

University of North Carolina Wilmington UNC Tomorrow Response Phase I Committee Report

E. Health

The UNC Tomorrow Commission found that “UNC should lead in improving the health and wellness of all people and communities in our state.” (Sec. 4.5)

Please refer to pages 30-31 of the University of North Carolina Tomorrow Commission Final Report for background, major findings and suggested strategies.

Campuses are asked to review existing campus-based initiatives, research and scholarship activities, and public service/engagement programs and initiatives, and identify ways in which they will institutionalize each of the “campus response components” in this section. Review of academic programs to address the shortage of health care professionals (both in numbers and geographic distribution – see Recommendation 4.5.2) is to be addressed in Response Phase II (due in December 2008) as part of a general review of academic programs.

Committees are requested to enter responses in the expandable grey text boxes below. Please write in the third person; for example, write “UNCW’s policy,” rather than “our policy.”

The UNC Tomorrow Commission report concludes that the UNC campuses must “lead in improving the health and wellness of all people and communities in our state” (4.5.1). This finding is based upon a concern that the economic and demographic trends in the state and region are getting ahead of the university’s ability to respond. The state population is growing rapidly, and diversifying in ethnicity, age and income. The economy has shifted from textiles, tobacco, and furniture to a “new economy” of healthcare, education, finance, technology, retirement, and research. In Wilmington and the surrounding area, this has meant a dramatic influx of higher-income, but aging, immigrants combined with the decline of traditional economy in the inland counties, and rapid increase in the service workforce, including those areas like construction and residential services that employ large numbers of Hispanic residents. The result is dramatic growth in demand for health services in the context of widely differentiated health needs and consumption ability among an increasingly diverse population of the region.

As the UNCW Task Force on the Future of Health Programs noted in its recent report:

- There were more than 328,000 people employed in the health sector in North Carolina in 2000, 8.5% of North Carolina’s total workforce. North Carolina ranked 26th among the states in per capita health services employment.
- Health services in North Carolina account for some \$60 billion or 18% of the total state product.
- There are 125 hospitals and more than 18,000 physicians, 80,000 registered nurses, 20,000 LPN’s, 3,000 Nurse Practitioners, 16,900 social workers (7,400 of these in mental health and medical social services).
- There are 924 psychiatrists, 3,200 psychologists, and 6,000 social workers in North Carolina working in mental health. This was equal in 2000 to 10.9 psychiatrists, 36.4 psychologists, and 165.4 social workers per 100,000

- population. North Carolina ranked 20th among states in psychiatrists per capita, 22nd among states in psychologists per capita, and 25th among states in social workers per capita.
- In the immediate region of UNCW nearly 20% of the total workforce is employed in health-related services.
 - Health services employment in North Carolina grew 81% between 1988 and 2000, while the state's population grew by 25%, resulting in a net per capita growth of 45% in health services sector employment. This was more than twice the national rate of net per capita growth.
 - The total population of North Carolina is projected to grow 13% between 2000 and 2020, while the population 65 and over is projected to grow 76% between 2000 and 2020.

With the growth and change in population and in the health service sector has come a demand for healthcare professionals that the university has not been able to fill. Estimates are that by the year 2014, North Carolina will need 41,000 more nursing professionals and 3,300 more social workers in mental health. Comparable shortages exist across the allied health professional spectrum. Complicating the matter is that those health professional graduates tend to be concentrated in the expanding metro areas of the state leaving much of the "old" NC behind. UNC Tomorrow survey respondents ranked "providing improved access to health care" as the second most important challenge facing their communities. Fifty-three percent indicated that UNC could have the greatest impact on their community by increasing its resources and efforts to provide health professional education, medical care or health care service supports.

The disparities in health services and access interact with disparities of income, education, and housing to produce wide variations in health indicators within the UNCW region. For example the Infant Mortality Rate in New Hanover County is 4.7 per thousand, less than half the rate in Robeson and Columbus counties and the Teen Pregnancy Rate in New Hanover is 29.9 compared to the 59.9 per thousand in Robeson and an equally high rate in Columbus. Demographic shifts at both ends of the age and income spectrum, with a substantial increase in Hispanic residents (many of them children), contribute to these dramatic disparities. Southeastern NC counties typically have a higher percentage of African Americans than is typical state wide and a major presence of Native Americans. Because these populations are more likely to live in poverty and less likely to have health insurance, it poses a significant planning, access and service delivery challenge. Infant mortality (15.5 deaths per 1,000), homicide, obesity, cancer, heart disease, cerebro-vascular disease and diabetes rates are consistently higher among lower income, non-white populations. In addition as the population in southeastern North Carolina grows and becomes older, chronic illnesses also will increase.

The consequences for UNCW are profound and will require expansion and reconfiguration of degree programs, research foci, and community and public service linkages. The development of UNCW as a center for health professional education,

research, dissemination of knowledge, and professional and service system support is essential to this reconfiguration. UNCW Chancellor DePaolo has challenged the faculty and administrative leadership of the university to “*align existing programs to help reduce the growing gap between the demand and supply of health care professionals in the region, evaluate and invigorate the university’s ability to address professional renewal needs and prepare the university to plan new preparation and service support models for the future.*”

UNCW proposes to respond to the UNC Tomorrow mandate by reconfiguring its existing health professional degree programs into a new College of Health and Human Services (CHHS) creating a new mechanism to link and focus its health related research, professional continuing education, health knowledge dissemination, and application. The new College is dedicated to addressing the healthcare needs of the state and region. The College comprised of the existing units of the School of Nursing and the departments of Social Work and Health and Applied Human Sciences, will provide health professional education through existing degree programs noted below and selected new degree programs and certificates developed in the future. These programs will reflect the increasingly interdisciplinary and collaborative nature of professional practice in the health field and in translational research. The new college will significantly enhance collaboration not only among the academic professional education programs brought together under its roof but also with the wide array of disciplines that have instructional, research or application areas with implications for health. This includes areas such as biology, psychology, ethics, public sociology, anthropology, philosophy, and bio-chemistry.

The CHHS will provide a common infrastructure for campus instructional and research resources and create pathways of communication and partnership with the community and the region. A Regional Health Services Consortium will be developed that will provide a context for ongoing assessment of regional progress against selected health indicators and provide an informed participatory basis for decisions regarding instructional programs, research initiatives, professional continuing education and community based applications. The CHHS will be overtly collaborative and will seek to span the UNCW institution and the regional structure of health service providers, professionals, and community health interests. The College will seek to provide professional education and career development at multiple levels and within several recognized professional areas. It will foster innovative research, a supportive research infrastructure and seek to integrate innovative technologies into translational research for clinical effectiveness. The College will adapt to changing environmental elements and professional needs. To achieve such flexibility we will use a dynamic evaluation process, based on peer assessment, and frequent substantive communication with external partners and “consumers” of our educational programs and knowledge development.

4.5.1 UNC should lead in improving health and wellness in North Carolina.

Campus response component: Leading in improving health and wellness, including promoting best-available health care practices through campus-based and university-owned services, such as student health services, campus wellness programs, UNC Health Systems, and AHEC.

UNCW’s impact on health and wellness in NC and the region is a function of its professional degree programs that provide training in “best-available health care practices,” research, dissemination, and application and regional extension efforts of the campus, and the activities of the campus service organizations such as the Abrons Student Health Center, Crossroads (substance abuse prevention) and the University Counseling Center.

Dissemination, application and service activities are dependent upon our ability “to leverage faculty expertise” (see sec 4.5.4).

4.5.1.1 Existing programs, initiatives and activities

<p>What existing programs, initiatives, and activities are already in place that effectively respond to the Commission’s recommendation? For multiple small programs and initiatives, provide a narrative that collectively addresses the programs and addresses items a, b, c, d and e below. Address items a, b, c, d and e separately for major programs.</p> <p>In developing proposals to improve existing programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.</p> <p style="text-align: center;">Please enter response below</p>
<p>Existing Health Degree Programs at UNCW:</p> <ul style="list-style-type: none"> • Bachelor of Science in Nursing • Bachelor of Science in Clinical Research (non-nursing health science) • Master of Science in Nursing (MSN) <ul style="list-style-type: none"> ○ Family Nurse Practitioner Option ○ Nurse Educator Option • Post Master’s Certificate <ul style="list-style-type: none"> ○ Family Nurse Practitioner Option ○ Nurse Educator Option • Bachelor of Social Work (BSW) <ul style="list-style-type: none"> ○ Child Welfare Certification • Master of Social Work (MSW with clinical, mental health track) • BA in Athletic Training

- BA in Recreation Therapy
- BA in Exercise Science
- BA in Physical Education
- BA in Parks and Recreation Management
- MS in Gerontology

These programs collectively produce more than 320 graduates per year and have produced an alumni base in the N.C. that exceeds 6000.

Other Health Related Academic Departments

The health professional programs at UNCW operate within a larger university context that includes many basic disciplines essential to health education and preparation of health practitioners. Such disciplines as biology, psychology, sociology, chemistry, biochemistry and philosophy provide an essential educational foundation for students in the professional programs. Many of these departments also generate research, applications, and dissemination that have specific health implications.

Two departments provide degrees specifically related to health professional needs:

- MA in Psychology
 - Substance abuse track
 - Applied behavior analysis
- BS in Biology
 - Pre-health sciences curriculum

UNCW's Psychology Department is one of the university's larger academic units with 33 full time faculty positions and nearly 700 undergraduate and graduate students. The department also supports service courses for 16 other majors and minors many with a health orientation. All pre-nursing students take one or more psychology courses, for example.

The graduate masters' level program in Psychology has three tracks two of which directly relate to mental health, substance abuse treatment psychology and applied behavior analysis. These programs contribute to the severe professional workforce needs in the region in programs dealing with alcoholism/substance abuse and developmental

disabilities. Substance abuse treatment psychology students are prepared for licensure as Licensed Psychological Associates with Healthcare Provider Certification (LPA-HSP-PA) and as Clinical Addictions Specialists in NC. The track in Applied Behavior Analysis trains specialists to use the behavioral techniques that are considered the “best practice” treatments for developmental disabilities like autism and mental retardation. The program meets all education and experience requirements to prepare graduates for certification as a Board Certified Behavior Analyst in North Carolina.

The department is developing a doctoral program in Applied and Experimental Psychological Science. The major emphasis will be doctoral training in persistent cognitive and behavioral disorders (including addictions, dementias, autism and other developmental disabilities, and mental illness in corrections). An important feature of the plan is to train professionals with the ability to provide effective services for the growing Latino population in our region.

The Department of **Biology and Marine Biology** is another of the larger academic units with 42 full-time faculty, over 650 undergraduate majors and pre-majors, 52 M.S. students, and 13 Ph.D. students. The department provides service courses for >2340 non-majors, mostly basic studies, nursing and pre-nursing students, and other sciences (including a variety of pre-allied health science majors). Pre-nursing students are required to take Introductory Cell Biology (BIO 204), Human Anatomy and Physiology I (BIO 240), Human Anatomy and Physiology II (BIO 241), and Microbiology of Human diseases (BIO 246).

The B.S. in biology at UNCW offers training for pre-health professional sciences as well as veterinarian sciences through a specific curriculum for pre-health sciences professionals. Among the courses offered are Human Anatomy and Physiology, Endocrinology, Immunology, Epidemiology, Microbiology, Molecular Biology of the Cell, Human Fungal Diseases, Vertebrate Histology, Animal Physiology, Comparative Vertebrate Anatomy, as well as graduate courses specializing in aspects of developmental, molecular and cellular biology. The Department of Biology and Marine Biology maintains a designated pre-health advisor not only for its own students but also for students interested in allied health sciences in programs such as nursing, chemistry and HAHS. The B.S. in Biology is considered one of the standard pathways for entry into medical school and such areas as optometry, pharmacology, anesthesiology, or a career in medical research. The department has great success in placing its graduates in medical and other graduate programs across the country.

Health-related research in the department of biology includes:

- hearing systems (jointly with Johns Hopkins Medical)
- potential pharmaceuticals and nutritional additives (with the UNCW Center for Marine Science)
- basic research on cellular and biochemical processes
- muscle physiology
- biotechnology approaches
- isolation of novel marine natural products that may subsequently be developed

into pharmaceuticals

The Department of **Sociology and Criminal Justice** offers a number of courses which directly address issues of health: SOC 220 (Sociology of Birth and Death), SOC 336 (Sociology of Aging), SOC 337 (Medical Sociology), SOC 418 (Women and Aging), and SOC 438 (Social Epidemiology). Pertinent Criminology and Criminal Justice courses include: CRJ 315 (Victimology) and CRJ 375 (Drugs and Crime).

The Department of **Anthropology** prepares students to understand the cultural and biological aspects of the human condition in such important areas as health and disease. The growing health care industry of the region serves people of diverse origins such as American Indian, African American, Hispanic, and Vietnamese and health care professionals need to know about the role of culture in the construction and the meaning of health and illness. To serve this important constituency, the Anthropology department has planned a new B.S. degree with concentrations in forensics, forensic nursing and health and human disease. Undergraduates planning to go into a health profession may combine cultural awareness with pre-professional training. The B.S. degree will be submitted for approval in 2008 and implemented in 2009. In addition an M.A. in Anthropology with a concentration in Medical Anthropology is planned. This degree will be attractive to those who have earned professional degrees in nursing, social work, psychology, and health care professionals.

To support the new degree programs a tenure track faculty line in medical anthropology is needed by 2011.

Research in cultural anthropology at UNCW focuses on identity, race, gender and ethnicity among North Carolina Indian people and health and immigration among Hispanics in the United States. The forensic anthropologist examines the impact of nutrition, disease, and trauma on victims of crime and neglect in our region.

Anthropology courses which cover topics relating to health, disease, and adaptation of human populations include:

Ant 206 Cultural Anthropology (cultural constructions of health, illness and its impact on human behavior)

Ant 210 Physical Anthropology (biological adaptations of human populations to environment, including disease)

Ant 211 Fundamentals of Forensic Anthropology (method identification from the skeleton; trauma analyses; manners of death; time since death estimations; facial reconstruction)

Ant 301 Shamanism, Witchcraft and Cults (cultural conception of health and etiology of disease in a cross cultural sample of world's societies and ethnic groups)

Ant 303 Anthropology of Gender (gender as variable in understanding human behavior relating to health, illness, disease, maturation, and human development in sample of

world societies)

Ant 304 South American Indians (cultural conceptions of health and illness and cultural responses to disease)

Ant 305 North American Indians: contemporary issues (cultural conceptions of health, illness, Indian Health Service, and specific diseases afflicting American Indian populations)

Ant 309 Environmental Anthropology (cultural adaptations as responses of human populations to varied environments; biological and cultural responses to disease)

Ant 317 Latin American Anthropology (topics like *susto*, spirit possession as an explanation for disease, cultural responses to health and illness)

Ant 320 Human Origins (evolution of human populations and adaptation to environmental conditions including disease; population genetics and human adaptation)

Ant 324 Human Biological Variation (DNA and molecular research on human genome and implications for past and present understanding of disease and health)

Ant 326 Human Osteology (study of human skeleton focusing on bone biology and skeletal anatomy; analysis of pathology [disease and trauma]).

Ant 426 Forensic Osteology Method and Theory (advanced study of skeletal and dental analysis, establishing human identification, time of death, and manner of death.

Community and Regional Linkages

The professional degree programs in The School of Nursing, the Department of Social Work, and the Department of Health and Applied Human Sciences have extensive external **community based professional training partnerships** that create both the context for students to be educated in best practices but also effectively disseminates best practices and the associated knowledge base in regional professional services. These partnerships are the base upon which a broad range of research and service activities have been initiated.

Nursing partnerships focus on creating effective clinical training sites, providing high quality nursing and health care; promoting healthy behaviors, improving health access and health outcomes, and decreasing health disparities to citizens in the southeast region.

- SON-community partnerships for healthcare with community agencies such as Head Start, Southeastern Area Health Education Center, and New Hanover Regional Health Network;
- providing respite care for Camp Lejeune military families who have children with special health needs, such as autism, asthma, and developmental delays;
- continuing education programs in forensic nursing and trauma to trial-child victimization;
- establishing a health care academy (Camp BONES) to prepare underserved and

underrepresented youth for nursing and health careers. GlaxoSmithKline Foundation awarded 400,000 for expansion of Camp BONES in southeast North Carolina collaboratively with Winston-Salem State University for expansion to underserved adolescents in Forsyth County, North Carolina;

- Bolton Health and Wellness Center, which opened in February 2004 through a community-campus partnership, to provide access to primary health care for underserved residents of rural eastern Columbus County;
- Provision of service-learning activities into community health nursing clinical practice requirements for pre-licensure and RN-BS students;
- Service-learning experiences include care to: children, elderly, ethnic minorities, seasonal/migrant farm worker populations;
- Respite care to military families who have children with special needs through Camp Special Time;
- Developmental, nutritional, and immunization screenings for low-income children enrolled in the New Hanover County Head Start program;
- Providing distance education to RN-BS and MSN students to increase access to advanced degrees for practicing registered nurses;
- Providing nursing and health care to global communities in Arequipa, Peru, Alto Cayma Health Care Center;

Social Work: Community-based Practice Training Sites

- New Hanover Regional Oncology Unit
- NHRMC SICU Unit
- Coastal Rehab
- Coastal Horizons
- Brunswick Co. Health Department
- New Hanover High School
- Onslow Co. Health Department
- New Hanover DSS

- Brunswick Co DSS
- Cypress Pointe
- Blair Elementary School
- Murray Middle School
- Silver Stream Health and Rehab
- Brynn Marr Behavioral Health Center
- UNCW Crossroads
- Pender Correctional Inst.
- Child Advocacy Commission
- Juvenile Day Treatment Center
- New Hanover Office of Juvenile Justice
- N.H. County Planning Office
- Lower Cape Fear Hospice
- U.S. Marine Corp Brig
- Delta Behavioral Center
- New River Air Station
- East Coast Solutions Clinic

HAHS Clinical Training Sites/Internships:

- General Hospitals
- Mental/Behavioral Health
- Physical Medicine and Rehabilitation
- Pediatric health care
- Nursing Homes and Senior Centers
- Various Dementia Programs (including home care)
- City/County/State Health Departments

- Community Health Clinics
- Physical Therapy Clinics
- Health and Fitness Centers
- Campus Recreation and Fitness Centers
- Public Schools
- City/County/State Parks and Recreation Departments
- Other Non-Profit Organizations, e.g., Boys and Girls Clubs, YM/YWCA's, Day Care and After School Programs, etc.

Health related services to residents of southeastern North Carolina provided through HAHS include:

- Camp Special Time, respite care to military families who have children with special needs;
- a weekend respite camp for families who have a child with a disability at Camp Lejeune;
- Accessible Recreation Day, where community residents with a disability are able to experience new and/or adapted recreation activities;
- Adapted Aquatics Day, similar to Accessible Recreation Day;
- students from the REC 270: Program Planning and Evaluation for Recreation Services class provide programs for the participants of WRAAP, Inc. assisting them with their mission to bridge educational and social gaps that exist among our youth, families, and communities;
- Athletic Training students provide services to prevent injuries among high school athletes;
- Gerontology students help run Senior Games and volunteer in nursing homes.
- Exercise Science students assist with semi-annual fitness testing to measure the health and fitness of New Hanover County firefighters.

The **Department of Psychology** is heavily engaged as mentors of students in research and practicum settings in the community and region. Last year, 170 students took part in individual student research projects and 83 participated in the graduate or

undergraduate practicum courses, in which students contributed to mental health service delivery in the region at numerous agencies including:

- Rape Crisis Center
- UNCW Crossroads
- The Oaks
- Coastal Horizons Center
- Wilmington Treatment Center
- Memory Assessment and Research Services
- Chrysalis Center
- Domestic Violence Shelter
- New Hanover Regional Medical Center

The UNCW psychology faculty is also active in community health services with faculty members having served as president of the board of the local substance abuse treatment agency and on boards of the North Carolina Mental Health Association, the Southeastern Mental Health Center, the Governor's Institute on Substance Abuse, the Eastern North Carolina Alzheimer's Association, and the North Carolina Substance Abuse Professional Practice Board.

Health-related outreach in the biology department includes:

- Supporting the UNCW pre-veterinary association which provides numerous services to the local community (e.g. sponsoring an on-campus rabies clinic for students, staff, faculty, and the surrounding community)
- On-campus forums providing information on pathways for health sciences careers.
- Sponsoring speakers conducting research on health-related issues.
- Administering the New Hanover-Pender Medical Scholarship Program, which is supported by medical professional groups in the region.
- Volunteering at New Hanover County Animal Control Services onsite spay/neuter facility
- Rabies awareness education in the local elementary schools
- Fecal contamination source identification in public water and sewer systems and dissemination of other information relating environmental health to human health
- Participation by biology faculty in collaborative biotechnology programs involving UNCW and community colleges

The Department of **Anthropology** places students in internships at the Waccamaw Siouan Development Corporation in Bolton, NC and at the Sheriffs Department of New

Hanover Country. Planned expansions of internships include Voçes Latinos, Wilmington Health Access for Teens, Crossroads, and New Hanover Regional Medical Center.

The **Abrons Student Health Center** Pharmacy acts as a training site for Cape Fear Community College students in the pharmacy tech program each spring. Additionally staff from all units (medicine, pharmacy and health promotion) speak in the community on a wide variety of issues to audiences ranging from grade school students through nursing home residents.

Health Knowledge Development through Research

Nursing faculty members and students are involved in research projects centered on: child and family health promotion, health risk behavior change, management of chronic diseases, gerontology, technology in nursing education, and clinical research. Current faculty research projects include:

- technology to improve teaching/learning outcomes and health care in patients with chronic diseases (e.g. diabetes and hypertension)
- improving child, adolescent and family health outcomes
- promoting health literacy in ethnic minority populations
- caring for persons with infectious diseases (HIV/AIDS, HPV)
- assessment of mental health needs in vulnerable groups including post-partum women, children and adolescents, HIV/AIDS and schizophrenic patients, and migrant/seasonal workers
- The influence of family strengthening programs on youth health risk behaviors
- Mental health and quality of life in children with special health care needs
- Testing the impact of personal assistant devices on student clinical outcomes
- Using personal assistant devices to improve adherence to medical regimens in
- Evaluating stress among migrant and seasonal farm workers
- Comparison of cognitive, behavioral, cultural, and health promoting lifestyles in persons with hypertension in Japan and Southeastern North Carolina
- Factors related to obesity in child and adult populations
- Intimate partner violence among migrant and seasonal farm workers
- Factors impacting breastfeeding rates in mothers following delivery
- The natural history of colposcopically diagnosed low-grade squamous intraepithelial lesions in high risk adolescent women
- The efficacy of spiritually-based education program on hypertension self-management in African Americans living in rural North Carolina

- Assessment of health literacy on health outcomes in uninsured diabetic patients in primary health care settings
- The meaning attached to hallucinations among schizophrenia patients
- The influence of completing comprehensive geriatric health assessments on undergraduate student learning and elderly health outcomes

Nursing research initiatives are funded through grant of \$65,000 per year for 10 years (\$650,000) from the J. Richard Corbett Charitable Trust providing seed money to faculty to conduct pilot research likely to result in external grants.

Psychology faculty research interests include neurochemistry, memory, autism, depression, substance abuse, behavior analysis, forensic psychology, psychopharmacology, Alzheimers and cognitive aging. The department has produced nearly \$5mil in extramural funding over the past 10 years including federal research grants from the National Institutes of Health: National Institute on Drug Abuse, the National Institute on Alcoholism and Alcohol Abuse, the National Institute on Child Health and Human Development, and the National Institute of Mental Health. Current health-related research programs in the department include:

- Substance abuse treatment & recovery
- Alcohol intoxication and aggression
- Effects of drugs of abuse on impulsive and risky behavior
- Drug and alcohol addiction processes
- Risky decision making in adolescent substance abusers
- Effects of drugs of abuse on learning and cognition
- HIV
- Behavioral tolerance to the effects of abused drugs
- Contingency management treatments for substance abuse
- Addictions and people with dual diagnosis
- Methods for improving memory and attention in older adults
- Understanding and treating Alzheimers and related dementias
- Aging, nutrition, and physical exercise
- Treating and caring for aging populations
- Social relationships and intimacy across the lifespan
- Cross cultural issues with aging
- Memory, attention, reasoning, and decision-making and aging
- Psychopharmacology of learning and memory
- Cognitive neuroscience of memory and decision-making
- Delay of reinforcement and impulsive behavior, and their relation to ADHD
- Functional analysis of severe behavioral problems among children with developmental disabilities
- Stimulus equivalence and academic/cognitive deficits in developmentally delayed individuals
- Genetic sources of control over persistent behavioral disorders

- Social skills training and development with developmentally delayed and autistic individuals
- Development of concepts of health eating
- Aggressive behavior in school settings

Faculty, often with student research assistance, within the Department of Health and Applied Human Sciences (HAHS) are involved in conducting original research and translating such research into best practices. Research topics include:

- Quality of life for individuals with a disability
- Efficacy of recreation therapy interventions
- Women and retirement
- Benefits of recreation therapy for at-risk youth
- Psychosocial needs of individuals receiving bariatric surgery
- Women's health issues
- Health communication
- Tobacco education and prevention
- Eating disorders
- Nutrition assessment
- Nutrition literacy
- Nutrient analysis
- Physical activity and health behavior change
- ergogenic aid supplementation
- Maintenance of physical activity
- Obesity prevention and reduction
- Reduction of risk behaviors in young people
- Violence prevention
- Health access/disparity in adolescents

- Gender and aging; Alternatives to long-term care
- The impact of natural disasters on older adults
- Disaster planning in long-term care facilities
- The impact of combat experience on aging Viet Nam veterans
- Access to health care for older adults
- Therapeutic use of Wii in rehabilitation

HAHS is restructuring to make health related programs more visible and attractive to students. Exercise Science and Community Health are currently two concentration areas under Health and Physical Education. HAHS is awaiting General Administration approval to implement Community Health as a stand alone major and is in the process of preparing the Request to Implement to turn Exercise Science into a stand alone major.

HAHS has written and is in the final stages of submitting a proposal to create a **Center for Healthy Living**. The mission of the Center for Healthy Living is to increase collaborative scholarship and service between the university and community to explore the antecedents and consequences of social and cultural health behaviors and beliefs; design and evaluate interventions to promote healthy living; ameliorate the effects of disability and illness; and provide interdisciplinary learning to improve the health quality of life of Southeastern North Carolina. The mission of the Center for Healthy Living aligns strongly with the mission of UNCW. The university is dedicated to learning through the integration of teaching and mentoring with research and service. The ultimate goal is excellence in teaching, scholarship, research, artistic achievement, and service. The mission of the Center incorporates research, scholarship, and education to improve health outcomes in the Cape Fear region. The recent passage of Millennial Campus designation by the Board of Trustees opens the door for entrepreneurial endeavors through the discovery and copyright of evidence-based best practices. The vision of the Center for Healthy Living is to create an interdisciplinary partnership to be the region's leader in conducting research and disseminating findings on prevention and intervention strategies to improve health outcomes and quality of life in the Cape Fear Region.

The university is also an integral partner with Cape Fear Healthy Carolinians, which is a collaborative, community based network of 30 plus businesses, government and non-profit organizations dedicated to improving the quality of life for all of our residents by evaluating and addressing community issues, supporting health education and awareness, and promoting resource accessibility. Cape Fear Healthy Carolinians has identified three health priorities to address in the community: access to health care; obesity prevention; and violence prevention. These health priorities were chosen because they were identified in several recent community needs assessments conducted in Brunswick and New Hanover Counties.

The Obesity Prevention Initiative is a complex health initiative to establish services, advocacy, and education to prevent obesity. Coordinating with more than thirty community organizations and university faculty the OPI develops and implements strategies to help lower-income citizens improve nutrition and exercise; seeks and applies for program/research funding; conducts interventions; performs assessments of best practices and community needs; and facilitates faculty research efforts on obesity.

The premise of the proposed **Institute for Memory Research** is to discover and mediate the biological, chemical and cognitive processes involved in memory and memory disorders and translate these discoveries into new technologies to aid the wider community and to provide research training to students and professionals. The proposed Institute has the potential to be self sufficient in a short time and could be the beginning of an important national contribution to the understanding and treatment of Alzheimer' Dementia and other memory related disorders. It builds upon existing neuroscience strengths in faculty and academic programs.

The proposed **Center for Civic Engagement and Policy Studies** will be dedicated to helping the civic community in the Cape Fear Region develop better public policy through innovative engagement strategies; developing data bases and tracking systems to monitor and assess the critical demographic, economic, social, and environmental changes in the region; and identifying and disseminating "best practices" to the

governmental and nonprofit sectors as needed. A focus on health policy, utilization of health services, and disparities across the region will develop in partnership with the College of Health and Human Services.

Cape Fear Healthy Carolinians was successful in receiving \$511,000 from two foundations: Kate B. Reynolds Trust and Cape Fear Memorial Foundation for establishment of the Obesity Prevention Initiative (OPI). The OPI, which is administered through HAHS has achieved, in one year, the following:

- 4,338 students in New Hanover County Public Schools (9 elementary schools, 1 middle school) gained access to Recess Pack Equipment to use during mandated physical activity breaks.
- 277 teachers, teacher assistants, and other school personnel received training on how to utilize Recess Pack Equipment and provide structured physical activities to children and youth during recess.
- 25 adolescents at Wilmington Health Access for Teens received health education from peer mentors to help achieve a healthy weight.
- 50 public housing youth and adults living in several housing developments participated in the community garden initiative.
- 100 public housing youth participated in the Nutrition, Exercise, and Wellness classes offered by the YMCA at City Recreation Centers.
- 10 Latino families (approximately 40 individuals) received nutrition and fitness information offered through the Lay Health Advisor program at Smart Start New Hanover County.
- 20 day care home providers (which serve a total of 100 children) received the Miss Magic Apron curriculum at the Child Advocacy Center.

Additionally, the initiative was able to offer additional consultation and programming to over 600 individuals:

- 20 Latino women participated in fitness and nutrition classes offered through Voces Latinas (all were low income)

- 100 children received nutrition and cooking demonstrations as well as physical activity sessions (through the CATCH Kids' Club curriculum) at the Community Boys and Girls Club, Maides Park Community Center, and Family Neighborhood Institute which all served low income children
- 400 students in low income schools and pre-Kindergarten centers were provided nutritional outreach and education
- 60 families received nutrition and physical activity through the Families Eating Smart, Moving More Modules at an African American Church serving financially needy members
- 25 members of Bethel A.M.E. Church received exercise equipment to help them maintain their Get Fit, Eat Right weekly classes
- Town of Northwest residents were provided upgrades to their community walking trail to allow senior citizens better access to the trail
-

HAHS has obtained an additional \$72,170 from the Blue Cross Blue Shield Foundation of NC to implement Weight Wise Women through OPI. Weight Wise Women is a demonstration/research project designed to improve healthy eating and physical activity to low income midlife women. The program is being delivered to three locations: downtown Wilmington and two in rural Brunswick County. The project will also emphasize policy and environmental changes affecting the targeted population to influence outcomes beyond the scope of the Weight-Wise intervention. Specifically, the project will work with the churches to implement healthy nutritional standards at the many meals they serve at various church functions; develop a social support system including meetings and phone calls to help maintain healthy eating and exercise; and partner with the local community garden initiative to set up neighborhood stands at the churches. For the rural site(s) the project will help them establish and maintain a community garden on church property. The project will also work with the churches and with the CFHC task force to develop walking trails and environmental incentives in areas adjacent to the churches.

The Department of Social Work has housed the **Center for Social Work Research and Practice** with a primary responsibility to engage in community based grant development.

Since 2002 the Center has brought into the university in contracts and direct grants

\$589,300. Community grants funded exceeded \$4mil. A representative example is the 21st Century Community after-school learning program involving writing a grant for the NHC school board for \$2 million of which UNCW got \$125,000 for evaluation work.

Other research activity related to health in the Department of Social Work includes:

- Strengths-Based and Solution-Focused applications in:
 - Child Protective Services
 - Elementary Schools
 - Crisis Line and Rape Crises Services
 - Adjudicated Youth
 - Trauma and Crisis Intervention
 - Addictions
- Self-efficacy as an educational and mental health outcome
- Creation of Madness: Hamlet and the Perception of mental Illness
- Choice in EAP Settings
- Team Collaboration with Parental Groups
- Male Child and Spousal Abusers
- Social Constructionism and clinical practice in social work
- Twin Studies Implications for Practice
- Evaluation of 21st Century after School Programs (including health effects)
- Health and Social Service Utilization Disparities in N.C.
- Mental Health Reform Impact in S.E. N.C.

Much modern biological research is examining fundamentals of cellular and molecular biology, physiology, and environmental health that are critical foundations for addressing human health issues. Examples of health-related research and service in the Department of Biology and Marine Biology includes

- hearing systems (jointly with Johns Hopkins Medical)
- potential pharmaceuticals and nutritional additives (with the UNCW Center for Marine Science)
- muscle physiology

- isolation of novel marine natural products that may subsequently be developed into pharmaceuticals
- basic research on molecular, cellular and physiological dynamics of animal systems
- Fecal contamination source identification in public water and sewer systems

The Marine Biotechnology Program at UNCW is centered at the Center for Marine Science. The focus areas at MARBIONC include aquaculture, chemical and molecular diversity, development of biosensors, and biofuels from cultured marine microorganisms. The MARBIONC program involves UNCW researchers from Biology and Chemistry and Biochemistry, as well as faculty from UNC Chapel Hill, UNC Pembroke, and ECU.. Within this framework of MARBIONC activities there are several health-related research endeavors which include the following:

- A unique repository of marine microbes including photosynthetic and non-photosynthetic organisms that are the source of biologically active compounds of potential importance as new drug leads in the pharmaceutical industry.
- A comprehensive collection of toxin-producing microalgae that are responsible for Harmful Algal Blooms (HABS) which threaten public health.
- A unique and chemically diverse library of biologically active marine compounds that is available for screening against a variety of human diseases.
- A comprehensive collection of marine and freshwater toxins that are available as standards for regulatory and monitoring agencies involved in seafood safety and water quality.
- A well equipped chemical analytical facility equipped for the identification of new and known marine toxins.
- Biosensors to rapidly detect the presence of HABS and their toxins in natural waters.

In addition, MARBIONC has several training and education initiatives including:

- A graduate course on Oceans and Human Health at CMS, focusing on many aspects of how the Ocean impacts our lives.
- Business of Biotechnology Program which is run in conjunction with the Cameron School of Business. The program is designed to give fresh PhD graduates the opportunity to conduct research in marine biotechnology and obtain an MBA at the same time. The goal is to produce young scientists with business knowledge who can either start their own company or become key players in the operation of other biotech companies, some of which may be related to Human Health.
- MARBIONC also supports UNCW undergraduates in summer training opportunities at CMS, and similar opportunities exist for students from various

UNCW Campus-based Health Services and Wellness Education

Health services to students are organized through the **Abrons Student Health Center** providing walk-in sick care, immunizations, allergy injections, physicals, and preventive education. A health promotion program provides programs designed to enhance and balance an individual's commitment to his/her personal health and well-being. The Center's Pharmacy fills prescriptions and sells over-the-counter medications.

The UNCW Counseling Center assists students through confidential professional counseling services to help students build a more satisfying and successful college experience. Services include individual and group counseling for personal, relationship, or substance abuse concerns. Counseling Center staff members provide outreach and consultation services on a broad range of topics for students, faculty, staff and the university community. The Center also functions as a clinical placement site for a number of the health professional programs on campus.

Crossroads, the UNCW substance abuse prevention and education program, is dedicated to the advancement of thoughtful and healthy decision-making regarding the use of alcohol, tobacco and other drugs. Based on a mentor and peer educator model, the program is founded on the belief that an engaged learner has the ability to make thoughtful decisions through access to the most current information available & a critical examination of beliefs and cultural expectations about substances in our lives.

Crossroads recognizes that engagement with the Wilmington community on all levels is essential in achieving our goals as a campus and fulfilling our mission as a university. Crossroads programming will fall under one or more of the following program directions:

- Early identification and intervention for individual students
- Impacting individuals for behavior change
- Campus-wide collaboration on creating a healthy environment
- Connection to community to create healthy environments for current and upcoming students

The Crossroads Cooperative High School Drug Prevention Program is funded by the National Institute on Drug Abuse and is currently completing a large multi-state trial of

effectiveness. Initial evaluation has found the program to be effective in changing alcohol and drug use, intention to use, and key mediating variables for 9th grade health students who participate in the program.

CARE is an expression of UNCW's commitment to providing a safe learning and work environment where students, faculty and staff can thrive. It reflects one of the seven strategic goals for the university. Research suggests that the classroom context is the most powerful means for communicating institutional values and priorities to students; when exposed to these messages through curricular infusion, students are significantly more likely to place value on and internalize the values underscoring these messages as their own. As part of a grant from the U.S. Department of Education, CARE invites UNCW faculty to participate in our Faculty Scholar in Violence Prevention program. Each scholar receives a \$500 mini-grant to infuse violence prevention material into coursework.

HAHS and OPI are also working with university administration to implement a comprehensive worksite wellness program. In conjunction with a CDC grant to UNC Chapel Hill, UNCW will implement a state of the art worksite wellness program through UNCCH's WAY to Health grant.

a. Assessment methods

How is the effectiveness of the program(s) assessed?
Please enter response below
<p>For the professional degree programs the accrediting agencies and the licensing boards are the standard elements of basic assessment.</p> <p>Effectiveness of the nursing programs is assessed using professional nursing standards and guidelines. The undergraduate pre-licensure program is approved by North Carolina Board of Nursing. Both the undergraduate and graduate nursing programs are accredited by the Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission.</p> <p>Standards for the Baccalaureate Nursing Program are included in the following documents:</p> <ul style="list-style-type: none"> • The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) • NLNAC Accreditation Standards (NLN 2006), http://www.nlnac.org/manuals/NLNACManual2006.pdf

- ACHNE Essentials of Baccalaureate Education for Entry level Community/Public Health Nursing (2003)

Standards for the Master's Program are included in the following documents:

- The Essentials of Master's Education for Advanced Practice Nursing (AACN, 1996)
- Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2002)
- National League for Nursing – Core Competencies for Nurse Educator Practice, February 15, 2007, <http://www.nln.org/facultycertification/handbook/cne.pdf>
- National Task Force on Quality Nurse Practitioner Education (2002) Criteria for evaluation of nurse practitioner programs. Washington, D.C. www.nonpf.org/evalcriteria2002.pdf

A primary measure of effectiveness for nursing programs is the licensure examination. Among many, these measures are included in the standards and often viewed as the most significant outcome measure. The National Council of State Boards develops and administers the National Council Licensure Exam (NCLEX-RN). American Nurses Credentialing Center and American Academy of Nurse Practitioners Certification Program provide certification exams for nurse practitioners.

For the BS in Clinical Research. Program assessed outcomes include student retention and graduation and alumni employment placement and admission to graduate school; e.g. Pharmacy School.

The social work degree programs are assessed in a variety of ways. Both BSW and MSW degree programs are subject to professional accreditation standards administered by the Council on Social Work Education (www.cswe.org), which requires information both on the nature of the program and how educational outcomes are assessed. Among the items on the assessment plan for the Department are (1) outcome studies on growth on professional efficacy on the part of students, (2) evaluation of professional competencies of each student by the internship supervisor, and (3) the capstone paper which all graduate students must prepare as a reflection on their integrative application of knowledge gained in the program. Alumni surveys have been also used in the assessment of the BSW program and will be used in the future in the new MSW program.

Clinical licensure for social work practice is administered through the NC Social Work Certification and Licensure Board <http://www.ncswboard.org> Pass rate data is not yet available.

Crossroads and **Care** effectiveness is measured through long-term assessment of key indicators, like substance use and experiences of violence. Studies of the effectiveness of particular programs are conducted through a variety of means.

The Counseling Center's effectiveness of the services provided is measured through

user comments, comparison to professional standards, non-user feedback, periodic needs assessment as well as feedback from parents, faculty and staff.

b. Improvements

Can the effectiveness of the(se) program(s) be improved, and if so, how?

Please enter response below

The intended new **College of Health and Human Services** will create a new configuration for the health professional education programs discussed in this section. The College is discussed in detail in the “New Initiatives” section of this report, but it is important to note that the new College is comprised of a set of existing and successful professional degree programs and associated academic units. Much of what the college is intended to do falls into the category of improvements and enhancements to existing activities and programs.

Social work education at UNCW can be improved in various ways that address the concerns expressed in the UNC Tomorrow Report. The first set of improvements focus on the degree program options. The second set refers to the department’s response to the community.

1. The undergraduate BSW program extended to Onslow County to meet professional staffing needs, increase access in underserved region, and develop partnership with Lejeune MC base. To be implemented beginning Fall of 2008. This will require the new 12 month faculty program coordinator and development of clinical professor adjunct positions.
2. Within five years the MSW Program, built on a successful BSW base of clinical instruction and field practice sites could develop at proposed Jacksonville campus.
3. To increase access to MSW from older, more diverse students UNCW is considering a graduate program offered on a part-time basis with a

stronger distance learning component.

4. The need for first rate clinical training sites for the graduate program is very apparent. A Partnership with clinical service providers (such as the proposed AIHF arrangement) would provide such a site and encourage focused clinical research.

The second arena for improvement deals with the connection to the regional social work practice community: The social work service practice community presently is feeling the devastating effects of mental health reform in North Carolina. Funds used in the past to support mental health services in public agencies have been converted to support market based vendors of mental health services. This has created a decline in available community based services for the severely mentally ill and has created a potential for service providers to sacrifice quality service in the interest of insuring profit. Persons in need are falling between the cracks of service because they do not fit a given category, and those who are served often are served poorly.

The Department of Social Work can help by (a) developing, or partnering with, a mental health service agency that provides services to those in need and not presently served adequately by existing programs, (b) consulting with key organizations on effective management of services, and (c) helping professional social workers to more successfully navigate the new system toward the benefit of those citizens in need of mental health services. These reforms have presented special challenges for internship training in social work, especially in the graduate program that focuses on clinical services to mental health clients. It will likely become necessary to secure funds to pay for internship supervision in the future because clinical social workers are less likely in the future to be employed in traditional agencies where part of the job expectation is internship supervision. Instead, they are likely to be in private practice where time spent with an intern is costly because they are not spending that time with billable hours of service.

One of the mechanisms related to the community is the initiative related to the African American Male (noted in the UNC Tomorrow report sec 4.25). This initiative involves the creation of a faculty appointment that is a joint position between Social Work and the Watson School of Education. It also includes the development of a center related to this theme. This center will focus both on research and program development.

For several years, the Department of Social Work has had a Center for Social Work Research and Practice. While successful in its community grant development work it has no operational funds and has not been able to develop effectively as a provider of professional continuing education or community focused research. The new College proposal includes a provision for a Center that will likely absorb the work of the CSWRP.

The Department of Social Work and the School of Nursing have a joint faculty position focused on health disparities. A recent search for a person to fill this position failed when the present university of the person offered the job came up with a major increase in salary, putting this person out of our range. This position will serve as an important connector to the region and community.

There is a special initiative regarding child welfare services that entails both (a) the Child Welfare Collaborative, and (b) a special project where members of our faculty provide training and consultation with county departments of social services. The Child Welfare Collaborative is funded by the state for the special preparation of social workers for child welfare services. In this program, the Department of Social Work offers special courses in child welfare, offers internships in this arena, and provides scholarships to students who are obligated to pay back the scholarship through employment in the child welfare system in North Carolina. The second initiative is the brain child of a member of the social work faculty well-known for teaching about strengths-based services, a key feature of the reformed child welfare system in the state. This entails both training and consultation. The CWC program needs to be expanded to the MSW program.

School of Nursing effectiveness of undergraduate and graduate educational programs can be improved through addressing the shortage of nursing faculty with doctoral preparation, the recruitment and retention of faculty in clinical practice specialties, and the shortage of qualified clinical researchers in the region. Improvement in recruitment and retention of tenure-track doctoral prepared faculty will greatly improve the effectiveness of the educational programs. Salaries for master's and doctoral prepared nursing faculty can be improved, which will enhance recruitment and retention efforts. The SON competes with the health care industry and other nursing programs in North Carolina and the nation for credentialed faculty. A second area that can improve program effectiveness is the development and training of professionals with specialized clinical skills, but who have little or no teaching experience. To address the shortage of the clinical researchers with expertise in biopharmaceutical product development, the SON initiated the BS in clinical research. The SON has approved a proposal to implement a master's degree in clinical research. Upon progression through the university approval process implementation of the master's can begin as early as the fall 2008.

The School of Nursing has obtained a Congressionally-directed grant of \$201,419 to plan and implement two health-related distance learning programs for military personnel, their spouses, and veterans. The first distance learning program plan includes an accelerated baccalaureate program in nursing, targeted to persons who have bachelor's degrees in non-nursing majors. This degree program will be planned for onsite delivery at Camp Lejeune military base in Jacksonville and target Navy Corpsmen, veterans, and military spouses. Nursing faculty will redesign the current curriculum to deliver the required courses in modular and web-enhanced formats allowing for program completion in 16 months after enrollment. The second distance learning program to be planned is an online Master of Science degree program in Biopharmaceutical Clinical Research Management. Students graduating from this program will gain skills needed to work in the pharmaceutical industry. The target population for the clinical research degrees include: military personnel at Camp

Lejeune, Army personnel at Fort Bragg, military veterans, and spouses of military personnel.

The Camp Bones Nursing Health Academy can be improved in its ability to attract minority students into nursing careers through endowed scholarships.

SON is seeking to establish three endowed professorships; the first of has been established as the Belk Distinguished Professorship of Nursing based on the combination of a major gift, Spangler funds, and North Carolina's Distinguished Professors Endowment Trust Fund.

Research and scholarship activities of tenure-track and tenured faculty can also be improved. Initiation of seed monies to conduct pilot research projects is a beginning step in improving faculty scholarship. However, more full-time tenured professors are needed to assist junior faculty in achieving research goals. Currently, there is only one full-time non-administrative full-time professor in the SON. Additional funds to support endowed professorships and tenured associate or full professors are needed. Increasing full-time equivalent clinical faculty lines will also assist in reducing faculty workload to facilitate tenure track faculty in maximizing research opportunities. Full-time clinical faculty could be released from the time-consuming clinical practice assignments in the undergraduate and graduate programs to devote more time to research and scholarship.

HAHS is in the midst of restructuring to make health related programs more visible and attractive to students. Exercise Science and Community Health are currently two concentration areas under Health and Physical Education. HAHS is awaiting General Administration approval to implement Community Health as a stand alone major and is in the process of preparing the Request to Implement to turn Exercise Science into a stand alone major. Two graduate degrees are in the planning stages: An Intent to Plan is nearly completed for a MS in Recreation Therapy. The intention is to have a fast track (3+2) for students who can graduate with both a B.A. and an M.S. in Recreation Therapy. A second MS degree is also in the planning stages as a major in Nutrition.

There is not only a strong need in North Carolina for nutritionists but intense student interest. It is anticipated that many students majoring in the undergraduate Community Health program will continue in the graduate Nutrition major.

c. Costs

What is the cost, if any, of improving the effectiveness of the(se) program(s)?

Please enter response below

Cost of extending BSN and MS in Biopharmaceutical Clinical Research to Jacksonville area: \$200k

Cost of endowed Chair in Nursing: 1mil\$

Cost of BSW extension to Onslow: \$80k

d. Funding sources

Where will the funding for these improvements come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs, initiatives, and activities)?

Please enter response below

The cost of extending the BSN and BS in Clinical Research are provided for in the SON Congressionally Directed grant .

Endowed Chair in Nursing (Belk, Spangler, NC foundation)

The costs of these improvements are to be covered by expanding degree programs and generating enrollment based funding, by seeking grant support from foundations and corporations for specific initiatives and by seeking contracts for program evaluation or service delivery with professional service providers.

e. Accountability and timeline

What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?

Committees may opt to summarize improvements to existing programs in table form. If so, please use the following format. A summary table does not replace a narrative description.

Please enter response below

The improvements noted are all in process now and should be established in basic elements within next 12 months. Administrative accountability.

4.5.1.2 New programs, initiatives and activities

What new programs, initiatives, and activities are needed to respond to the Commission's recommendation? Address items a, b, c, and d separately for each new program, initiative or activity.

In developing proposals to establish new programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures

Please enter response below

As noted in the sec 4.5 introduction UNCW intends to reconfigure many its existing health professional degree programs into a new **College of Health and Human Services** creating a new mechanism to link and focus its health related education, clinical preparation, research, professional continuing education, health knowledge dissemination and application. This college will also facilitate interactions with other departments in the College of Arts and Sciences that support health education and training for human health career tracks. The new College's primary focus will be the healthcare needs of the state and region.

The College comprised of the existing units of the School of Nursing and the departments of Social Work and Health and Applied Human Sciences, will provide health professional education through existing degree programs (detailed above) and selected new degree programs and certificates developed in the future. The expected outcomes include:

- Increased visibility and identity for UNCW as center of health related education, research, and application.
- Increased ability to meet health care professional shortages
- Organized and ongoing translational research in health professional clinical practice in partnership with regional providers
- Focused research, dissemination and application on regional health disparities
- Expanded community and regional partnerships for currency in student preparation and creation of community based practice training
- Instructional and clinical training efficiencies as a result of common administrative structure for multiple health profession programs
- Innovation in coursework and instructional process
- Enhanced collaboration with other university departments supporting the health sciences and health science education
- Interdisciplinary and collaborative knowledge development
- The creation of Regional Health Consortium

These programs will reflect the increasingly interdisciplinary and collaborative nature of professional practice in the health field and in translational research. The new college will significantly enhance collaboration not only among the academic professional education programs brought together under its roof but also with the wide array of disciplines that have instructional, research or application areas with implications for health. This includes areas such as biology, psychology, ethics, public

sociology, anthropology, philosophy, and bio-chemistry.

The CHHS will provide a common infrastructure for campus instructional and research resources and create pathways of communication and partnership with the community and the region. A Regional Health Services Consortium will be developed that will provide a context for ongoing assessment of regional progress against selected health indicators and provide an informed participatory basis for decisions regarding instructional programs, research initiatives, professional continuing education and community based applications.

New degree programs **within** the context of the new CHHS that are well along on planning and built largely on existing resources include:

- **MS in Clinical Research** with clinical research management and regulatory and compliance options.
- **BS in Community Health** (awaiting GA approval)
- **MS in Recreation Therapy** (with 3-2 fast track)

New degree programs of critical importance to addressing health needs but not in the College of Health and Human Services:

- **PhD in Psychology** in Applied and Experimental Psychological Science (Request to Plan is currently awaiting GA approval). The major goal of the program is to generate professionals who will develop and deliver evidence-based practices for severe and persistent cognitive and behavioral disorders in underserved and diverse populations in North Carolina and nationally. Emphasis will be on disorders that are recognized as increasing problems in our region including addictions, Alzheimer's and related dementias, autism and other developmental disabilities, and mental illness in corrections. (An important feature of the plan is to train professionals with the ability to provide effective services for the growing Latino population in our region).

Proposed **longer term** certificate and degree programs within the new CHHS include:

Certificates

- Clinical Research
- Regulatory Affairs
- Biopharmaceuticals
- Aquatic Therapy
- Health Grant Development

- Medical Writing
- Alternative Health
- Disaster Preparedness

Masters level degrees

- Health Administration
- Public Health Including joint with MSN or MSW
- Public Health Policy

Doctoral Degree

- **PhD Health Studies**

Proposed Tracks

- Nutrition
- Social Work
- Clinical Research
- Nursing
- Exercise Physiology
- Transdisciplinary Health Practices



- **DPN, Doctor of Nursing Practice**

In addition to new degree programs the new CHHS will need to expand and organize its clinical training sites to create the “most powerful learning “environment for the development of practice skills in the professions represented in the new college.

This would take the form of identifying and selecting a community and regional health service provider (example AIHF) on basis of cost and expected outcomes and developing a partnership in education, clinical training and placement, research, and application development. The outcomes expected would be:

- Practice training context for practice of Nursing, Social Work and other clinical professions
- Predictable context for translational research
- Source of innovation and curriculum renewal from practice community
- Predictable cost for clinical supervision and training
- Context for innovative grant funded community based training
- Synergistic relationship between academic programs and real world of health service delivery.
- Link to Regional Health Consortium
- Possible link to UNCW Crest Campus

An additional element would strengthen our relationship with the broader range of health service providers and professional associations: the development of a Regional Health Services and Needs Consortium. Representing communities as well as providers

and professionals the Consortium would guide UNCW' focus on regional needs and standards of health and health care providing e mechanism for advice and evaluation of new programs, improvements and extensions.

a. Cost

What is the cost of establishing the new program or initiative?
Please enter response below
<p>Projected costs for first two years of the new College of Health and Human Services are below:</p> <p>Personnel</p> <ol style="list-style-type: none"> 1. Dean of the College of Health and Human Services = \$150,000 + 24% total benefits = \$186,000 2. Associate Dean for Academic Programs = 108,000 + 24% = \$133,920 3. Associate Dean for Research and Innovation = \$105,000 + 24% = \$130,200 4. Business Affairs Officer = 75,000 + 24% = \$93,000 5. Student records/advising position, technology position and regional engagement and advancement functions = 50,000 + 24% = \$62,000, 45,000 + 24% = \$55,800, \$52,000 + 24% = \$52,080 (total = \$169,880) 3 position equivalents allotments to cover 4 functions 6. Executive Assistant to the Dean = \$41,000 + 24% = \$50,840 7. Receptionist = \$33,00 + 24% = \$40,920 <p>Total personnel = \$804,760.</p> <p>General Operating</p> <ol style="list-style-type: none"> 8. Recruitment expenses X 3 national recruitments= \$8,000 X 3 searches= \$24,000 9. Office: phone, copying, travel, postage, general supplies, support contracts= \$48,000

10. Advertising and public service contracts= \$10,000

Equipment and Furniture

11. Start-up furniture and equipment for Dean's suite, file room, reception area, seven spaces, conference room
= \$42,000

Consultant Services

12. \$28,000 for academic, research and development

Total General Operating Funds = \$ 152,000

13. **Essential Annual Catalyst Funds** to stimulate Transdisciplinary Model, Collaborative research, college national visibility, centers and Guiding Principles = **\$210,000** (at least one-half in year one = \$105,000)

14. **Trust Funds = \$15,000** (*rest to be raised by Dean and therefore not included in the total state budget projections*)

Total Budget Year One = \$1,166,760

Year Two 2010-2011

The year two and three budgets will have two escalating factors and two minor budget reduction factors that make it possible for the budget to hold relatively constant over the three-year period with the two exceptions noted. The one time furniture and equipment costs and the search costs will be reduced, (-\$30,000) reducing the budget slightly while the lab support funds are expected to escalate (\$100,000), plus a 5% escalator (\$58,338).

Year Two Budget = \$1,325,098

An Endowed Professorship is a priority designation in year two for implementation in year three of the new college. In addition, new lab start-up funds of approximately \$100,000 for year two and three will need to be identified.

This would add the 6% escalator (minus the small equipment and search reduction) and one half of the lab funds to the total budget.

--

b. Funding sources

Where will the funding for this effort come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs, initiatives, and activities)?
Please enter response below
Funding for the administrative and operational costs of the new CHHS will come from 2008 and beyond expansion funds and redirection. Funding for new degree programs largely from enrollment based funding.

c. Assessment

How will the effectiveness of the new program or initiative be assessed?
Please enter response below
Assessment of new degree programs is within normal professional degree and SACS based accreditation plus selected use of outcome measures and external academic reviews.

d. Accountability and timeline

What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?
New College of Health and Human Services will be implemented in 2009/10. New degree development 2-10 years Accountability resides with associated faculties, directors, Dean, Provost, etc.

4.5.1.3 Administrative and policy changes

What administrative and policy changes are needed to successfully implement response plans in ways that ensure UNC's efficiency, effectiveness, and relevance to both current <i>and future</i>

<p>challenges? Examples: rewards and incentives for faculty, removal of administrative barriers that inhibit inter-institutional collaboration, more flexible personnel policies.</p> <p>To the extent that needed administrative and policy changes are within the campus' authority to address directly, please provide clear timelines for implementation, and where relevant, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures. For needed administrative and policy changes are not within the campus' authority to address directly, please provide a description of the needed change with an explanation of the problem or issue that the change would address.</p>
<p>Please enter response below</p>
<ol style="list-style-type: none"> 1. Administrative policies that facilitate flexibility will permit the development of clinical non tenure track faculty lines which will ease the faculty shortage and promote more efficient and productive use of tenure track and tenured faculty. 2. Incentivize partnership with community and health care organizations to provide dedicated clinical faculty lines through partnerships with the SON and other components of CHHS. 3. Encourage external partnerships to support clinical training, research, and innovative health care and impact applications. 4. Support innovative instructional models to increase access and enrollment in the RN-BS, RN-MSN, BSW, MSW and other shortage area degrees. 5. Support outreach into local and regional communities with the SON and CHHS faculty serving as health education, health service delivery, and health care resources. 6. Insure RPT process that encourages and recognizes highest standards in health related professional education.

4.5.1.4 Interdisciplinary and inter-institutional collaborations <optional section>

<p>Where appropriate, what interdisciplinary and inter-institutional collaborations can be established (preferably within existing resources) to address needs identified in the Commission's recommendation?</p> <p>In developing proposals to establish and/or strengthen interdisciplinary and inter-institutional collaborations, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.</p>
<p>Please enter response below</p>

4.5.1.5 Best practices <optional section>

Where appropriate, what “best practices” by campuses can be modeled and adopted by others to address needs identified in the Commission’s recommendation?
Please enter response below

4.5.2 UNC should educate more health professionals.

This important priority will be detailed in Phase 2 of the UNC Tomorrow process. Note expansion of programs detailed in sec 4.5.1.1 b.

4.5.3 UNC should lead in utilizing health information to improve health and wellness in North Carolina.

Campus response component: Mechanisms to utilize health information to address critical health-related issues and inform government officials and the public.

4.5.3.1 Existing programs, initiatives and activities

What existing programs, initiatives, and activities are already in place that effectively respond to the Commission’s recommendation? For multiple small programs and initiatives, provide a narrative that collectively addresses the programs and addresses items a, b, c, d and e below. Address items a, b, c, d and e separately for major programs.
In developing proposals to improve existing programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.
Please enter response below
UNCW’s primary impact on “utilizing health information” occurs through maintaining high quality health professional degree programs and the structure of basic academic disciplines that provide the knowledge foundation for these programs. These programs not only incorporate current evidenced based knowledge translated into best practices but they place students and faculty into community based contexts of application that effectively disseminate knowledge and best practice throughout the region. Note the very large number of community sites and regional partnerships with health service provider organizations detailed in sec 4.5.1.1

a. Assessment methods

How is the effectiveness of the program(s) assessed?
Please enter response below
Same assessment methods as noted in 5.5.1.1

b. Improvements

Can the effectiveness of the(se) program(s) be improved, and if so, how?
Please enter response below
<p>Establish and operate a Regional Health Consortium as proposed in CHHS Task Force report. This would:</p> <ul style="list-style-type: none"> • Establish the CHHS as a trusted source of research and information, to include a role of systematic dissemination of health knowledge. • Facilitate regional dialogue and decision making by providing a place where citizens and community/regional leaders have access to facilitators, regional experts, and research. • Increase health-issue-focused social capital in the region

c. Costs

What is the cost, if any, of improving the effectiveness of the(se) program(s)?
Please enter response below
Unspecified at this time

d. Funding sources

Where will the funding for these improvements come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs, initiatives, and activities)?
Please enter response below
Redirections and Grants and contracts

e. Accountability and timeline

What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?
Committees may opt to summarize improvements to existing programs in table form. If so, please use the following format. A summary table does not replace narrative description.
Please enter response below

Program	Assessment methods	Improvements	Costs	Funding sources	Accountability
---------	--------------------	--------------	-------	-----------------	----------------

4.5.3.2 New programs, initiatives and activities

What new programs, initiatives, and activities are needed to respond to the Commission's recommendation? Address items a, b, c, and d separately for each new program, initiative or activity.>

In developing proposals to establish new programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.

Please enter response below

a. Cost

What is the cost of establishing the new program or initiative?

Please enter response below

b. Funding sources

Where will the funding for this effort come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs, initiatives, and activities)?

Please enter response below

c. Assessment

How will the effectiveness of the new program or initiative be assessed?

Please enter response below

d. Accountability and timeline

What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?

Committees may opt to summarize new programs or initiatives in table form. If so, please use the following format. A summary table does not replace a narrative description.

Please enter response below

Program	Cost	Funding sources	Assessment methods	Accountability
---------	------	-----------------	--------------------	----------------

4.5.3.3 Administrative and policy changes

<p>What administrative and policy changes are needed to successfully implement response plans in ways that ensure UNC's efficiency, effectiveness, and relevance to both current and future challenges? Examples: rewards and incentives for faculty, removal of Administrative barriers that inhibit inter-institutional collaboration, more flexible personnel policies.</p> <p>To the extent that needed administrative and policy changes are within the campus' authority to address directly, please provide clear timelines for implementation, and where relevant, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures. For needed administrative and policy changes within the campus' authority to address directly, please provide a description of the needed change with an explanation of the problem or issue that the change would address.</p>
Please enter response below

4.5.3.4 Interdisciplinary and inter-institutional collaborations <optional section>

<p>Where appropriate, what interdisciplinary and inter-institutional collaborations can be established (preferably within existing resources) to address needs identified in the Commission's recommendation?</p> <p>In developing proposals to establish and/or strengthen interdisciplinary and inter-institutional collaborations, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.</p>
Please enter response below

4.5.3.5 Best practices <optional section>

<p>Where appropriate, what "best practices" by campuses can be modeled and adopted by others to address needs identified in the Commission's recommendation?</p> <p><u>Campus response component</u>: Other initiatives identified by the campus that respond to Section 4.5 of the UNC Tomorrow Commission report. <optional component: format the response as in previous sections></p>
Please enter response below

4.5.4 Campus response component: Leverage and focus faculty and campus expertise in addressing critical health, and public health challenges.

4.5.4.1 Existing programs, initiatives and activities

<p>What existing programs, initiatives, and activities are already in place that effectively respond to the Commission’s recommendation? For multiple small programs and initiatives, provide a narrative that collectively addresses the programs and addresses items a, b, c, d and e below. Address items a, b, c, d and e separately for major programs.</p>
<p>In developing proposals to improve existing programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.</p>
<p>Please enter response below</p>
<p>As noted in previous sections leveraging of UNCW faculty for addressing needs in health education and regional health issues is substantial and apparent in every health professional and disciplinary area.</p>

a. Assessment methods

<p>How is the effectiveness of the program(s) assessed?</p>
<p>Please enter response below</p>
<p> </p>

b. Improvements

<p>Can the effectiveness of the(se) program(s) be improved, and if so, how?</p>
<p>Please enter response below</p>
<p>The new College of Health and Human Services will have a component “Center” that will combine research, dissemination, continuing education, and application. That Center will be responsive to the regional Health Consortium that will be representative of health service providers, professional groups, health consumers, citizen groups and community governments.</p> <p>The new CHHS will have identified regional service goals and a structure of incentives and recognition for faculty engaged in service based on the priorities identified by the Regional Consortium and consistent with the intellectual and operational resources of the College.</p>

c. Costs

<p>What is the cost, if any, of improving the effectiveness of the(se) program(s)?</p>
<p>Please enter response below</p>
<p> </p>

d. Funding sources

<p>Where will the funding for these improvements come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs,</p>

initiatives, and activities)?
Please enter response below
Grants, contracts, gifts, and internal allocations.

e. Accountability and timeline

<p>What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?</p> <p>Committees may opt to summarize improvements to existing programs in table form. If so, please use the following format. A summary table does not replace a narrative description.</p>
Please enter response below

Program	Assessment methods	Improvements	Costs	Funding sources	Accountability

4.5.4.2 New programs, initiatives and activities

<p>What new programs, initiatives, and activities are needed to respond to the Commission's recommendation? Address items a, b, c, and d separately for each new program, initiative or activity.</p> <p>In developing proposals to establish new programs, initiatives, and activities, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures</p>
Please enter response below

a. Cost

What is the cost of establishing the new program or initiative?
Please enter response below

b. Funding sources

Where will the funding for this effort come from (with emphasis on utilizing and reprioritizing existing resources, and eliminating unnecessary, duplicative, or obsolete programs, initiatives, and activities)?
Please enter response below

c. Assessment

How will the effectiveness of the new program or initiative be assessed?
Please enter response below

d. Accountability and timeline

What is the timeline for implementing improvements? Who is accountable? What accountability measures will be used?
Committees may opt to summarize new programs or initiatives in table form. If so, please use the following format. A summary table does not replace a narrative description.
Please enter response below

Program	Cost	Funding sources	Assessment methods	Accountability

4.5.4.3 Administrative and policy changes

What administrative and policy changes are needed to successfully implement response plans in ways that ensure UNC’s efficiency, effectiveness, and relevance to both current <i>and future</i> challenges? Examples: rewards and incentives for faculty, removal of administrative barriers that inhibit inter-institutional collaboration, more flexible personnel policies.
To the extent that needed administrative and policy changes are within the campus’ authority to address directly, please provide clear timelines for implementation, and where relevant, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures. For needed administrative and policy changes are not within the campus’ authority to address directly, please provide a description of the needed change with an explanation of the problem or issue that the change would address.
Please enter response below
<ul style="list-style-type: none"> • Adjust resourcing formulas to cover clinical training requirements of the health programs. • Develop non tenure track “Clinical Lecturer” with multi year appointment possibility. • Provide for student based field training fee where needed • Insure RPT processes that recognize standards associated with highest level of health professional education. • Establish incentive policies conducive to relationships with external providers for health service delivery, training and research. • Consider a vision and goal statement to establish UNCW and the College of Health and Human Services as an academic health center consistent with Destination Health concept

4.5.4.4 Interdisciplinary and inter-institutional collaborations <optional section>

Where appropriate, what interdisciplinary and inter-institutional collaborations can be established (preferably within existing resources) to address needs identified in the Commission's recommendation?
In developing proposals to establish and/or strengthen interdisciplinary and inter-institutional collaborations, please provide clear timelines for implementation, cost estimates and proposed internal/external sources of funding, assessment methods, and accountability measures.
Please enter response below

4.5.4.5 Best practices <optional section>

Where appropriate, what "best practices" by campuses can be modeled and adopted by others to address needs identified in the Commission's recommendation?
Please enter response below

Campus response component: Other initiatives identified by the campus that respond to Section 4.6 of the UNC Tomorrow Commission report.
 <optional component: format the response as in previous sections>

Supplementary information <optional section>

If appropriate, please provide any references, Web links, appendices, existing documents or reports, or other relevant supplementary information pertaining to this section
Please enter response below