to be at minimal financial sustainability with an enrollment of 30 students at the onset of the program. For the first 2 years, the program has secured NC State legislative funding for enrollment growth through the UNC Health Science at MAHEC state appropriations. This will ensure the program will reach a steady state without deficit.

The long-term financial success of the program will depend on regular student-generated funds directed towards the program. The financial model proposed by the planning team, whereby the income generated by the program flows into a segregated fund, should be sufficient to pay both campuses and the delivery site for the services provided to the program.

However, if there is a shortfall of revenue, the program will first reduce expenses. If needed, on a year by year basis, each institution will share the shortfall costs based on the memorandum of understanding. If the program is consistently below margin or significantly below margin to where the reduced expenses affect quality of education, we will reassess the financial model and sustainability of the program.

Individual institutional letters of commitment will be attached.

## **Evaluation Plans**

c. What student learning outcomes will be met by the proposed program and how will student proficiency be measured? These items may be updated as necessary to meet student and program needs.

Program Student Learning Outcomes	Measurement Instrument	ficiency (score, percentage, level of perf
PBHT01. Apply the concept of place and understanding of key public health issues in rural and under-resourced communities	Examples: 1) Case studies: Students will apply concepts learned in theoretical texts and frameworks using existing cases and will be assessed on discussion participation and brief report on how the theory/framework applies in the particular case.	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail
PBHT02. Integrate place-based sociological, anthropological and economic development theories with public health practice.	Examples:1) Reflection Paper: Students will identify and discuss artwork related to health disparities. 2) Write paper comparing and contrasting different disciplines' understanding of place, and what concepts are most helpful in designing public health interventions.	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail
PBHT03. Apply the principles of personal transformation in the processes of engaging with communities, leading change, producing research, interacting on teams, and advocating for health equity.	Examples:1) Individual Reflection Paper: Students will write self-reflective papers following key course activities (such as personality assessments, Implicit Associations Test, etc. 2) Final Individual Reflection Paper: what students have learned about their own leadership style and role they typically play in groups, and how that will impact their public health work in the future (who'll they want to make sure to add to their teams, what qualities they'll seek in colleagues to complement their skills).	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail
PBHT04. Apply the principles of Community-Based Participatory Research and Communities of Solution to advocate for health equity and use these tools in a community's relational networks, policies, social structures, and environments.	Examples:1) Final Individual Reflection Paper: Students will find an article about a CBPR project and analyze the project based on the principles discussed in the course, including how the project followed CBPR guidelines, what was missing/not included, and how the project may be strengthened. 2) Final Group Project: Students design a CBPR study on a particular community based public health issue.	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail

PBHT05. Apply the principle of systems and design thinking in the framework of local health systems to promote health and social equity.	Example: Final Group Project: Students will develop recommendations for a particular health system or health-related system based on review and application of relevant course concepts.	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail
PBHT06. Demonstrate the use of leadership skills to promote health equity on individual, community, institutional, and system levels.	Examples:1) Midterm: Individual Reflection Paper: Students will identify a particular local community-change initiative and discuss key stakeholders and players and their roles in the project. 2) Final Group Project: Leadership Change Project: Students will identify key stakeholders and their interests and influences, and develop a process, including those stakeholders, to address a specific place-based issue.	H 93-100 High Pass: Clear excellence P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail
PBHT07. Apply the concept of Local to Global, along with tools learned in the Western North Carolina setting, to other settings while recognizing and building in needed adaptations.	Examples:1) Final Individual Paper: Policy Brief: Students will develop a brief on policy approaches that may be considered locally and globally. For example, considering joint use policies where communities can use school spaces in off-hours may be applicable locally, and advocated for globally. 2) Final Group Project: Group writes an editorial or white paper to be submitted to local government agency or media.	P 80-92.9 Pass: Entirely satisfactory graduate work L 70-79.9 Low Pass: Inadequate graduate work F <70 Fail

<sup>\*</sup>Also, see attached UNC Gillings developed and CEPH required forms

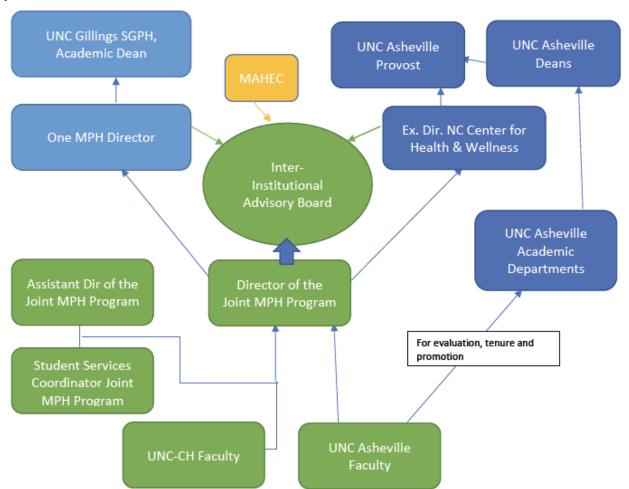
d. The plan and schedule to evaluate the proposed new degree program prior to the completion of its fourth year of operation (to include types of measurement, frequency, and scope of program review).

We will assess the program based on student evaluation, faculty feedback, meeting of student career goals and workforce placement. We will meet regularly with the UNC Gillings MPH Steering Committee and the school administration at each institution to review processes and progress. Additionally, we will follow targets for enrollment to insure financial viability. Lastly, we will continue to meet with community stakeholders to see if graduates are meeting needs for the public health workforce. In addition to annual reviews, a comprehensive seven-year review of the program will measure: enrollment, credit-hour production, retention rates, graduation rates, student success and satisfaction measures, student portfolio and capstone project reviews, second-year exit surveys, job placement and career progress, employer surveys, etc.

**XII. Attachments.** Attach the final approved Letter of Intent as the first attachment following this document.

This proposal to establish a new program has been reviewed and approved by the appropriate campus committees and authorities.

Position Title	Signature	Date
Chancellor		
Provost		
Chancellor (Joint Partner Campus)		
Provost (Joint Partner Campus)		

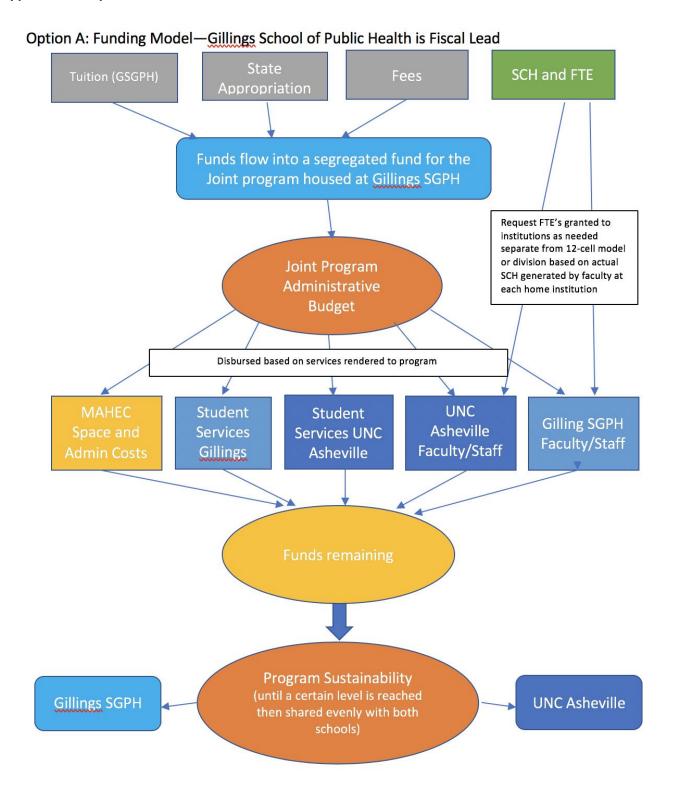


#### **Appendix A: Administration Model**

#### Joint MPH Program Administrative Organizational Chart

- An inter-institutional Advisory Board will be set up to advise the Joint MPH Program. 2
  representatives from UNC-CH, 2 members from UNC Asheville and a member from MAHEC will be
  members of the board. Chair of the board will rotate between UNC Asheville and UNC-CH on a 3year basis.
- The board will oversee the hiring of the Program Director, approve budget, and any major changes to administrative, academic or curricular structure including the additions of new positions, concentrations or minors.
- UNC Gillings will be lead institution for administration. Admissions (in conjunction with a joint admissions committee), enrollment, and financial funding will go through Gillings SGPH.
- The Joint MPH Director, Assistant Director and Student Coordinator will be Chapel Hill Employees.
   UNC-CH Faculty based in this program will report directly to the Program Director. Promotion and tenure will be overseen by the PD and the ONE MPH Director.
- The UNCA professors will also report for teaching and administration responsibilities to the PD who
  will oversee their positions in regards to the Joint Program, but evaluation, tenure, and promotion
  decisions will be handled at UNC Asheville. UNCA faculty who work with but not fulltime for the
  program will report to their departments for tenure and all UNCA related responsibilities.

### **Appendix B: Proposed Financial Model**



**Appendix C: Proposed Academic Model-** To be developed jointly with UNCA and UNC Gillings Faculty and approved by each institutional APC

Year 1	Course No.	Course Title	Require d (Y/N)	Brief Description (If New Course)
Fall 1	PBHT 731	Place-based Theory in Public Health	У	· Introduce concepts of place-based public health including community beliefs, behaviors, system structures, culture, art, and geography and how they provide assets and barriers to the health of the community · Examine the impact of rurality, person, race, poverty, gender, ethnicity, culture, behavior and society on health outcomes. · Study the concept of place-based from a public health, sociology, anthropology and economic perspective · Introduce students to key stakeholders and players in the public health field in Western NC
Fall 1	SPHG 711	Data Analysis	У	Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health.
Fall 1	SPHG 712	Methods and Measures	У	Explain the critical importance of evidence in advancing public health knowledge. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program.
Fall 1	SPHG 713	Understanding Public Health Issues	У	Explain public health history, philosophy and values.  Identify the core functions of public health and the 10 Essential Services.
Spring 1	PBHT 733	Place Based Community Transformation	У	Examine the principles and use of Community Based Participatory Research and Communities of Solution to improve community health in WNC communities.     Use CBPR to assess a community in WNC     Use principles of collaboration to build interdisciplinary teams to address community health issues using the Communities of Solution model.     Discuss ethics of community engagement and research.     Teach the principles of Results Based Accountability
Spring 1	SPHG 721	Conceptualizing Public Health Solutions	У	Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
Spring 1	SPHG 722	Implementing Public Health Solutions	У	Use Systems change tools, quantitative and qualitative methods and sciences to develop programs for population's health.
Spring 1	SPHG 701	MPH Practicum Planning	У	Develop cultural competency and humility, professional skills and plan for practicum
Summer 1		200 (minimum) practicum hours	У	200 hours of applied learning experience with community partner where the student will experience public health in action and give two high quality deliverables to host organization

Summer 1  Year 2	PBHT 732	Individual Transformation Applied to Public Health and Place	У	<ul> <li>Work through the place-based principle of understanding oneself, ones values and one's place and their relationship to the identity and values of the community.</li> <li>Assess personality and leadership style and its application to improve public health</li> <li>Examine social location and implicit bias and their effect on public health and one's public health</li> <li>Assimilate personality preference, personal strengths and weaknesses, group inclusion, change style and leadership style into understanding how to engage in groups and communities</li> </ul>
Fall 2	PBHT 734	Implementation of Place-based Theory and Design in Public Health	У	<ul> <li>Apply place-based theory to design community based interventions in local communities</li> <li>Engage with local community partners to develop a multi-sectoral plan to address a place-based issue</li> <li>Use qualitative techniques to understand community concerns regarding a place-based public health issue</li> <li>Determine key stakeholders to create a community of solution to address the public health issue</li> <li>Discuss financial development and sustainability for community interventions</li> </ul>
Fall 2	SPHG 702	MPH Practicum Reflection	У	Relect on the pracitum experience as it relates to Public Health and Individual career path
Spring 2	PBHT 735	Place-based systems transformation	У	<ul> <li>Teach principles of system design</li> <li>Engage with health systems, health delivery models and health access for different populations and communities across Western NC.</li> <li>Examine how poverty, race, culture, geography and system structure affect the effectiveness and equity of the health care systems.</li> <li>Explore ways to bridge public health and clinical to improve health of communities</li> <li>Examine other systems including government, education and nutrition that impact individual and community health.</li> </ul>
Spring 2	PBHT 992	MPH Culminating Experience in Place-Based Health Transformation	У	Integrate skills and knowledge to engage with local community based organization to describe, model, develop, evaulate, and/or dissiminate work that addresses a local health issue. This will include a comprehensive written deliverable that will describe background, activities and deliverables provided to the community partner
Spring 2	PBHT 736	Place-Based Interdisciplinary Approaches to Rural Health	У	Define Rurality, Develop Interdisciplinary Solutions, Engage multiple health disciplines and understand discpline based approaches to health, Apply community-based approaches to interdisciplinary solutions

Spring 2	Comprehensive exams (1st Saturday in March)	у	Examination that covers foundational Public Health Skills, knowledge of health system transformation and application of place-based theory
Spring 1	Electives (Graduate-level courses)	У	
Fall 2	Electives (Graduate-level courses)	У	
Spring 2	Electives (Graduate-level courses)	У	

Appendix D: Funding to each institution for costs of running the JMPH Program

- the contract of the contract				
Funding to Institutions for Program	\$875,516	\$1,031,171	\$1,095,671	\$1,325,668
Overhead for Non-Teaching				
Operations (50% to each Institution)	\$229,116	\$211,030	\$281,123	\$294,989
UNC Gillings SOPH	\$114,558	\$105,515	\$140,561	\$147,494
UNC Asheville	\$114,558	\$105,515	\$140,561	\$147,494
*Overhead for Teaching Operations	\$90,000	\$100,000	\$120,000	\$140,000
UNC Gillings SOPH	\$45,000	\$50,000	\$60,000	\$70,000
*Overhead for Teaching Operations	\$45,000	\$50,000	\$60,000	\$70,000
Faculty Pay	\$356,400	\$396,000	\$475,200	\$554,400
UNC Gillings SOPH	\$237,600	\$264,000	\$316,800	\$369,600
UNC Asheville	\$118,800	\$132,000	\$158,400	\$184,800
*Development Operations	\$200,000	\$94,000	\$128,000	\$138,000
UNC Gillings SOPH	\$100,000	\$47,000	\$64,000	\$69,000
UNC Asheville	\$100,000	\$47,000	\$64,000	\$69,000
Margin	\$0	\$230,141	\$91,348	\$198,279
UNC Gillings SOPH	\$0	\$115,071	\$45,674	\$99,140
UNC Asheville	\$0	\$115,071	\$45,674	\$99,140
Total Funding to Instiutions	\$875,516	\$1,031,171	\$1,095,671	\$1,325,668
UNC Gillings SOPH	\$497,158	\$581,586	\$627,036	\$755,234
UNC Asheville	\$378,358	\$449,586	\$468,636	\$570,434

All items may vary year by year dependent on enrollment, revenue, margin, faculty assigned to courses and course development. Intention is to split responsibilities and costs as evenly as possible for the good and sustainability of the program