January 2007

Creation of the University of Maryland College Park School of Public Health,
New Programs, and a Department Name Change

Proposals submitted by

Robert S. Gold, Dean

College of Health and Human Performance
Creation of the University of Maryland College Park School of Public Health,
New Programs, and a Department Name Change

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THE UNIVERSITY OF MARYLAND, COLLEGE PARK
PROGRAM/CURRICULUM PROPOSAL

DIRECTIONS:
- Provide one form with original approval signatures in lines 1-4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Health and Human Performance

PROPOSED ACTION (A separate form for each)

ADD X DELETE CHANGE

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

Reorganize the College of Health and Human Performance to create the Maryland School of Public Health.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

APPROVAL SIGNATURES

1. Department Committee Chair
2. Department Chair
3. College/School PCC Chair
4. Dean
5. Dean of the Graduate School (if required)
6. Chair, Senate PCC
7. Chair of Senate
8. Vice President for Academic Affairs Provost
CREATION OF THE UNIVERSITY OF MARYLAND COLLEGE PARK SCHOOL OF PUBLIC HEALTH

Public Health is the science of protecting and improving the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention.

-Association of Schools of Public Health

Overview

The purpose of this proposal is to establish the University of Maryland College Park School of Public Health at the University of Maryland, College Park (UMCP). Building on existing strengths in the College of Health and Human Performance (HLHP) and the larger university, the College is seeking to:

1) Develop a comprehensive School of Public Health and achieve full accreditation for the School from the Council on Education for Public Health (CEPH) by Fall 2009.

2) Increase the availability of high quality, affordable education and training in a broad range of public health disciplines so that more Maryland and out-of-state residents can earn public health degrees at a public research university and use their expertise to address Maryland’s health needs.

3) Develop new educational, research, and service collaborations between the School of Public Health and existing programs within the University, the University System of Maryland, other Maryland/regional institutions, and local, state, and federal agencies focused on promoting the health and safety of individuals, families, and communities.

4) Expand research, outreach, and public policy initiatives that address chronic, persistent health problems in Maryland’s 23 counties and Baltimore City, and enhance the State’s provision of public health education, prevention-focused research, and dissemination of health information.

5) Obtain a significant increase in federal and foundation funding for public health research and demonstration projects at UMCP, including the opportunity to apply for large federal grants that are restricted to accredited Schools of Public Health.

Background

In September 2004, Dean Robert Gold proposed to UMCP that the College of Health and Human Performance (HLHP) be converted to the School of Public Health. Founded in 1898, HLHP has had a century-long mission of promoting the health and well-being of individuals, families, and communities through education, research, policy, and practice. As the University celebrated its 150th year, the Dean and HLHP faculty recognized a unique opportunity to transform the College into a School of Public Health. The proposed School would support and extend HLHP’s current mission to improve health and well-being across the lifespan. Specifically, the School would add new disciplinary units, programs, and faculty (without moving or replacing current faculty), while continuing to offer all existing undergraduate and graduate programs. This reorganization will enable the College to increase its academic programs, expand interdisciplinary research, broaden community outreach, diversify the faculty and student body, and build new intra- and inter-institutional partnerships to address public health needs.

The School of Public Health will build on three excellent, growing departments—Public and Community Health (HLTH), Kinesiology (KNES), and Family Studies (FMST)—and the internationally-recognized Center on Aging. The Department of Public and Community Health currently has an accredited Master of Public Health (MPH) program in Community Health Education, ranked 12th in the nation by U.S. News and World Report. All three academic departments offer master’s and Ph.D. programs, including a
marriage and family therapy M.S. program accredited by the Commission on Accreditation for Marriage and Family Therapy Education. The Center on Aging offers a Graduate Gerontology Certificate. The College also has strong Cooperative Extension faculty working in the areas of child and family health, family finance/resource management, and public policy.

The HLHP faculty, the UMCP President and Provost, the Board of Regents, and the University System of Maryland have all endorsed the establishment of a School of Public Health at UMCP. The Board of Regents also approved a new School of Public Health at the University of Maryland, Baltimore (UMB) in June 2006. The establishment of these two new Schools will provide an excellent opportunity to combine UMB’s clinical strengths with UMCP’s expertise in behavioral/social determinants of health and public policy in efforts to combat important public health problems. Dean Gold has established a Memorandum of Understanding to foster collaboration with the proposed School of Public Health at UMB. UMCP and UMB have plans to share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. This collaboration will allow the State to combine the significant and complementary resources of the two institutions, offer students a wider array of courses, increase the diversity of public health faculty and facilities, promote strategic alliances for cutting-edge research and outreach, increase the state’s competitiveness for external funding and private sector support, and avoid unnecessary duplication of resources.

HLHP has spent 24 months planning for the School of Public Health, including completion of a Strategic Plan and development of new intra- and inter-campus partnerships. In preparing for the School, the University Senate and President Mote approved new HLHP units addressing core public health areas in Spring 2006, including the Department of Epidemiology and Biostatistics, the Department of Health Services Administration (which now houses the Center on Aging and the Graduate Gerontology Certificate program), and the Maryland Institute for Applied Environmental Health. Permanent and acting chairs for the departments are now in place. Eight new faculty members and an Associate Dean for Research were hired in Summer and Fall 2006. A School of Public Health Task Force met throughout Summer and Fall 2006 to craft proposals for new academic programs necessary for CEPH accreditation, to develop syllabi for new courses, and to recommend other changes that would increase the School’s competitive advantages (e.g., change in the name of one department).

To achieve accreditation as a School of Public Health, CEPH requires that programs be offered in five core areas: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. Accredited schools must offer master’s level programs in each of the five areas, as well as a minimum of three doctoral programs, each in a different area (e.g., epidemiology, health services administration). HLHP’s Department of Public and Community Health currently offers a CEPH-accredited MPH program in Community Health Education in the social and behavioral sciences area. The Department also offers a Ph.D. in Public and Community Health within this disciplinary area.

This document includes proposals to reorganize the College of HLHP to create the School of Public Health, to add three new concentrations to HLHP’s existing MPH program, to establish one new master’s program and three new doctoral programs, and to change the name of one HLHP department. These proposals are summarized below:

1. Reorganize HLHP to create the School of Public Health (current document)
2. Modify the existing MPH degree to a 42-credit degree to meet accreditation requirements and add three new concentrations to the existing concentration in Community Health Education
3. Create a new Master of Health Administration program
4. Create a new Ph.D. program in Epidemiology
5. Create a new Ph.D. program in Health Services
6. Create a new Ph.D. program in Maternal and Child Health
7. Change the name of the Department of Family Studies to the Department of Family Science

Vision, Mission and Values of the School of Public Health

HLHP is proposing to develop an accredited School of Public Health that will be a leader in the discovery, application, and dissemination of public health knowledge in the state of Maryland, the nation, and the world. The mission of the School will be to promote and protect the health of individuals, families, and communities through interdisciplinary education, research, public policy, and practice. As the College transitions to a School of Public Health, we will remain true to our core values: excellence, discovery, innovation, leadership, diversity, lifelong learning, and service.

The School of Public Health will directly address UMCP’s goal to achieve “excellence as the State’s primary center of research and graduate education” (Mission and Goals Statement, 2006). Creation of a nationally accredited School of Public Health is identified as a strategic priority in the University’s most recent Mission and Goals Statement, approved by the Board of Regents in February 2006. An accredited School will help the University to fulfill its Land-Grant mission by increasing the number, scope, and impact of collaborative community partnerships and health outreach activities. The School will also contribute to the University’s diversity goal as it seeks to recruit and retain diverse faculty, graduate students, and staff; conduct public health studies with underrepresented groups; and become a leader in health disparities research.

Creation of the School of Public Health further supports major goals of the 2004 Maryland State Plan for Postsecondary Education (2004). The State Plan recommends that Maryland colleges and universities provide high quality education and workforce training in five priority areas, one of which is “health and the environment.” Institutions are encouraged to educate professionals in these high-demand, state workforce shortage areas and to “collaborate with State agencies, health care providers, and other organizations to provide assistance in addressing these critical (health) issues” (Maryland State Plan, 2004, p.12). The proposed School also addresses three other major State Plan goals: to support and encourage basic and applied research; to provide affordable, equitable access to higher education for every qualified Maryland resident; and to provide high-quality academic programs for a population of increasingly diverse students (Maryland State Plan, 2004).

Academic Programs in the School of Public Health

The proposed School will be launched with 6 programs, addressing CEPH accreditation requirements.

- Master of Public Health (MPH), with 4 concentrations
  - Biostatistics
  - Epidemiology
  - Environmental health sciences
- Master of Health Administration (MHA)
- Ph.D., Public and Community Health (existing)
- Ph.D., Epidemiology
- Ph.D., Health Services
- Ph.D., Maternal and Child Health

Workforce Needs and Occupational Outlook

Multiple factors point to the compelling need for a School of Public Health at UMCP. The State of Maryland currently has no public, accredited school of public health. Although there are nearby private schools of public health at The Johns Hopkins and The George Washington Universities, high tuition
costs exclude many prospective students, including strong students from diverse racial/ethnic and socioeconomic backgrounds. The proposed School of Public Health significantly increases opportunities for Maryland residents to receive a high quality, affordable education in public health at a state-supported university.

Recent studies highlight the national shortage of well-trained public health personnel. For example, a 2003 Institute of Medicine (IOM) report, *Who Will Keep the Public Healthy?*, called for immediate efforts to address the “insufficient and inadequately trained public health workforce” (IOM, 2003, p.1) and reverse the “overall shortage of qualified workers to prevent or respond to major outbreaks of infectious disease” (IOM, 2003, p. 7-8). The IOM report further stressed the need for graduate-level public health professionals to tackle the effects of environmental change on disease occurrence and the impact of lifestyle choices on health status and wellness.

The Institute of Medicine estimates that there are approximately 450,000 people employed in public health positions in the United States, and an additional 2.85 million citizens who volunteer their services. Notably, the Institute estimates that 80% of public health workers lack specific public health training, and only 22% of chief executives of local health departments have graduate degrees in public health (IOM, 2003).

As demand for well-trained public health personnel has increased, there was a 10% decrease in the public health workforce between 1980 and 2000 (Merrill, Btoush, Gupta, Gebbie, 2003). The American Public Health Association (APHA) predicts that 50% of the federal public health workforce and 25% of the state public health workforce will retire within the next five years. The APHA concludes that “this massive attrition in personnel will create a critical shortage of workers that clearly can not be remedied through existing training programs and recruitment efforts” (APHA, 2004). The School of Public Health will address a significant workforce need, ensuring adequate training for the projected increase in public health jobs within the State, the surrounding regions, and the nation.

The proposed School will also address the needs of an aging Maryland and national citizenry. Approximately 85 million baby boomers are nearing age 65 at a time when Americans are spending 16% of GDP on health-related expenditures, many linked to the aging process (Smith, Cowan, Sensenig, Catlin, 2006). Maryland is currently facing cost increases in all programs serving the elderly. The proposed School, which includes the Center on Aging and new Department of Health Services Administration, will conduct research to identify determinants of diseases and health problems that disproportionately affect the elderly, with the goal of reducing their risk of occurrence. Equally important, the School will prepare professionals to provide high-quality, cost-effective health services for seniors and offer state-of-the-art programs in health promotion, fitness, and disease prevention.

The growing market demand for professionals to address public health problems, combined with the impending retirements of middle and executive level health practitioners, have produced a very promising occupational outlook for MPH, MHA, and Ph.D. graduates of public health programs. Occupational employment data from the U.S. Department of Labor, Bureau of Labor Statistics (2005), indicates that there will be a strong demand for graduates of the new School to support public health education, research, surveillance, assessment, and evaluation. Notably, some federal positions in public health are available only to graduates of accredited schools of public health. Moreover, the District of Columbia and Maryland are among the locations with the highest salaries for public health professionals, such as biostatisticians and epidemiologists (Bureau of Labor Statistics, 2005).
Student Demand

The strong market demand for public health graduates has been accompanied by increasing student interest in public health programs. Data from the Association of Schools of Public Health (ASPH) reveals significant growth in applications for graduate health degrees (ASPH, 2005). In 2004 (latest available data), applications reached almost 28,000, a 57% increase in the nearly 18,000 applications submitted in 1994 (see Figure 1).

Source: Association of Schools of Public Health 2004 Annual Data Report (ASPH, 2005)

As noted, there are two accredited schools of public health in the Baltimore-Washington area: The George Washington University and The Johns Hopkins University. Table 1 summarizes the applications made to these two institutions in 2004 (latest data available), including the number of admissions slots offered and the yield. It is clear from these data that the current enrollment slots in these institutions do not adequately satisfy the demand for graduate public health degrees. Moreover, it should be noted that neither of these schools has a primary focus on the behavioral and social issues that are critical to public health practice in today’s environment.

Table 1: Application Figures for Two Area Schools of Public Health, 2004

<table>
<thead>
<tr>
<th>School</th>
<th>Applications</th>
<th>Accepted</th>
<th>% Accepted</th>
<th>Enrolled</th>
<th>As % of Acceptances</th>
<th>As % of Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>The George Washington University</td>
<td>991</td>
<td>738</td>
<td>74.5%</td>
<td>390</td>
<td>52.8%</td>
<td>39.4%</td>
</tr>
</tbody>
</table>
Table 2 provides an overview of degrees offered in Schools of Public Health at four aspirational peer institutions: University of California, Berkeley; UCLA; University of Michigan; and University of North Carolina at Chapel Hill. Data are also provided for University of Illinois at Chicago and the only two nearby accredited Schools of Public Health: The George Washington University and The Johns Hopkins University. It should also be noted that Morgan State University has an accredited MPH program and like UMB, has announced its intent to become an accredited School of Public Health.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Department/Unit</th>
<th>Degree Offerings</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCB</td>
<td>Biostatistics</td>
<td>MPH Biostatistics</td>
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<tr>
<td></td>
<td></td>
<td>PhD Biostatistics</td>
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<tr>
<td></td>
<td>Epidemiology</td>
<td>MPH Epidemiology</td>
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<td></td>
<td></td>
<td>MS Epidemiology</td>
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<td></td>
<td></td>
<td>PhD Epidemiology</td>
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<td></td>
<td>Environmental Health Services</td>
<td>MPH Environmental Health Services</td>
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<td></td>
<td></td>
<td>DrPH Environmental Health Services</td>
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<tr>
<td></td>
<td></td>
<td>PhD Health Services and Policy Analysis</td>
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<tr>
<td>UCLA</td>
<td>Biostatistics</td>
<td>MPH Biostatistics</td>
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<td></td>
<td>Community Health Human Development</td>
<td>MPH Maternal and Child Health</td>
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<td></td>
<td></td>
<td>MPH Health and Social Behavior</td>
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<td></td>
<td>MPH Public and Health Nutrition</td>
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<td></td>
<td></td>
<td>DrPH Maternal and Child Health</td>
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<td></td>
<td></td>
<td>DrPH Public Health and Nutrition</td>
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<td></td>
<td></td>
<td>PhD Public Health and Nutrition</td>
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<tr>
<td>UCLA</td>
<td>Health Policy Management</td>
<td>MS Health Policy and Management</td>
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<td></td>
<td></td>
<td>MPP/MHP Health and Public Policy</td>
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<tr>
<td></td>
<td></td>
<td>MBA/MPH Health Management</td>
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<tr>
<td>UCLA</td>
<td>Interdepartmental</td>
<td>Interdisciplinary MPH</td>
</tr>
<tr>
<td>UCM</td>
<td>Biostatistics</td>
<td>MPH Biostatistics</td>
</tr>
<tr>
<td></td>
<td>Community Health Sciences</td>
<td>MPH Community Health Sciences</td>
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<tr>
<td></td>
<td></td>
<td>MS Community Health Sciences</td>
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<td></td>
<td></td>
<td>PhD Community Health Sciences (Programs include Community Health and Maternal and Child Health)</td>
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<tr>
<td></td>
<td></td>
<td>DrPH Community Health Sciences</td>
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<tr>
<td>UCM</td>
<td>Environmental Health Sciences</td>
<td>MPH Environmental Health Sciences</td>
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<td></td>
<td></td>
<td>MS Environmental Health Sciences</td>
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<td></td>
<td>PhD Environmental Health Sciences</td>
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<td></td>
<td></td>
<td>DrPH Environmental Health Sciences</td>
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<tr>
<td>UCM</td>
<td>Epidemiology</td>
<td>MPH Epidemiology</td>
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<tr>
<td></td>
<td></td>
<td>MS Epidemiology</td>
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<td></td>
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<td>PhD Epidemiology</td>
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<td></td>
<td></td>
<td>DrPH Epidemiology</td>
</tr>
<tr>
<td>UCM</td>
<td>Health Services</td>
<td>MPH Health Services</td>
</tr>
</tbody>
</table>
| University of North Carolina at Chapel Hill | MS Health Services  
PhD Health Services  
DrPH Health Services | Interdepartmental | DEnv Environmental Science and Engineering  
PhD Molecular Toxicology |
| --- | --- | --- | --- |
| Biostatistics | MPH Biostatistics  
MS Biostatistics  
DrPH Biostatistics  
PhD Biostatistics | Epidemiology | MPH Epidemiology  
PhD Epidemiology  
Certificate in Field Epidemiology |
| Environmental Sciences Engineering | MS Environmental Sciences and Engineering  
PhD Environmental Sciences and Engineering  
MSPH Environmental Sciences and Engineering  
MPH Environmental Sciences and Engineering  
PhD Environmental Sciences and Engineering | Health Behavior Health Education | MPH Health Behavior and Health Education  
MPH/MRP Dual Master’s Degree in Regional Planning  
PhD Health Behavior and Health Education |
| Health Policy Administration | MPH Health Policy and Administration  
MS Health Policy and Administration  
Executive MPH Health Policy and Administration  
Executive MS Health Policy and Administration  
PhD Health Policy and Administration  
DrPH Health Policy and Administration  
DrPH Leadership Health Policy and Administration | Maternal Child Health | MPH Maternal and Child Health  
MSPH Maternal and Child Health  
MSPH/MSW Dual Degree Program  
MD/MSPH Med/MSPH Joint Degree Programs  
DrPH Maternal and Child Health  
PhD Maternal and Child Health |
| Nutrition | MPH Nutrition  
MS Nutritional Biochemistry  
PhD Nutrition  
DrPH Nutrition | University of Michigan | Biostatistics | MS Biostatistics  
MPH Biostatistics  
PhD Biostatistics |
| Environmental Health Sciences | MS Environmental Health and Industrial Hygiene  
MPH Hazardous Substances  
MPH Human Nutrition  
MPH Occupational and Environmental Epidemiology  
MPH Toxicology  
MS Toxicology  
PhD Toxicology | Epidemiology | MPH General Epidemiology  
PhD General Epidemiology  
MPH Hospital Molecular Epidemiology  
MPH International Health  
MPH Dental Public Health  
PhD Dental Public Health |
<table>
<thead>
<tr>
<th>University of Michigan</th>
<th>MPH Health Behavior and Health Education</th>
<th>MPH/MSW Health Behavior and Health Education</th>
<th>PhD Health Behavior and Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Management Policy</td>
<td>MHSA Health Services Administration</td>
<td>MPH Health Management and Policy</td>
<td>MS Health Services Research</td>
</tr>
<tr>
<td></td>
<td>MPH/MPP Master of Health Administration and Master of Public Policy</td>
<td>MPH/MPP Master of Public Health and Master of Public Policy</td>
<td>MS Health Services Administration and MBA</td>
</tr>
<tr>
<td></td>
<td>MS Health Services Administration and MS Nursing Administration</td>
<td>MS Health Services Administration and MS Industrial Operations Engineering</td>
<td>MS Health Services Administration JD</td>
</tr>
<tr>
<td></td>
<td>MPH/MSW Health Services Administration</td>
<td>MS Health Services Administration MD/MPH</td>
<td>PhD Health Services and Organizational Policy</td>
</tr>
<tr>
<td>Interdepartmental Concentrations</td>
<td>MPH Reproductive and Women’s Health</td>
<td>PhD Reproductive and Women’s Health</td>
<td>MPH Public Health Genetics</td>
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<tr>
<td></td>
<td>MPH Public Health Genetics</td>
<td>PhD Global Health</td>
<td>MPH Global Health</td>
</tr>
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<table>
<thead>
<tr>
<th>University of Illinois at Chicago</th>
<th>MPH Behavioral Science and Health Promotion</th>
<th>MS Behavioral Science and Health Promotion</th>
<th>PhD Behavioral Science and Health Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Sciences</td>
<td>MPH Gerontology</td>
<td>MS Gerontology</td>
<td>PhD Gerontology</td>
</tr>
<tr>
<td></td>
<td>MPA Maternal and Child Health</td>
<td>MS Maternal and Child Health</td>
<td>PhD Maternal and Child Health</td>
</tr>
<tr>
<td>Environmental Occupational Health</td>
<td>MPH Environmental and Occupational Health</td>
<td>MS Environmental and Occupational Health</td>
<td>PhD Environmental and Occupational Health</td>
</tr>
<tr>
<td>Epidemiology Biostatistics</td>
<td>MPH Epidemiology</td>
<td>MS Epidemiology</td>
<td>PhD Epidemiology</td>
</tr>
<tr>
<td></td>
<td>MPH Biostatistics</td>
<td>MS Biostatistics</td>
<td>PhD Biostatistics</td>
</tr>
<tr>
<td></td>
<td>MPH Maternal and Child Health Epidemiology</td>
<td>PhD Maternal and Child Health Epidemiology</td>
<td></td>
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<tr>
<td>Health Policy Administration</td>
<td>MPH Health Policy and Administration</td>
<td>MHA Healthcare Administration</td>
<td>MS Health Policy and Administration</td>
</tr>
<tr>
<td></td>
<td>MS Clinical Research Concentration</td>
<td>PhD Health Policy and Administration</td>
<td></td>
</tr>
<tr>
<td>The George Washington University</td>
<td>MPH Environmental and Occupational Health</td>
<td>MPH International Program with the Peace Corps</td>
<td>DrPH Environmental and Occupational Health</td>
</tr>
<tr>
<td>Environmental Occupational Health</td>
<td>MPH Epidemiology</td>
<td>MPH Biostatistics</td>
<td>MPH Health Information Systems</td>
</tr>
<tr>
<td>The George Washington University</td>
<td>MS Public Health Microbiology and Emerging Infectious Diseases</td>
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</tbody>
</table>
| Exercise Science               | MS Clinical Exercise Physiology  
|                                | MS Exercise, Nutrition, and Eating Behavior  
|                                | MS Strength and Conditioning |
| Global Health                  | MPH Global Health  
|                                | MPH Global Health Policy  
|                                | MPH Global Health Promotion  
|                                | MPH International Program with the Peace Corps  
|                                | DrPH Global Health  
|                                | MA/MPH Dual Degree with Elliott School of International Affairs |
| Health Policy                  | MPH Health Policy  
|                                | DrPH Health Policy |
| Health Services Mgmt. Leadership | MHSA Health Services Administration  
|                                | MPH Public Health Management |
| Prevention Community Health    | MPH Maternal and Child Health  
|                                | MPH Health Promotion  
|                                | MPH Community-Oriented Primary Care  
|                                | MPH Public Health Communication and Marketing |
| Interdisciplinary              | MPH Programs with joint Certificates with Physician Assistant (PA); Doctor of Medicine (MD); Juris Doctor (JD); Master of Laws (LLM) |

<table>
<thead>
<tr>
<th>The Johns Hopkins University</th>
<th>Biochemistry Molecular Biology</th>
</tr>
</thead>
</table>
|                              | MHS Biochemistry and Molecular Biology  
|                              | ScM Biochemistry and Molecular Biology  
|                              | PhD Biochemistry and Molecular Biology |
| Biostatistics                | ScM Biostatistics  
|                              | MHS Biostatistics  
|                              | PhD Biostatistics |
| Environmental health sciences | MHS Environmental Health  
|                              | MHS Occupational and Environmental and Hygiene  
|                              | DrPH Environmental Health  
|                              | ScD, PhD Environmental Health and Engineering  
|                              | ScD, PhD Molecular Imaging  
|                              | ScD, PhD Occupational and Environmental Health  
|                              | ScD, PhD Physiology  
|                              | ScD, PhD Toxicology |
| Epidemiology                 | MHS, SCM, ScD Epidemiology  
|                              | DrPH Epidemiology  
|                              | PhD Epidemiology |
| Health, Behavior Society     | MHS Behavioral Sciences and Health Education  
|                              | ScM Genetic Counseling  
|                              | PhD, ScD Social and Behavioral Sciences |
| Health Policy Management     | MHS Health Finance and Management  
|                              | MHS Health Policy  
|                              | PhD Health Policy and Management  
|                              | DrPH Leadership and Management |
| International Health         | MHS International Health  
|                              | PhD International Health  
|                              | DrPH International Public Health Practice |
| Mental Health                | MHS Mental Health  
|                              | PhD Mental Health |
| Molecular Microbiology       | MHS Molecular Microbiology and Immunology  
| Immunology                   | ScM Molecular Microbiology and Immunology  
|                              | PhD Molecular Microbiology and Immunology |
| Population Family Sciences   | MHS Reproductive, Perinatal, and Women’s Health  
|                              | MHS Demography |
As the table illustrates, all of our aspirational peers except the University of Illinois at Urbana-Champaign offer graduate programs/degrees in public health at the master’s level (e.g., MPH, MHA, MS, MPP, MSPH) in the five core public health disciplines. University of Illinois offers public health degrees on its Chicago campus (which has the Medical School). Berkeley, UCLA, North Carolina, Michigan, and the University of Illinois at Chicago also offer doctoral degrees (Ph.D. and/or DrPH) in the five core disciplines. Generally, the Ph.D. degree emphasizes contributions to theory and research, whereas the DrPH emphasizes the application of knowledge in professional work.

In the core discipline of social and behavioral sciences, an area of UMCP strength, Berkeley offers a DrPH in Maternal and Child Health; UCLA offers a Ph.D. in Community Health Sciences (with program areas in Community Health and Maternal and Child Health); University of Michigan offers a Ph.D. in Health Behavior and Education and a Ph.D. in Reproductive and Women’s Health; and University of North Carolina, Chapel Hill offers a Ph.D. in Health Behavior Education and a Ph.D. in Maternal and Child Health. University of Illinois, Chicago offers a Ph.D. in Behavioral Science and Health Promotion and a Ph.D. in Maternal and Child Health. Johns Hopkins offers a Ph.D. in Social and Behavioral Sciences (in the Department of Health Behavior and Society) and a Ph.D. and Dr.PH in Reproductive, Perinatal and Women’s Health. George Washington offers a Dr.PH in Health Behavior; the school also offers an MPH in Maternal and Child Health but no doctoral degree in this area.

These data suggest that the four MPH concentrations, the MHA program, and the four Ph.D. programs (the existing Ph.D. in Public and Community Health and proposed Ph.D. degrees in Epidemiology, Health Services, and Maternal and Child Health) will provide a strong programmatic foundation for the School of Public Health. All Ph.D. programs will focus on behavioral and social determinants of health, a principal strength in the current College of Health and Human Performance and other Colleges at UMCP.

The School of Public Health should attract students who wish to receive a high quality affordable education at an accredited school of public health in the Baltimore-Washington area. The proposed School should be especially attractive to prospective students in Prince George’s and Montgomery counties given the rich demographic diversity of these counties, the identified public health problems in these counties (e.g., obesity, diabetes, hypertension, heart disease, HIV/AIDS, mental health issues), and the need for highly-trained public health personnel. Accredited Schools of Public Health are particularly desirable to students because they provide numerous public health training opportunities (e.g., Centers for Disease Control and Prevention/CDC training programs) restricted to students from accredited schools. Although three of the four Ph.D. programs in the proposed School target only full-time students, the new Master’s programs provide opportunities for current public health practitioners to obtain graduate degrees on a part-time basis.

UMCP’s location offers prospective students unparalleled opportunities for internships and research experiences in public health, including placements at the National Institutes of Health, the CDC Washington Office, the U.S. Department of Health and Human Services, Children’s National Medical Center, the Maryland Department of Health and Mental Hygiene, and many other national, state, and local health agencies. The diversity of cultural and socioeconomic groups, communities, industries, and health organizations provides a rich environment for learning, research, public policy analysis, and service. These advantages, coupled with the escalating demand for public health professionals and growth in applications for public health degrees, suggest that there will be a strong student demand for the academic programs offered by the School of Public Health.
Resources to Address Maryland Public Health Problems

The School of Public Health will play a key role in addressing Maryland’s chronic and pervasive health problems. Maryland ranks among the states with the highest per capita incidence of cancer mortality (9th), coronary heart disease mortality (15th), teen birth rate (15th), child death rate (16th), cardiovascular disease mortality (21st), and stroke mortality (23rd) (United Health Foundation, 2004; USDHHS, 2003). Maryland residents also exceed the national average in their rates of pre-term births, infant mortality, teen deaths, HIV-related deaths, diabetes, and deaths from firearms (Annie E. Casey Foundation, 2006; United Health Foundation, 2004; USDHHS, 2003).

Serious environmental health problems within the state further underscore the need for public health interventions. According to the Maryland Department of the Environment, the current quality of outdoor air in the state contributes to increasing rates of both cancerous and non-cancerous air-related diseases (Clean Energy Partnership, 2005). Maryland ranks among the worst states in the nation for hazardous air pollutants, with EPA estimating that pollution from power plants causes approximately 630 hospital admissions, 1,000 nonfatal heart attacks, and 700 premature deaths in Maryland each year (Environment Maryland, 2004). The status of Maryland’s water is also of serious concern due to problems of nitrogen and phosphorus pollution from agricultural runoff and other sources (Chesapeake Bay Foundation, 2006). One consequence of these pollutants is the threat of Pfiesteria piscicida, a microscopic organism linked to difficulties in human learning and concentration and other neuropsychological symptoms. U.S. PIRG data further reveal that Maryland has a mercury health advisory on all its rivers and lakes, including the Potomac River (Clean Energy Partnership, 2005).

One important focus of research in the School of Public Health will be the reduction of health disparities among ethnic minority populations in the state. HIV mortality rates in Maryland are 12 times higher in the African American population than in the White population, and diabetes-related deaths are twice as common among African Americans as Whites. African Americans are 25-30% more likely to suffer from cancer or a heart disease-related death than Whites in Maryland. State data also reveal health disparities among children. The neonatal mortality rate (first 28 days of life) is almost three times greater for African American than White newborns, and the infant mortality rate (first year of life) is more than two and a half times higher for African American than for White infants (Horon & Hayman, 2005).

Notably, many of Maryland’s health problems result from individual and community behaviors that place residents at greater risk for significant health challenges. The proposed School, with its emphasis on social and behavioral determinants of health, will enrich the public health infrastructure in Maryland by providing trained personnel to implement prevention/intervention initiatives designed to help Marylanders change their behaviors. Additional strengths of the School and the University, in areas of genomics, environmental science, family science, economics, informatics, and public policy, will prepare students to design multidisciplinary solutions to health problems and take a leadership role in working with state and federal legislative agencies to address current and emerging health challenges.

Institutional and Community Collaborations

The nature of public health is collaborative, and the proposed School of Public Health will build on an already impressive record of collaborative work undertaken by HLHP faculty, staff, and students. HLHP faculty are currently engaged in interdisciplinary projects with colleagues in the Colleges of Arts and Humanities; Behavioral and Social Sciences; Chemical and Life Sciences; Computer, Mathematical and Physical Sciences; Education; and Information Studies. College faculty share their research, educational, clinical, and technological strengths with the broader community through a wide variety of programs, including the Center for Healthy Families (family therapy clinic), Family Policy Impact Seminar, Children’s Developmental Clinic, Maryland Adolescent Traffic Safety Project, Adult Health and
Development Program, Legacy Leadership Maryland, RSVP International, Gliner Center for Humor and Communication, and the ongoing partnership between the City of Seat Pleasant and the Department of Public and Community Health. HLHP Cooperative Extension faculty provide educational programming throughout the state, and several faculty participate in international research and service projects.

Planning for the new School of Public Health has proceeded with close cooperation between HLHP and other campus Colleges/Schools, the UMCP and UMB administrations, the University System of Maryland, and various community partners. The new School will strengthen graduate education at UMCP and UMB by offering new public health courses (many of which can be taken by students outside the School) and teaching resources, joint faculty affiliations/appointments, and new interdisciplinary research programs. The School provides opportunities for current HLHP faculty to forge even stronger relationships with UMCP centers such as the Maryland Population Research Center, the Center for Substance Abuse Research, UMIACS, the Center for Bioinformatics and Computational Biology, the National Center for Smart Growth, the Joint Institute for Food Safety and Applied Nutrition, and the Center for Integrative Environmental Research. The School will partner with other UMCP units, UMB and other universities, federal agencies/laboratories, professional associations, and private corporations on research, educational, and service initiatives designed to improve individual and community health.

The Maryland School will also expand the University’s Land Grant mission through Cooperative Extension and other outreach efforts that address public health and environmental problems in urban, suburban, and rural settings. The School will target a broad range of Maryland public health problems through health assessment, education, prevention-oriented research, dissemination of health information, and other interventions. New faculty in the departments of Health Services Administration and Epidemiology and Biostatistics, as well as the Maryland Institute for Applied Environmental Health, will facilitate new intra- and inter-institutional collaborations. Current faculty strengths in health policy will facilitate collaborations with the School of Public Policy and other campus units in public health policy-making, policy analysis, and public service within the state.

Research and External Funding

Current HLHP faculty members have a strong record of research activity and a commitment to conducting public health research that will benefit individuals in the State, the nation, and the world. HLHP tenured/tenure track faculty now average $151,500 per faculty member in external support (FY 2006), and the College has the 3rd highest rate of funding from the National Institutes of Health (NIH) on campus. For every dollar invested in the College state budget in FY 2006, the College generated $1.13 in extramural funding—a rate exceeded only by the School of Engineering, the College of Behavioral and Social Sciences, and the College of Chemical and Life Sciences. In a College with only 48 tenured/tenure track faculty in FY 2006, six HLHP faculty members were among the top 100 Research Leaders (Rainmakers) for the year.

The School of Public Health will enable the University to become even more competitive for public health research dollars. Presently, a high percentage of federal funding for this research is only available to principal investigators and health professionals affiliated with an accredited school/college of public health. Creating the proposed School will enable the campus to apply for up to $50 million in federal set asides reserved for accredited schools/colleges of public health from NIH and the CDC. At many institutions (e.g., University of California, Berkeley, Emory University, University of Texas at Houston, University of Kentucky), schools of public health have the highest per faculty rate of extramural research support of all units in the university. All faculty hired for the new HLHP departments/center have active research programs, and many have already submitted new grant proposals.
Equally important, the proposed School is fostering multidisciplinary research collaborations with other campus units, and these partnerships will provide competitive advantages for securing new research dollars. For example, HLHP faculty are actively participating in a NIH Center for Clinical and Translational Science Award Planning Grant with colleagues from UMCP, Children’s National Medical Center, George Washington University, Georgetown University, and Howard University. An accredited school of public health can forge new partnerships with area medical institutions and biotechnology firms, increasing opportunities to apply for larger federal grants and to address critical public health needs.

**Diversity**

Still another benefit of the proposed School of Public Health is the opportunity to diversify the University’s faculty, graduate students, and staff. The diverse demographic profile of our region, coupled with the School’s focus on social determinants of health, should make it attractive to a diverse and talented pool of faculty, students, and staff. Schools of public health have higher minority enrollments than other graduate programs (ASPH, 2005) so the proposed School will support the diversity goals of both UMCP and the Maryland State Plan for Postsecondary Education. Our location and faculty expertise in minority health issues further position us to become a leader in ethnic minority health and health disparities research.

**Administrative Structure**

The School of Public Health will be a new academic unit reporting directly to the Provost like other colleges and schools at UMCP. The School structure includes a Dean, Associate Deans for Research and Graduate Public Health Programs, Assistant Deans for Student Services, Diversity, and Special Initiatives, and Coordinators for Research and MPH programs, as well as other administrative, development, and alumni affairs positions. The administrative structure for the proposed School is presented in Figure 2.

**Projected Enrollments**

Table 3 presents projected new admits to the School of Public Health over a 7 year period. The table presents data for full- and part-time MPH, MHA, and Ph.D. students. As the table indicates, the School anticipates gradual increases in enrollment, reaching a steady state in 6-7 years. We project that 80% of these 700 students will be “new enrollments,” or students seeking master’s or Ph.D. degrees that are not currently offered by the College of HLHP.

<table>
<thead>
<tr>
<th>Table 3: Projected Admits for School of Public Health</th>
<th>Fall 2007</th>
<th>Fall 2008</th>
<th>Fall 2009</th>
<th>Fall 2010</th>
<th>Fall 2011</th>
<th>Fall 2012</th>
<th>Fall 2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH Students, Full-time</td>
<td>23</td>
<td>27</td>
<td>38</td>
<td>46</td>
<td>50</td>
<td>58</td>
<td>60</td>
<td>302</td>
</tr>
<tr>
<td>MPH Students, Part-time</td>
<td>18</td>
<td>22</td>
<td>25</td>
<td>31</td>
<td>32</td>
<td>36</td>
<td>36</td>
<td>200</td>
</tr>
<tr>
<td>MHA Students, Full-time</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>53</td>
</tr>
<tr>
<td>MHA Students, Part-time</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>12</td>
<td>6</td>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td>Ph.D. Students, Full-time</td>
<td>8</td>
<td>12</td>
<td>15</td>
<td>15</td>
<td>18</td>
<td>19</td>
<td>19</td>
<td>106</td>
</tr>
<tr>
<td>Ph.D. Students, Part-time</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Student Total</td>
<td>56</td>
<td>75</td>
<td>97</td>
<td>112</td>
<td>123</td>
<td>131</td>
<td>133</td>
<td>727</td>
</tr>
</tbody>
</table>
Figure 2: Proposed Structure of the School of Public Health

[Diagram showing the proposed structure of the School of Public Health with various departments and roles, such as Dean, Assistant to the Dean, Associate Dean for Research, Department of Kinesiology, Department of Public & Community Health, Department of Epidemiology & Biostatistics, and so on.]
Human Resource Needs

The accrediting agency for Schools of Public Health, CEPH, requires that schools have at least 5 faculty FTE in each of the five core areas of public health: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. To meet this accreditation requirement, HLHP will need to hire at least 8 additional faculty members. The College is currently conducting searches for 3 new faculty members in biostatistics, 2 new faculty members in epidemiology, 1 new faculty member in health services administration, and 2 new faculty members in environmental health sciences. Financial support for the new faculty members will be provided by the Provost's Office.

The School will also seek financial support for Graduate Assistants from the Provost's Office under an agreement described in the Funding Plan (below). Funds will be requested for 12 Graduate Assistantships in Fall 2007, increasing to 24 Graduate Assistantships in Fall 2009, and 36 Graduate Assistantships in Fall 2011. These assistantships will be supported by tuition revenues from MPH and MHA students (see Funding Plan). Graduate Fellowships for the three new Ph.D. programs will be sought from the Graduate School.

Finally, the School will need to hire one administrative assistant for each of the three new instructional/research units: the Department of Epidemiology and Biostatistics, the Department of Health Services Administration, and the Maryland Institute for Applied Environmental Health. Funding for administrative staff will come from the College through continuing efficiencies and reorganization efforts.

Physical Resource Needs

Table 4 summarizes projected new physical resources needed for the School of Public Health. These resources will require an investment of approximately $771,000.

<table>
<thead>
<tr>
<th></th>
<th>Offices</th>
<th>Furniture/Equipment (S)</th>
<th>Total Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>11</td>
<td>$8,000</td>
<td>$88,000</td>
</tr>
<tr>
<td>Staff</td>
<td>3</td>
<td>$5,000</td>
<td>$15,000</td>
</tr>
<tr>
<td>Graduate Assistants</td>
<td>12</td>
<td>$1,500</td>
<td>$18,000</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>$121,000</td>
</tr>
<tr>
<td>Laboratories</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maryland Institute for Applied Environmental Health</td>
<td>1</td>
<td>$600,000</td>
<td>$600,000</td>
</tr>
<tr>
<td>Department of Epidemiology and Biostatistics</td>
<td>1</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>Department of Health Services Administration</td>
<td>1</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td></td>
<td>$650,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>$771,000</td>
</tr>
</tbody>
</table>

As shown in the table, there remains a need to construct 3 new laboratories and 26 new offices for faculty, staff, and graduate assistants. The University Facilities Advisory Committee is in the process of estimating the costs of this new construction. As new units, the Department of Epidemiology and Biostatistics, the Department of Health Services Administration, and the Maryland Institute for Applied Environmental Health will require some new start-up funds for telephones, computers, small office equipment, and office furniture. Start-up costs for the new faculty member in Maternal and Child Health will be handled by the Department of Family Studies.

HLHP has already invested $600,000 for construction of new office space and laboratories in the HLHP
Building to accommodate new faculty members in Epidemiology and Biostatistics, Health Services Administration, and the Maryland Institute for Applied Environmental Health. These funds were supplemented by the Provost at the time of the expenditures.

With respect to the new physical resources listed in Table 4, it is anticipated that the Provost will cover 1/3 of the start-up costs for all spaces; the Office of the Vice President for Research will provide 1/3 of the start-up costs for new research laboratories; and the College of HLHP will cover the remaining costs using one-time DRIF funds.

**Library Resource Needs**

The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the School of Public Health.

**Funding Plan**

The attached spreadsheets summarize the projected resources and expenditures for the School of Public Health.

Under an agreement with the Provost, we are requesting funds for Graduate Assistants that are based on achieving specific milestones for MPH enrollments over the 7 year period. Our model estimates that we will admit 355 new full-time MPH and MHA students, 255 part-time MPH and MHA students, 106 full-time Ph.D. students, and 11 part-time Ph.D. students over a 7 year period (See Table #3). The budget model is based on tuition revenue from MPH and MHA students; it is assumed that almost all doctoral students will receive financial support for their studies. We assume that 75% of MPH students will be in-state admits and 25% of students will be from out of state. Full-time MPH students will enroll in 24 credit hours per year, and part-time students will enroll in 9 credits per year; all students will complete a minimum of 42 credits prior to graduation. The model further assumes flat tuition rates over the 7-year period.

If we admit 355 full-time and 255 part-time students, it will generate more than $12 million in cumulative tuition by Fall 2013. We are requesting resources for Graduate Assistants based on achieving the enrollment milestones below:

Milestone 1 – Fall 2007, Fall 2008, Fall 2009: 103 full-time admits; 75 part-time admits
Milestone 2 – Fall 2010, Fall 2011: 112 full-time admits; 71 part-time admits
Milestone 3 – Fall 2012, Fall 2013: 138 full-time admits; 84 part-time admits

For Milestone 1, we propose forward funding (soft money) of $1,086,806 to be used for Graduate Assistantships over the 3-year period. When we hit the proposed milestone, we propose moving $370,646 to the School’s base budget. For milestone 2, we propose forward funding (Fall 2010 soft money) of $628,123 to be used for Graduate Assistantships over the 2-year period. When we hit the proposed milestone, we propose moving an additional $318,651 to the School’s base budget. For milestone 3, we propose forward funding (Fall 2012 soft money) of $666,322 to be used for Graduate Assistantships over the 2-year period. When we hit the proposed milestone, we propose moving an additional $338,125 to the School’s base budget. At the end of this time period we would have permanent funding for 36 Graduate Assistants.

Although it will take time to build the School to its full strength, the resource table shows that the School will generate resources to support its continuing development. These revenue sources include graduate tuition funds from the MPH programs, grants and contracts, endowments, and gifts from individuals,
foundations, and corporations. Our current analysis indicates that it is possible to create a School of Public Health with sufficient resources to meet CEPH accreditation standards.

Timetable

The Executive Director of the Council on Education for Public Health (CEPH) made two advisory visits to HLHP in summer 2006 to discuss accreditation standards and procedures. The College was encouraged to pursue a School of Public Health and to seek accreditation at the earliest date possible. If the new School and programs receive approval from the Board of Regents and Maryland Higher Education Commission by June 2007, President Mote will announce creation of the School in Summer 2007. The College will be renamed the University of Maryland College Park School of Public Health and students will be admitted into new programs and MPH concentrations in Fall 2007. After the Board of Regents approves the new MPH concentrations, the new School will request that accreditation of the existing MPH program in Community Health Education be extended to all new MPH concentrations (i.e., biostatistics, epidemiology, environmental health sciences).

In March 2007, HLHP will submit a letter of intent to CEPH to be reviewed for accreditation as a School of Public Health. UMCP will then be put on the agenda for the summer 2007 national CEPH meeting, formally starting the accreditation clock. The process of accreditation requires up to a two year time period, which includes submission of accreditation documents and a CEPH site visit. Under this timetable, we would expect to achieve CEPH accreditation for the School as early as June 2009 and no later than Fall 2009.

Support Letters

Attached are letters from Deans, Department Chairs, Directors, and representatives of external agencies supporting the proposed School of Public Health, the new academic programs, and the department name change.

Conclusion

The significant demand for well-trained public health personnel, coupled with recent threats to our nation’s health and security, highlight the need for superior public health programs to train the future public health workforce, assess the health of individuals and their environments, and develop programs and policies to help individuals lead healthier lives. The proposed School of Public Health will enable UMCP to capitalize on strengths/assets in HLHP, the larger University, and the University System to create an accredited School that will address critical public health needs in Maryland, the nation, and the world. The proposed School will offer new graduate public health programs, increase interdisciplinary research, expand community outreach, diversify our faculty and student body, secure additional NIH and federal funding, and forge meaningful partnerships with the government, non-profit, and private sectors. The School will provide substantial benefits to Maryland residents while helping the University to achieve even greater prominence.
References


United Health Foundation. (2004). *America’s Health Rankings: A Call to Action for People and Their Communities.* Author: Washington, DC.

DIRECTIONS:
- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Health and Human Performance

PROPOSED ACTION (A separate form for each) ADD____DELETE_______CHANGE__X__

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

1) Increase the number of credits in the current MPH degree to a minimum of 42 credits to address a change in accreditation requirements of the Council on Education for Public Health (CEPH).
2) Change the name of the current “MPH in Community Health Education” to a “Master of Public Health (MPH)”.
3) Add three new MPH concentrations to the existing concentration in “Community Health Education”.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

====================================================================
APPROVAL SIGNATURES DATE
1. Department Committee Chair __________________________ 1-22-07
2. Department Chair __________________________ 1-22-07
3. College/School PCC Chair __________________________ 1-22-07
4. Dean __________________________ 1-24-07
5. Dean of the Graduate School (if required) __________________________ 2-21-07
6. Chair, Senate PCC __________________________ 3-2-07
7. Chair of Senate __________________________
8. Vice President for Academic Affairs Provost __________________________
PROPOSAL FOR

A NEW PROGRAM SUBMITTED BY A UNIVERSITY SYSTEM OF MARYLAND INSTITUTION IN ACCORD WITH SECTION 11-206.1 OF THE ANNOTATED CODE OF MARYLAND

University of Maryland, College Park

Master of Public Health (MPH)

HEGIS:  CIP:

College of Health and Human Performance  Robert S. Gold, Ph.D., Dean
Unit Offering the Program  Contact Person

Master of Public Health (MPH)  Spring 2007
Degree to be Awarded  Proposed Initiation Date
Purpose of the Proposal

This proposal seeks to make three changes to the current Master of Public Health (MPH) degree in the College of Health and Human Performance (HLHP): 1) Increase the number of credits in the current MPH degree to a minimum of 42 credits to address a change in accreditation requirements of the Council on Education for Public Health, 2) Change the name of the current “MPH in Community Health Education” to a “Master of Public Health (MPH),” and 3) Add three MPH concentrations to the existing concentration in “Community Health Education.”

I. Increase the number of credits in the current MPH degree to a minimum of 42 credits to address a CEPH change in accreditation requirements.

The MPH is a professional degree program that prepares graduates to work in public health service as practitioners, researchers, administrators, and consultants. The Council of Education for Public Health (CEPH) recognizes five core disciplines of public health: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. MPH students complete foundational coursework in these disciplines and receive academic and applied instruction in the solution of public health problems, including training in clinical and population-based research methods, public policy analysis, and program planning, implementation, and evaluation.

In June 2005 the Board of Governors of CEPH revised accreditation requirements for the MPH degree, raising the number of required course credits from the existing minimum of 36 credit hours to a new minimum of 42 credit hours for graduation. HLHP’s current MPH in Community Health Education was previously accredited as a 36-credit-hour program. Therefore, the number of credit hours in the MPH program must be increased to a minimum of 42 credits in order to meet the new CEPH accreditation standards.

It is important to note that students in the existing 36-credit MPH program in Community Health Education are already meeting all CEPH competencies for a MPH in the “social and behavioral sciences” area. These competencies are listed in Table 1. Our proposal requests that 6 credits be added to the current MPH program to meet the new 42-credit minimum requirement, but there is no need for a significant modification of the curriculum.

<table>
<thead>
<tr>
<th>Table 1. Public Health Competencies: MPH with Concentration in Community Health Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon graduation a student with an MPH will be able to…</td>
</tr>
<tr>
<td>1. Describe the role of social and community factors in both the onset and solution of public health problems.</td>
</tr>
<tr>
<td>2. Identify the causes of social and behavioral factors that affect health of individuals and populations.</td>
</tr>
<tr>
<td>3. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.</td>
</tr>
<tr>
<td>4. Apply ethical principles to public health program planning, implementation, and evaluation.</td>
</tr>
<tr>
<td>5. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</td>
</tr>
<tr>
<td>6. Identify individual, organizational, and community concerns, assets, resources, and deficits for social and behavioral science interventions.</td>
</tr>
<tr>
<td>7. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.</td>
</tr>
</tbody>
</table>
8. Describe the merits of social and behavioral science interventions and policies.
9. Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies, and interventions.
10. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions.

Table 2 presents the current and proposed modification of the MPH Program in Community Health Education. The change involves adding one required course and one elective course. Under the revised program, students completing a project take two elective courses and students completing a thesis take one elective course (using 3 elective credits toward the 6 credit thesis). This proposed change, made in consultation with CEPH, will occur in Fall 2007.

| Table 2: Current and Proposed Requirements for MPH Program in Community Health Education |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Current Program (36 Credits) | Credits | Requested Program Modification (42 Credits) | Credits |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| EPIB 610 Foundations of Epidemiology | 3 | No modification requested | 3 |
| EPIB 650 Biostatistics 1 | 3 | No modification requested | 3 |
| HLSA 601 Introduction to Health Systems | 3 | No modification requested | 3 |
| HLTH 665 Health Behavior I | 3 | No modification requested | 3 |
| MIEH 600 Foundations of Environmental Health | 3 | No modification requested | 3 |
| HLTH 785 Internship in Public Health | 3 | No modification requested | 3 |
| HLTH 786 Capstone Project in Public Health (or 799 for Thesis; an elective provides the additional 3 thesis credits) | 3 | No modification requested | 3 |
| HLTH 606 Foundations of Public Health Education Policy | 3 | No modification requested | 3 |
| HLTH 670 Public Health Informatics Communication | 3 | No modification requested | 3 |
| HLTH 710 Methods and Techniques of Research | 3 | No modification requested | 3 |
| HLTH 775 Health Education Program Planning and Evaluation | 3 | No modification requested | 3 |
| |
| Electives by advisement (see list below) | 3 | Add one elective: Increase from 3 to 6 hours | 6 |
| |
| Total | 36 | 42 |

Recommended Electives for MPH in Community Health Education
HLTH 666 Health Behavior II (3 credits)
HLTH 680 The Dynamics of Coping with Stress (3 credits)
HLTH 742 Professional Writing and Presentations (3 credits)
EPIB 621 Infectious Disease Epidemiology (3 credits)
EPIB 622 Social Determinants of Health (3 credits)
EPIB 623  Epidemiology of Health Disparities (3 credits)
EPIB 624  Genetics in Public Health (3 credits)
EPIB 625  Epidemiology of Physical Activity (3 credits)
EPIB 626  Epidemiology of Obesity (3 credits)
EPIB 641  Public Health and Research Ethics (1 credit)
EPIB 651  Biostatistics II (3 credits)
Additional electives may be taken with the consent of the student’s advisor.

Course Descriptions
A description of the new course, HLTH 780, is provided below.

HLTH 780 Community Health: Overview of public health organizations, programs, and policies, including their structure and function, and their ability to change with changing community health needs.

Sample Student Schedule
Below are tables showing how a typical MPH student with a concentration in Community Health Education can complete the required coursework as a full-time or part-time student. All five core MPH courses are taught every semester.

Schedule for Full-Time MPH Student with Community Health Education Concentration

<table>
<thead>
<tr>
<th>Fall 1 (12)</th>
<th>Spring 1 (12)</th>
<th>Fall 2 (9)</th>
<th>Spring 2 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLTH 606</td>
<td>EPIB 610*</td>
<td>MIEH 600*</td>
<td>HLTH 785</td>
</tr>
<tr>
<td>EPIB650*</td>
<td>HLSA 601*</td>
<td>HLTH 775</td>
<td>HLTH 786</td>
</tr>
<tr>
<td>HLTH 665*</td>
<td>HLTH 670</td>
<td>Elective I</td>
<td>Elective II or</td>
</tr>
<tr>
<td>HLTH 710</td>
<td>HLTH 780</td>
<td></td>
<td>HLTH 799</td>
</tr>
</tbody>
</table>

Schedule for Part-Time MPH Student with Community Health Education Concentration

<table>
<thead>
<tr>
<th>Fall 1 (6)</th>
<th>Spring 1 (6)</th>
<th>Fall 2 (6)</th>
<th>Spring 2 (6)</th>
<th>Fall 3 (6)</th>
<th>Spring 3 (6)</th>
<th>Fall 4 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLTH 606</td>
<td>EPIB 610*</td>
<td>EPIB 650*</td>
<td>HLTH 780</td>
<td>HLTH 665*</td>
<td>HLTH 670</td>
<td>HLTH 785</td>
</tr>
<tr>
<td>HLTH 710</td>
<td>HLSA 601*</td>
<td>HLTH 775</td>
<td>Elective I</td>
<td>MIEH 600*</td>
<td>Elective II or</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HLTH 799</td>
<td>HLTH 786</td>
</tr>
</tbody>
</table>

*Core MPH course

II. Change the name of the current “Master of Public Health in Community Health Education” to a “Master of Public Health (MPH).”

The current College of Health and Human Performance (HLHP) is proposing to become a School of Public Health. After announcing establishment of the School, we will apply for accreditation from the Council on Education for Public Health (CEPH). To meet accreditation requirements, all applicant Schools must comply with a number of programmatic requirements, including offering a Master’s degree in each of the five public health foundation disciplines. HLHP’s Department of Public and Community Health currently offers a CEPH-accredited MPH in Community Health Education in the social and behavioral sciences discipline. In order to develop a degree program that will include this area and three of the four additional required disciplines, we are requesting a change in the name of our current “Master of Public Health (MPH) in Community Health Education” to the more general “Master of Public Health (MPH)” degree. The current Community Health Education degree would become a Master of Public Health with a concentration in Community Health Education.
III. Add three new MPH concentrations to meet CEPH accreditation requirements.

Accredited Schools of Public Health must offer concentrations in the five core public health disciplines: biostatistics, epidemiology, environmental health, health services administration, and social and behavioral sciences. HLHP’s existing MPH in Community Health Education, offered by the Department of Public and Community Health, is accredited in the social and behavioral sciences discipline. To comply with CEPH accreditation requirements, we are proposing to add three additional public health concentrations: Biostatistics, Epidemiology, and Environmental Health Sciences, to the existing concentration in Community Health Education. We are also proposing to create a Master of Health Administration (MHA) degree to meet the CEPH requirement for a master’s program in health services administration.

Oversight of standards, policies, and admissions for the four MPH concentrations will be handled by the Dean’s office. However, departments will handle all advising, coursework, internships, capstone experiences, and projects/theses once students are admitted to the program. Specifically, the MPH concentration in Community Health Education will continue to be administered by the Department of Public and Community Health; the Epidemiology and Biostatistics concentrations will be administered by the Department of Epidemiology and Biostatistics; and the concentration in Environmental Health Sciences will be administered by the Maryland Institute for Applied Environmental Health.

Students currently enrolled in the College’s MPH program in Community Health Education, or those accepted for this program in Fall 2007, will have the opportunity to apply for one of the new concentrations.

The proposed new MPH concentrations will require the same set of core courses, internship, and capstone experience currently being offered in our MPH in Community Health Education (shown in Table 2). For each new concentration, we will need only to add courses in the cognate areas consistent with CEPH requirements. Following is an overview of the three proposed new concentrations and their required coursework.

A. Biostatistics

We are proposing to offer a Master of Public Health (MPH) degree with a concentration in Biostatistics. Biostatistics is a science that addresses theory and techniques for describing, analyzing, and interpreting health data. Although biostatistics draws on quantitative methods from fields such as statistics, operations research, economics, and mathematics, the discipline is primarily focused on their applications to problems in the biological, health, and medical sciences.

There are currently excellent career opportunities for graduates with an MPH in biostatistics in the government, non-profit, and private sectors. Of 81 positions in biostatistics that were nationally advertised in June 2006, 12 were located in Maryland, including eight within a few miles of the College Park campus. An additional 10 were located in the Washington metropolitan area in the District of Columbia and Northern Virginia.

The new MPH concentration in Biostatistics is projected to enroll 8-10 students after 5 years. The program is likely to draw students from a number of baccalaureate programs on-campus, including biological sciences, environmental science, mathematics, psychology, public and community health, and sociology. It is also expected to draw graduates from other institutions regionally, nationally, and internationally. Table 3 presents competencies expected of all students who complete an MPH with a concentration in Biostatistics.
Table 3: Public Health Competencies: MPH Program with Concentration in Biostatistics

Upon graduation a student with an MPH in Biostatistics should be able to...

1. Describe the roles biostatistics serves in the discipline of public health.
2. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.
3. Apply descriptive techniques commonly used to summarize public health data.
4. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.
5. Apply common statistical methods for inference.
6. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.
7. Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.
8. Interpret results of statistical analyses found in public health studies.
9. Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.
10. Apply basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.

The MPH with a concentration in Biostatistics is a 43-credit professional degree. All MPH students will complete the core of 5 courses, 8 courses in their cognate area, an internship, and a capstone project or thesis. Students completing the project take 2 elective courses and students completing a thesis take 1 elective course (using the other 3 elective credits toward the thesis). Table 4 presents courses required for the MPH with a concentration in Biostatistics.

Table 4: Proposed MPH Program with Concentration in Biostatistics

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (15 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>EPIB 610 Foundations of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 650 Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>HLSA 601 Introduction to Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>HLTH 665 Health Behavior I</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 600 Foundations of Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td><strong>Cognate Area (22 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>EPIB 611 Intermediate Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 612 Epidemiologic Study Design</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 641 Public Health and Research Ethics</td>
<td>1</td>
</tr>
<tr>
<td>EPIB 651 Biostatistics II</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 652 Categorical Data Analysis</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 653 Survival Data Analysis OR</td>
<td></td>
</tr>
<tr>
<td>EPIB 655 Longitudinal Data Analysis</td>
<td>3</td>
</tr>
<tr>
<td>Electives with Advisement (see list below)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Capstone (6 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>EPIB 785 Internship in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 786 Capstone Project in Public Health or EPIB 799 Thesis (an elective course provides the additional 3 credits for thesis)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credits for Proposed Biostatistics MPH Program</strong></td>
<td>43</td>
</tr>
</tbody>
</table>

Recommended Electives for MPH with Biostatistics Concentration

- HLTH 652 Quantitative Research Methods I in Public Health (3 credits)
- HLTH 653 Quantitative Research Methods II in Public Health (3 credits)
- EPIB 654 Clinical Trials Analysis (3 credits)
- EPIB 710 Epidemiologic Research Methods (3 credits)
EPIB 740 Advanced Methods in Epidemiology (3 credits)
EPIB 788 Critical Readings (3 credits)
Additional electives may be taken with the consent of the student’s advisor.

Course Descriptions
Course descriptions for the MPH concentration in Biostatistics are listed below; all EPIB courses except EPIB 610 and EPIB 650 are new.

EPIB 610 Foundations of Epidemiology: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

EPIB 611 Intermediate Epidemiology: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

EPIB 612 Epidemiologic Study Design: Application of epidemiologic study designs, analytic methods used for analysis of cohort, case-control, cross-sectional, and clinical trials research. Prerequisites: EPIB610, EPIB611, EPIB650

EPIB 641 Public Health and Research Ethics: Overview and discussion of ethical issues that face public health practitioners and scientific researchers.

EPIB 650 Biostatistics I: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

EPIB 651 Biostatistics II: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650

EPIB 652 Categorical Data Analysis: Methods for the analysis of categorical data as applied to public health research, including variables with two or more categories, analysis of data structures that are counted, ordered, censored, or subject to selection. Prerequisites: EPIB650, EPIB651

EPIB 653 Survival Data Analysis: Overview of statistical methods for analyzing censored survival data, including the Kaplan-Meier estimator and the log-rank test. Prerequisites: EPIB650, EPIB651

EPIB 654 Clinical Trials Analysis: Principles of clinical trial design, including randomization strategies, design and analytic issues to minimize threats to validity, sample size and power calculations, intention to treat analyses. Prerequisites: EPIB650, EPIB651

EPIB 655 Longitudinal Data Analysis: Statistical models for drawing scientific inferences from longitudinal data, longitudinal study design, repeated measures and random effects to account for experimental designs that involve correlated responses, handling of missing data. Prerequisites: EPIB650, EPIB651

EPIB 710 Epidemiologic Research Methods: In-depth study of the knowledge and skills needed to design, conduct, and evaluate an epidemiologic research study. Development of a complete research proposal. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651
**EPIB 740 Advanced Methods in Epidemiology:** In-depth investigation of epidemiologic methods for making causal inferences and solving complex methodological problems. Multivariate models emphasized. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

**EPIB 785 Internship in Public Health:** Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

**EPIB 786 Capstone Project in Public Health:** Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

**EPIB 788 Critical Readings:** In-depth examination and critical discussion of the current literature relevant to epidemiology and public health, emphasizing application of epidemiologic and biostatistical methods. Prerequisites: EPIB610, EPIB650

**HLSA 601 Introduction to Health Systems:** Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

**HLTH 665 Health Behavior I:** The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.

**MIEH 600 Foundations of Environmental Health:** Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

**Sample Student Schedule**
Below are tables showing how a typical MPH student with a concentration in Biostatistics can complete the required coursework as a full-time or part-time student. All five core MPH courses are taught every semester.

**Schedule for Full-Time MPH Student with Biostatistics Concentration**

<table>
<thead>
<tr>
<th>Fall 1 (12)</th>
<th>Spring 1 (10)</th>
<th>Fall 2 (12)</th>
<th>Spring 2 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>EPIB 611</td>
<td>EPIB 612</td>
<td>EPIB 653</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>EPIB 641</td>
<td>EPIB 652</td>
<td>EPIB 785</td>
</tr>
<tr>
<td>HLSA 601*</td>
<td>EPIB 651</td>
<td>EPIB Elective I</td>
<td>EPIB 786 or</td>
</tr>
<tr>
<td>MIEH600*</td>
<td>HLTH 665*</td>
<td>EPIB Elective II</td>
<td>EPIB 799</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or EPIB 799</td>
<td></td>
</tr>
</tbody>
</table>

**Schedule for Part-Time MPH Student with Biostatistics Concentration**

<table>
<thead>
<tr>
<th>Fall 1 (6)</th>
<th>Spring 1 (7)</th>
<th>Fall 2 (6)</th>
<th>Spring 2 (6)</th>
<th>Fall 3 (6)</th>
<th>Spring 3 (6)</th>
<th>Fall 4 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>EPIB 611</td>
<td>EPIB 612</td>
<td>EPIB 653</td>
<td>MIEH 600*</td>
<td>EPIB Elective I</td>
<td>EPIB 785</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>EPIB 641</td>
<td>EPIB 652</td>
<td>HLTH 665*</td>
<td>HLSA 601*</td>
<td>EPIB Elective II</td>
<td>EPIB 786 or</td>
</tr>
<tr>
<td></td>
<td>EPIB 651</td>
<td></td>
<td></td>
<td>or EPIB 799</td>
<td></td>
<td>EPIB 799</td>
</tr>
</tbody>
</table>

*Core MPH course
B. Epidemiology

We are proposing to offer a Master of Public Health (MPH) degree with a concentration in Epidemiology. Epidemiology is the study of the distribution and determinants of the varying rates of diseases, injuries, and other health states in human populations. As the fundamental science underlying public health practice, epidemiology provides the conceptual and practical tools necessary for the study of public health problems and the design of adequate control measures. Although epidemiology shares concerns with disciplines such as biology, psychology, medicine, and public policy, its importance stems from its consideration of disease as a population-based phenomenon within an environmental context.

The occupational outlook for epidemiologists is strong. A recent analysis of workforce demand revealed that there were 2,580 epidemiologists currently employed by state and territorial public health departments (Council of State and Territorial Epidemiologists/CSTE, 2004). Approximately half (48%) had no academic training in this discipline. Another survey of employed epidemiologists found that 42% had no formal training in epidemiology, 40% held a master’s degree in the discipline, and only 28% held a doctoral degree in epidemiology (APHA, 2004). The CSTE concluded that while numbers of epidemiologists in public health agencies were increasing, their current number "is far below the 'estimate of need' to provide essential services of public health across epidemiology program areas" (CSTE, 2004, p. 7). Nearly half of the 37 state health officers surveyed in the latter study reported that hiring epidemiologists was a challenge in their state. Of 72 positions for epidemiologists advertised nationally on June 15, 2006, 14 were located within Maryland or the Washington DC metropolitan area.

The new MPH concentration in Epidemiology is projected to enroll 18 to 25 students annually within 5 years. The program is likely to draw students from a number of baccalaureate programs on-campus, including the biological sciences, environmental science, family studies, public and community health, psychology, and sociology. It is also expected to draw graduates from other institutions regionally, nationally, and internationally. Table 5 presents competencies expected of all students who complete an MPH with a concentration in Epidemiology.

<table>
<thead>
<tr>
<th>Table 5: Public Health Competencies: MPH Program with Concentration in Epidemiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon graduation a student with an MPH should be able to…</td>
</tr>
<tr>
<td>1. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.</td>
</tr>
<tr>
<td>2. Describe a public health problem in terms of magnitude, person, time, and place.</td>
</tr>
<tr>
<td>3. Apply the basic terminology and definitions of epidemiology.</td>
</tr>
<tr>
<td>4. Identify key sources of data for epidemiological purposes.</td>
</tr>
<tr>
<td>5. Calculate basic epidemiology measures.</td>
</tr>
<tr>
<td>6. Evaluate strengths and limitations of epidemiologic reports.</td>
</tr>
<tr>
<td>7. Draw appropriate inferences from epidemiologic data.</td>
</tr>
<tr>
<td>8. Communicate epidemiologic information to lay and professional audiences.</td>
</tr>
<tr>
<td>9. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of epidemiologic data.</td>
</tr>
<tr>
<td>10. Identify the principles and limitations of public health screening programs.</td>
</tr>
<tr>
<td>11. Design, analyze, and evaluate an epidemiologic study.</td>
</tr>
<tr>
<td>12. Design and evaluate interventions to reduce prevalence of major public health problems.</td>
</tr>
<tr>
<td>13. Explain and demonstrate program administration and organizational leadership.</td>
</tr>
</tbody>
</table>

The MPH with a concentration in Epidemiology is a 43-credit professional degree. All MPH students will complete the core of 5 courses, 8 courses in their cognate area, an internship, and a capstone project or thesis. Students completing a project take 2 elective courses (within the cognate area) and students
completing a thesis take 1 elective course. Table 6 presents courses required for the MPH with a concentration in Epidemiology.

<table>
<thead>
<tr>
<th>Table 6: Proposed MPH Program with Concentration in Epidemiology</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core (15 credits)</strong></td>
<td>EPIB 610  Foundations of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 650  Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HLSA 601  Introduction to Health Systems</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>HLTH 665  Health Behavior I</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>MIEH 600  Foundations of Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td><strong>Cognate Area (22 credits)</strong></td>
<td>EPIB 611  Intermediate Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 612  Epidemiologic Study Design</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 620  Chronic Disease Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 622  Social Determinants of Health</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 641  Public Health and Research Ethics</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>EPIB 651  Biostatistics II</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Electives with Advisement (see list below)</td>
<td>6</td>
</tr>
<tr>
<td><strong>Capstone (6 credits)</strong></td>
<td>EPIB 785  Internship in Public Health</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>EPIB 786 Capstone Project in Public Health or EPIB 799 Thesis (an elective course provides the additional 3 credits for thesis)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total Credits for Proposed Epidemiology MPH Program</strong></td>
<td></td>
<td>43</td>
</tr>
</tbody>
</table>

**Recommended Electives for MPH with Epidemiology Concentration**
- EPIB 621 Infectious Disease Epidemiology (3 credits)
- EPIB 623 Epidemiology of Health Disparities (3 credits)
- EPIB 624 Genetics in Public Health (3 credits)
- EPIB 625 Epidemiology of Physical Activity (3 credits)
- EPIB 626 Epidemiology of Obesity (3 credits)
- EPIB 710 Epidemiologic Research Methods (3 credits)
- EPIB 740 Advanced Methods in Epidemiology (3 credits)
- EPIB 788 Critical Readings (1-3 credits)

Additional electives may be taken with the consent of the student’s advisor.

**Course Descriptions**
Course descriptions for the MPH concentration in Epidemiology are listed below; all EPIB courses except EPIB 610 and EPIB 650 are new.

**EPIB 610 Foundations of Epidemiology**: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

**EPIB 611 Intermediate Epidemiology**: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

**EPIB 612 Epidemiologic Study Design**: Application of epidemiologic study designs, analytic methods used for analysis of cohort, case-control, cross-sectional, and clinical trials research. Prerequisites: EPIB610, EPIB611, EPIB650

**EPIB 620 Chronic Disease Epidemiology**: Overview of prevalence and risk factors for major chronic diseases. Discussion of methodological issues unique to specific chronic diseases. Prerequisite: EPIB610
EPIB 621 Infectious Disease Epidemiology: Overview of the unique aspects of infectious diseases and the epidemiological methods used in their study, prevention, and control. Prerequisite: EPIB610

EPIB 622 Social Determinants of Health: Overview of major social variables that affect public health, including socioeconomic status, poverty, income distribution, race, social networks/support, community cohesion, psychological stress, gender, and work and neighborhood environment. Prerequisite: EPIB610

EPIB 623 Epidemiology of Health Disparities: Discussion of determinants that influence health outcomes of the most disadvantaged populations in the United States. Focus on social factors contributing to health disparities and inequities in the US.

EPIB 624 Genetics in Public Health: Emerging role of genetics in public health; overview of basic tenets of human genetics; examination of how public health practice and research are influenced by genetics and ethical issues specific to genetics. Prerequisite: EPIB610

EPIB 625 Epidemiology of Physical Activity: Overview of evidence of the epidemiological association of physical activity to a variety of health outcomes, application of epidemiological methods to the science of physical activity and health. Prerequisite: EPIB610

EPIB 626 Epidemiology of Obesity: Overview of the epidemiology, prevention, and treatment of obesity, its causes and consequences, and energy balance issues; application of epidemiologic methods to the study of obesity epidemiology. Prerequisite: EPIB610620

EPIB 641 Public Health and Research Ethics: Overview and discussion of ethical issues that face public health practitioners and scientific researchers.

EPIB 650 Biostatistics I: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

EPIB 651 Biostatistics II: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650

EPIB 740 Advanced Methods in Epidemiology: In-depth investigation of epidemiologic methods for making causal inferences and solving complex methodological problems. Multivariate models emphasized. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

EPIB 785 Internship in Public Health: Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

EPIB 786 Capstone Project in Public Health: Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

EPIB 788 Critical Readings: In-depth examination and critical discussion of the current literature relevant to epidemiology and public health, emphasizing application of epidemiologic and biostatistical methods. Prerequisites: EPIB610, EPIB650
**HLSA 601 Introduction to Health Systems:** Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

**HLTH 665 Health Behavior I:** The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.

**MIEH 600 Foundations of Environmental Health:** Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

**Sample Student Schedule**
Below are tables showing how a typical MPH student with a concentration in Epidemiology can complete the required coursework as a full-time or part-time student. All five core MPH courses are taught every semester.

**Schedule for Full-Time MPH Student with Epidemiology Concentration**

<table>
<thead>
<tr>
<th>Fall 1 (12)</th>
<th>Spring 1 (10)</th>
<th>Fall 2 (12)</th>
<th>Spring 2 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>EPIB 611</td>
<td>EPIB 612</td>
<td>EPIB 622</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>EPIB 641</td>
<td>EPIB620</td>
<td>EPIB 785</td>
</tr>
<tr>
<td>HLSA 601*</td>
<td>EPIB 651</td>
<td>EPIB Elective I</td>
<td>EPIB 786 or</td>
</tr>
<tr>
<td>MIEH 600*</td>
<td>HLTH 665*</td>
<td>EPIB Elective II</td>
<td>EPIB 799</td>
</tr>
<tr>
<td></td>
<td>or EPIB 799</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Schedule for Part-Time MPH Student with Epidemiology Concentration**

<table>
<thead>
<tr>
<th>Fall 1 (6)</th>
<th>Spring 1 (7)</th>
<th>Fall 2 (6)</th>
<th>Spring 2 (6)</th>
<th>Fall 3 (6)</th>
<th>Spring 3 (6)</th>
<th>Fall 4 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>EPIB 611</td>
<td>EPIB 612</td>
<td>HLTH 665*</td>
<td>HLSA 601*</td>
<td>EPIB Elective I</td>
<td>EPIB 785</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>EPIB 641</td>
<td>EPIB 620</td>
<td>EPIB 622</td>
<td>MIEH 600*</td>
<td>EPIB Elective II</td>
<td>EPIB 786 or</td>
</tr>
<tr>
<td>EPIB 651</td>
<td>HLTH 665*</td>
<td>EPIB Elective II</td>
<td>or EPIB 799</td>
<td></td>
<td>EPIB 799</td>
<td></td>
</tr>
</tbody>
</table>

*Core MPH course

**C. Environmental Health Sciences**

The proposed program will offer a Master of Public Health (MPH) degree with a concentration in Environmental Health Sciences. Environmental health sciences is a discipline that investigates biological, chemical, and physical factors that affect the health of a community. Focusing on interrelationships between people and their environments, the discipline seeks to translate environmental health research into effective public health practice; promote human health and well-being; and foster safe and healthy environments. Environmental public health scientists address issues such as the control of epidemic diseases, food and water safety, treatment and disposal of liquid and airborne wastes, elimination of workplace stressors, and the role of environment in chronic illnesses. Environmental health sciences professionals also tackle long-range problems, including the effects of toxic chemicals and radioactive waste, acidic deposition, depletion of the ozone layer, and global warming on human health.

There are currently excellent career opportunities for MPH graduates with a concentration in environmental health sciences. The most recent Institute of Medicine Report, *The Future of the Public’s Health in the 21st Century*, emphasizes the need for additional state and local public health professionals to address environmental and occupational health problems (IOM, 2002). The demand for master’s level
public health professionals in environmental health will grow even greater with the aging workforce; approximately 40% of environmental health practitioners are projected to retire in the next 5-10 years (APHA, 2004). UMCP is currently participating in a dialog with state and local environmental health professionals to identify strategies for addressing this problem.

The new MPH concentration in Environmental Health Sciences is projected to enroll 15 to 20 students annually within 5 years. The program is likely to draw students from a number of baccalaureate programs on-campus, including agricultural sciences, biological sciences, chemistry, engineering, environmental science, public and community health, and sociology. It is also expected to draw graduates from other institutions regionally, nationally, and internationally. Table 7 presents competencies expected of all students who complete an MPH with a concentration in Environmental Health Sciences.

<table>
<thead>
<tr>
<th>Table 7: Public Health Competencies: MPH Program with Concentration in Environmental Health Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upon graduation a student with an MPH should be able to…</td>
</tr>
<tr>
<td>1. Specify approaches for assessing, preventing, and controlling environmental hazards that pose risks to human health and safety.</td>
</tr>
<tr>
<td>2. Describe the direct and indirect human, ecological, and safety effects of major environmental and occupational agents.</td>
</tr>
<tr>
<td>4. Describe genetic, physiologic, and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.</td>
</tr>
<tr>
<td>5. Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.</td>
</tr>
<tr>
<td>6. Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.</td>
</tr>
<tr>
<td>7. Develop a testable model of environmental insult.</td>
</tr>
<tr>
<td>8. Describe federal and state regulatory programs, guidelines, and authorities that control environmental health issues.</td>
</tr>
<tr>
<td>9. Understand appropriate measures of environmental exposures.</td>
</tr>
<tr>
<td>10. Describe interrelationships between environmental health with economic, political, and social factors in the development of environmental policy.</td>
</tr>
<tr>
<td>11. Discuss ethical considerations of environmental health.</td>
</tr>
<tr>
<td>12. Design and critique an environmental health study.</td>
</tr>
<tr>
<td>13. Demonstrate knowledge of major sources of data and information in environmental health.</td>
</tr>
</tbody>
</table>

The MPH with a concentration in Environmental health sciences is a 42-credit professional degree. All MPH students will complete 5 core courses, 7 courses in their cognate area, an internship, and a capstone project or thesis. Students completing a project take 2 elective courses (within the cognate area) and students completing a thesis take 1 elective course and apply 1 elective toward the thesis. Table 8 presents courses required for the MPH with a concentration in Environmental Health Sciences.

<table>
<thead>
<tr>
<th>Table 8: Proposed MPH Program with Concentration in Environmental Health Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Course Title</strong></td>
</tr>
<tr>
<td>EPIB 610 Foundations of Epidemiology</td>
</tr>
<tr>
<td>EPIB 650 Biostatistics I</td>
</tr>
<tr>
<td>HLSA 601 Introduction to Health Systems</td>
</tr>
<tr>
<td>HLTH 665 Health Behavior I</td>
</tr>
<tr>
<td>MIEH 600 Foundations of Environmental Health</td>
</tr>
</tbody>
</table>
Cognate Area (21 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIEH 710</td>
<td>Environmental Pollution</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 720</td>
<td>Principles of Toxicology</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 770</td>
<td>Law and Policy in Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 771</td>
<td>Exposure Assessment</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 780</td>
<td>Environmental and Occupational Diseases</td>
<td>3</td>
</tr>
<tr>
<td>Electives with Advisement (see list below)</td>
<td>6</td>
<td></td>
</tr>
</tbody>
</table>

Capstone (6 credits)

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIEH 785</td>
<td>Internship in Public Health</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 786</td>
<td>Capstone Project in Public Health or MIEH 799 Thesis</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>(an elective course provides the additional 3 credits for thesis)</td>
<td></td>
</tr>
</tbody>
</table>

**Total Credits for Proposed Biostatistics MPH Program** 42

**Recommended Electives for MPH with Environmental Health Sciences Concentration**

- MIEH 721 Physiological Toxicology (3 credits)
- MIEH 722 Laboratory Methods in Environmental Health (3 credits)
- MIEH 725 Environmental Analysis (3 credits)
- MIEH 740 Risk Assessment
- MIEH 742 Principles of Industrial Hygiene (3 credits)
- MIEH 750 Environmental Hazard Management (3 credits)
- MIEH 773 Biological Contaminants in the Environment (3 credits)
- MIEH 788 Critical Readings (1-3 credits)

Additional electives may be taken with the consent of the student’s advisor.

**Course Descriptions**

Course descriptions for the MPH concentration in Environmental Health Sciences are listed below; all MIEH courses except MIEH 600 are new.

**EPIB 610 Foundations of Epidemiology**: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

**EPIB 650 Biostatistics I**: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

**HLSA 601 Introduction to Health Systems**: Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

**HLTH 665 Health Behavior I**: The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.

**MIEH 600 Foundations of Environmental Health**: Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

**MIEH 710 Environmental Pollution**: In-depth study of major contaminants of air, water, soil, and food. Discussion of various models to estimate continuous concentrations from discrete point monitors, and the uses and limitations of remote sensing. Identification and analysis of disparities in the distribution of environmental pollutants through written and oral reviews of agents and environments.
MIEH 720 Principles of Toxicology: Overview of toxicology, including exposure pathways, toxicokinetics, dermal toxicants, carcinogens, and genetic, reproductive, immuno-, neuro-, target organs, complex mixtures, structure-activity analysis, and determinants of hypo- and hyper-susceptibility. Case studies of global, national and regional interest.

MIEH 721 Physiological Toxicology: Emphasis on macrocellular, metabolic, cellular, and physiologic targets of environmental contaminants and assays to detect toxic effects at these levels. Discussion of effects of select environmental toxicants in the context of their disruption of normal processes. Examination of the design of short-term assays and their desirable features to maximize usefulness for predicting human disease.

MIEH 722 Laboratory Methods in Environmental Health: Overview and application of methods for detecting environmental toxicants and their effects at a cellular and genetic level. Design, implementation, analysis, and report on an experiment treating various cell types with environmental agents and detecting the effects of those agents on different cellular and macromolecular targets.

MIEH 725 Environmental Analysis: Overview of fundamentals of environmental chemistry and analytical techniques for environmental samples. Study of the sources, reactions, transport, effects, and fates of chemical species in the external environment (water, air, soil), and in the living environment. Sampling and laboratory analysis of water, air, and soil.


MIEH 742 Principles of Industrial Hygiene: Theory and practice of industrial hygiene, including major industrial exposures and their sampling and measurement. Focus on specific industries, worker populations, and environments.

MIEH 750 Environmental Health Hazard Management: Overview of the stakeholders and processes of environmental management. Emphasis on theory and practice, including examination of diverse perspectives relating to environmental management from science, business, regulatory agencies, and the law. Analysis of successes and failures of actual environmental management cases at the state, regional, US, and global levels.

MIEH 770 Law and Policy in Environmental Health: Overview of laws that affect the environment, and the various ways in which businesses are regulated by the government in the interest of protecting the environment. Federal, state, and local laws and regulations related to the protection of human health and the regulation of environmental contaminants, including biological, physical and chemical factors affecting community health. Examination of the interactions between and differing responsibilities of various agencies enforcing environmental laws and regulations.

MIEH 771 Exposure Assessment: In-depth study of approaches and methods for analyzing and determining environmental contaminants and exposure to them. Determination of personal exposure in the context of the hazard-exposure-effect paradigm. Examination of ecological/ambient vs. personal exposure and screening vs. surveillance. Biomonitoring methods to detect recent exposures, analysis of toxicants and their metabolites in biological tissues and fluids, DNA adducts, cytogenetic and genetic monitoring, and other biological endpoints. Consideration of ideal exposure monitoring including proximal vs. distal endpoints.
MIEH 773 Biological Contaminants in the Environment: Overview of the major classes of biological agents in the environment, and how they are transported, transmitted, diagnosed, detected, and monitored. Conditions and diseases produced by bacteria, viruses, mycoplasma, protozoa, helminths, molds, allergens, and prions, with emphasis on environmental modes of transmission. Ways in which remote sensing, Geographic Information Systems, and modeling can be used to predict and prevent outbreaks.

MIEH 780 Environmental and Occupational Diseases: Distinctions between injury, illness, and disease, as well as between ambient and occupational environments. In-depth discussion of major environmental and occupational diseases by organ system, and their etiology, characterization, treatment and prevention.

MIEH 785 Internship in Public Health: Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

MIEH 786 Capstone Project in Public Health: Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

MIEH 788 Critical Readings: In-depth examination and critical discussion of the current literature relevant to environmental health.

Sample Student Schedule
Below are tables showing how a typical MPH student with a concentration in Environmental Health can complete the required coursework as a full-time or part-time student. All five core MPH courses are taught every semester.

Schedule for Full-Time MPH Student with Environmental Health Sciences Concentration

<table>
<thead>
<tr>
<th>Fall 1 (12)</th>
<th>Spring 1 (12)</th>
<th>Fall 2 (9)</th>
<th>Spring 2 (9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>HLSA 601*</td>
<td>MIEH 710</td>
<td>MIEH 780</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>MIEH 720</td>
<td>MIEH 770</td>
<td>MIEH 785</td>
</tr>
<tr>
<td>HLTH 665*</td>
<td>MIEH 771</td>
<td>Elective II or MIEH 799</td>
<td>MIEH 786 or MIEH 799</td>
</tr>
<tr>
<td>MIEH 600*</td>
<td>Elective I</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule for Part-Time MPH Student with Environmental Health Concentration

<table>
<thead>
<tr>
<th>Fall 1 (6)</th>
<th>Spring 1 (6)</th>
<th>Fall 2 (6)</th>
<th>Spring 2 (6)</th>
<th>Fall 3 (6)</th>
<th>Spring 3 (6)</th>
<th>Fall 4 (6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>EPIB 650*</td>
<td>MIEH 710</td>
<td>MIEH 720</td>
<td>HLSA 601*</td>
<td>MIEH 780</td>
<td>MIEH 785</td>
</tr>
<tr>
<td>MIEH 600*</td>
<td>HLTH 665*</td>
<td>MIEH 770</td>
<td>MIEH 771</td>
<td>Elective I</td>
<td>MIEH 780</td>
<td>MIEH 786 or MIEH 799</td>
</tr>
</tbody>
</table>

*Core MPH course

IV. Student audiences to be served by the program

As noted earlier, the MPH program will be attractive to undergraduate students from diverse disciplines. The program should also draw early career medical and public health professionals without graduate-level research and behavioral science training. The MPH program will attract students who are pursuing high-quality training at a public research university, and especially one that has all the scientific and professional advantages of the Washington, DC metropolitan area. Other colleges/universities, area government agencies, advocacy organizations, professional associations, and corporations are all sources of students for the program.
V. Applications and Admissions

Applicants to the new concentrations in the Master of Public Health (MPH) program will follow the same procedures as applicants to the existing MPH program in Community Health Education. Specifically, applicants to all MPH programs must submit: Undergraduate transcripts, Graduate transcripts (if applicable), Graduate Record Examination (GRE) scores obtained within the last 5 years, letters of recommendation from 3 persons competent to judge the applicant’s probability of success in graduate school, and the Graduate School essay describing professional goals and relevant work and research experience. Students should submit application materials for the fall semester by January 15th. This program does not accept applications for Spring semester admission.

In addition to Graduate School requirements, admission decisions for the MPH program will be based on the quality of previous undergraduate and graduate course work, strength of GRE scores, the relevance of prior work and research experience, and the congruence of professional goals with those of the program.

VI. Student technology fluency

MPH students will acquire knowledge and competence relating to a wide range of technology skills, including retrieving, storing, and presenting public health information and data for research and practice. Required coursework will introduce students to geographic information systems used in public health surveillance, environmental health tracking systems, “smart home” technologies, and mobile devices for the continuous monitoring of chronic health problems. Students will also master innovative learning and information technologies (e.g., podcasting, weblogs) for disseminating health information.

VII. Learning outcomes and assessment

Goal: The Master of Public Health program will prepare graduates to work in public health service as practitioners, researchers, administrators, and consultants.

Student Learning Outcomes, Measures, Criteria for Assessing Success, and Assessment Schedules

**Outcome 1:** Demonstrate competence in community based practice.
- **Measure:** Number of students who successfully complete an MPH program approved internship.
- **Criterion:** Prior to graduating from the program, all students will receive positive evaluations from their internship supervisor.
- **Assessment:** Outcomes are assessed every year, beginning Spring 2008.

**Outcome 2:** Complete an independent project and present results both orally and in writing.
- **Measure:** Number of students who successfully complete a final MPH project paper and oral presentation, or a thesis and oral defense. Students demonstrate knowledge in a specialized domain and the ability to conduct independent work.
- **Criterion:** Prior to graduation, all students will successfully complete a final MPH project paper or thesis, and oral presentation/defense evaluated by faculty advisors.
- **Assessment:** Outcomes are assessed every year, beginning Spring 2008.

**Outcome 3:** Demonstrate competence in presenting a research and/or project poster.
- **Measure:** Number of students who present a research project at the College Research Interaction Day (CRID) or Career Expo.
- **Criterion:** All students will present a research/project poster at CRID or Career Expo at least once.
- **Assessment:** Outcomes are assessed every year, beginning Spring 2008.
Outcome 4: Graduates are employed in public health or continue their graduate education.  
Measure: Number of students who receive a job offer by date of graduation or are admitted to a graduate program.  
Criterion: 75% of students will have an employment or graduate program offer prior to graduation.  
Assessment: Outcomes are assessed every year, beginning Spring 2009.

VIII. FACULTY AND ORGANIZATION

A. Academic Directions and Oversight

Oversight of standards, policies, and initial review of applicants for the four MPH concentrations will be managed by the Dean’s office. Each department/institute will then make final admissions decisions and offers of support to students. The academic units will further manage all advising, coursework, internships, capstone experiences, and projects/theses. Specifically, the Department of Public and Community Health will continue to administer the MPH concentration in Community Health Education, the Department of Epidemiology and Biostatistics will administer the Epidemiology and Biostatistics concentrations, and the Maryland Institute for Applied Environmental Health will administer the Environmental Health Sciences concentration.

B. Faculty

Teaching, advising, and administrative duties will be handled by existing faculty members in the College of Health and Human Performance and new faculty members in the Departments of Epidemiology and Biostatistics and Health Services Administration, and the Maryland Institute for Applied Environmental Health. To meet CEPH accreditation requirements, HLHP will need to hire at least 8 additional faculty members. The College is currently conducting searches for 3 new faculty members in biostatistics, 2 new faculty members in epidemiology, 1 new faculty member in health services administration, and 2 new faculty members in environmental health sciences.

C. Off Campus Programs

Currently all classes in the proposed MPH program will be offered on the UMCP campus. A small number of courses will be offered online.

IX. OTHER ISSUES

A. Cooperative Arrangements

The College of Health and Human Performance at UMCP has established a Memorandum of Understanding to share resources with the School of Public Health at the University of Maryland at Baltimore (UMB). UMCP and UMB will share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. HLHP is currently creating a Memorandum of Understanding with Prince George’s County Health Department to develop graduate student internships and to collaborate on health research and demonstration projects that will benefit county residents.

B. Accreditation

The proposed School of Public Health will seek accreditation from the Council on Education for Public Health (CEPH), which will review all academic programs and accredit the School.
CEPH is an independent agency, recognized by the U.S. Department of Education, which accredits schools and programs of public health. CEPH accreditation will ensure students, employers, and the general public that UMCP’s new graduate programs meet the highest standards for education in public health.

X. COMMITMENT TO DIVERSITY

HLHP faculty will work closely with the HLHP Assistant Dean for Diversity and the Director of the UMCP Graduate Office of Recruitment, Retention, and Diversity, to attract students from underrepresented groups to all concentrations in the MPH program. Faculty will recruit prospective students at national and regional professional conferences, including annual meetings of the American Public Health Association and other public health disciplinary associations. The Department will host campus visits of prospective students from targeted minority institutions, including the historically black colleges in Maryland and the surrounding region. Faculty will also seek help from colleagues on other campuses in identifying minority graduate students who may be interested in the Maryland MPH program and its research foci.

IX. REQUIRED PHYSICAL RESOURCES

There is a need to construct 3 new laboratories and 26 new offices for faculty, staff, and graduate assistants involved in the MPH and other academic programs in the proposed School of Public Health (see proposal for the School of Public Health for a more detailed analysis).

X. RESOURCE NEEDS AND SOURCES

The HLHP Dean has made a request to the Provost for funds to hire the 8 additional faculty members required for CEPH accreditation and for new library resources necessary for a School of Public Health. Existing and new HLHP faculty members will handle all teaching and advising for the MPH program. The Dean is also seeking funds for Graduate Assistantships from the Provost under a plan tied to achieving specific milestones in MPH/MHA enrollments. HLHP faculty members have developed all new courses for academic programs in the proposed School of Public Health.

As new units, the Department of Epidemiology and Biostatistics, the Department of Health Services Administration, and the Maryland Institute for Applied Environmental Health sciences will require some start-up funds for telephones, computers, small office equipment, and office furniture. The School will also need to hire one administrative assistant for each of the three new instructional/research units: the Department of Epidemiology and Biostatistics, the Department of Health Services Administration, and the Maryland Institute for Applied Environmental Health. Funding for administrative staff will come from the College through continuing efficiencies and reorganization efforts.

The University Facilities Advisory Committee is in the process of estimating the costs of constructing the 3 new laboratories and 26 new offices needed for new School faculty, staff, and graduate students. HLHP has already invested $600,000 for construction of new office space and laboratories in the HLHP Building to accommodate new faculty members in Epidemiology and Biostatistics, Health Services Administration, and the Maryland Institute for Applied Environmental Health. These funds were supplemented by the Provost at the time of the expenditures. It is anticipated that the Provost will cover 1/3 of the start-up costs for all new spaces; the Office of the Vice President for Research will provide 1/3 of the start-up costs for new research laboratories; and the College of HLHP will cover the remaining costs using one-time DRIF funds.
XI. LIBRARY REQUIREMENTS

The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the three new MPH concentrations.

XII. FINANCE

Tables 1 and 2 are attached.

References


THE UNIVERSITY OF MARYLAND, COLLEGE PARK
PROGRAM/CURRICULUM PROPOSAL

DIRECTIONS:

- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Department of Health Services Administration

PROPOSED ACTION (A separate form for each) ADD _ X _ DELETE _____ CHANGE _____

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

Create a new Master of Health Administration (MHA) program.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

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APPROVAL SIGNATURES

<table>
<thead>
<tr>
<th>APPROVAL SIGNATURES</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Department Committee Chair</td>
<td></td>
</tr>
<tr>
<td>2. Department Chair</td>
<td>1/24/07</td>
</tr>
<tr>
<td>3. College/School PCC Chair</td>
<td>1/22/07</td>
</tr>
<tr>
<td>4. Dean</td>
<td>1/24/07</td>
</tr>
<tr>
<td>5. Dean of the Graduate School (if required)</td>
<td>2/21/07</td>
</tr>
<tr>
<td>6. Chair, Senate PCC</td>
<td>3/6/07</td>
</tr>
<tr>
<td>7. Chair of Senate</td>
<td></td>
</tr>
<tr>
<td>8. Vice President for Academic Affairs Provost</td>
<td></td>
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</tbody>
</table>
PROPOSAL FOR

A NEW PROGRAM SUBMITTED BY A UNIVERSITY SYSTEM OF MARYLAND INSTITUTION IN ACCORD WITH SECTION 11-206.1 OF THE ANNOTATED CODE OF MARYLAND

University of Maryland, College Park

Master of Health Administration (MHA)

HEGIS:                CIP:

Department of Health Services Administration    Laura B. Wilson, Ph.D., Chair
Unit Offering the Program    Contact Person

Master of Health Administration (MHA)    Fall 2007
Degree to be Awarded    Proposed
I. OVERVIEW and RATIONALE

A. Briefly describe the nature of the proposed program and explain why the institution should offer it. [You may want to refer to student demand, market demand for graduates, institutional strengths, disciplinary trends, synergy with existing programs, and/or institutional strategic priorities.]

Goal and Contribution to UMCP Strategic Priorities

The Department of Health Services Administration (HLSA) is proposing to offer a Master in Health Administration (MHA) program at the University of Maryland, College Park (UMCP). The MHA program is designed to give students a strong knowledge base in health care management and health services delivery systems and an understanding of the basic and core principles of public health. The overarching goals of the U.S. Health Resources and Services Administration (HRSA) are to improve access to health care, improve health outcomes, improve the quality of health care, eliminate health disparities, improve the public health and health care systems, enhance the ability of the health care system to respond to public health emergencies, and achieve excellence in management practices (HRSA, 2006). Students who complete the MHA degree will possess the knowledge and skills needed to address these challenges and to manage today’s complex health care organizations.

The Department of HLSA builds upon the expertise, resources, and capacities of the Center on Aging in the College of Health and Human Performance (HLHP). All personnel, budget, and space currently associated with the Center on Aging are now being directed to fulfilling both the mission and requirements of the new department and the Center on Aging. The Center on Aging, established in 1974, offers a Graduate Gerontology Certificate and conducts health services and policy research with a focus on aging. Faculty and staff currently affiliated with the Center on Aging hold appropriate degrees in health services and health policy that are relevant and necessary for the new graduate health services degrees.

The proposed MHA program addresses UMCP’s mission to “continue to build a strong, university-wide culture of graduate and professional education” and to provide knowledge-based programs and services that are responsive to the needs of the citizens of the state and the nation. The MHA program is also well positioned to engage the University more fully in outreach and collaborative partnerships with the greater community. Faculty and graduate students in the MHA program will collaborate with relevant health care delivery and health policy institutions at the local, state, and national levels with the goal of resolving critical health service problems and answering important questions related to health systems.

To achieve accreditation as a School of Public Health, the Council on Education for Public Health (CEPH) requires that master’s programs be offered in five core public health disciplines: biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences. The proposed MHA degree meets the requirement for a master’s program in the area of health services administration. The MHA is a rigorous, multi-disciplinary program with coursework in public health services management/administration, health services information systems, health law and policy, health economics, financial management, marketing, communications, assessment/evaluation, and health care leadership, as well as in the core public health disciplines.

The MHA program will be a great asset to the state of Maryland and the mid-Atlantic region. To find another public university or college with an accredited School of Public Health offering the MHA degree, it would be necessary to travel northwest to Ohio State University or south to the University of North Carolina. A unique benefit of the UMCP program is its proximity to the epicenter of health policy and health care management in our nation’s capital. Students in this program will have a rare opportunity to
take full advantage of the resources available in health research and policy institutes; federal, state, and county health agencies; and private health care organizations.

**Market Demand for Graduates**

In recent years there has been increasing national interest in the field of health services administration, driven by rising health care costs, almost 47 million uninsured Americans, the aging of the population, growing health disparities, and the rise in manmade and natural disasters such as 9-11 and Hurricane Katrina. Amelioration of any of these problems will require professionals with a strong knowledge base in health care management and health services delivery systems. The proposed MHA program will provide this training, addressing local, state, and national issues in health care services, health care delivery and management, health services policy, disparities in access to care, long term care, chronic disease and disability care, and financing and economics in public health services delivery.

Data from the American Public Health Association (APHA, 2004) documents the urgent need for qualified, graduate level public health professionals to tackle emerging challenges in health services administration. Americans are now spending approximately one seventh of the gross domestic product on health-related expenditures (Smith, Cown, Sensenig, Catlin, 2006). At the same time, the American Public Health Association (APHA) estimates that 50% of the federal public health workforce and 25% of state public health employees will retire within the next five years (APHA, 2004). APHA has concluded that this anticipated attrition in the public health workforce cannot be solved through existing training programs and recruitment efforts.

**Student Demand**

The Association of Schools of Public Health (ASPH) reports significant growth in applications for graduate degrees in public health between 1994 and 2004 (ASPH, 2005). The Association projects that the job outlook for master’s level graduates in health administration in quite promising. There is a high demand for well trained professionals to manage the many complex health-related organizations including hospitals, long term care facilities, managed care organizations, rehabilitation agencies, public health clinics, and state agencies. With the impending retirement of the first wave of baby boomers, public health and health care organizations face large scale losses of middle and executive level administrators (APHA, 2004).

Currently, the University has two neighboring institutions with CEPH-accredited schools of public health, offering master’s degrees with an emphasis in health services administration or health care management: The Johns Hopkins University in Baltimore and The George Washington University in Washington, DC. Johns Hopkins offers a Master of Health Science degree in Health Finance and Management and a Master of Health Science degree in Health Policy, but does not offer a master’s degree in health services administration. George Washington University offers a Master of Health Services Administration (accredited by the Commission on Accreditation of Health Care Management Education/CAHME), as well as a MPH in Health Policy and a Master of Public Health Management (accredited by CEPH). Both of these universities are private.

Two universities in the University System of Maryland—University of Maryland, Baltimore (UMB) and University College—offer programs that are related but distinctly different from the MHA program being proposed at UMCP. UMB has a 36- to 45-credit Master of Science degree in Health Systems Management in the School of Public Affairs with courses offered exclusively on Saturdays. University College has a 36-credit program in health care administration at College Park, Shady Grove, and other sites, as well as an online curriculum with health administration courses, but no public health content. Neither institution offers a health services program accredited by CAHME.
All five of our aspirational peer institutions, including UCLA, University of Michigan, University of California, Berkeley, University of North Carolina at Chapel Hill, and University of Illinois at Urbana-Champaign, offer programs similar to the MHA that are CEPH accredited. All of the programs are accredited by CAHME except the Master of Science in Community Health with a specialization in Health Policy and Administration in the College of Applied Health Sciences at the University of Illinois at Urbana-Champaign. (The School of Public Health is at the University of Illinois at Chicago campus.)

The Department of Health Services Administration at UMCP will train future public health professionals and leaders by offering high quality, affordable degrees, and by conducting research that is responsive to the health care needs of the Maryland public. The many geographic advantages of our University, including students’ access to public and private health care service systems and health policy institutes, promise to attract excellent graduate students to the MHA program.

B. How big is the program expected to be? From what other programs serving current students, or from what new populations of potential students, onsite or offsite, are you expecting to draw?

The proposed MHA program is likely to draw students from a number of baccalaureate programs on campus, including, public and community health, family studies, psychology, sociology, and environmental science and policy. The program will also be expected to draw graduates from other regional and national institutions, as well as practicing professional seeking to advance in their public health careers.

The Department of HLSA estimates that within 6 years of the inception of the MHA program, it will be serving about 30 students. Approximately 18 of these students will be enrolled full-time and 12 will be part-time. Other graduate students in the School of Public Health will also enroll in our courses and/or in the Gerontology Certificate Program, including students in the Departments of Public and Community Health, Family Studies, Kinesiology, and Epidemiology and Biostatistics, and the Maryland Institute for Applied Environmental Health. Courses in the MHA program should also draw students from the School of Public Policy, the College of Behavioral and Social Sciences, and other units on campus.

II. CURRICULUM

A. Provide a full catalog description of the proposed program, including educational objectives and any areas of concentration.

The Master of Health Administration (MHA) is a professional degree for students wishing to pursue management careers in health systems, hospitals, consulting firms, managed care organizations, insurance firms, medical group practices, government agencies, and other healthcare settings. Students acquire core public health knowledge, in-depth understanding of health care management and health services delivery systems, and the leadership skills needed to manage complex health care organizations.

The proposed MHA program in Health Services Administration will provide students with:

a) Comprehensive knowledge of management tools to structure, market, position, and govern health organizations to achieve optimum performance.
b) In-depth understanding of the financial management of health organizations.
c) High level leadership skills, including the ability to foster change management, facilitate positive interpersonal relations, resolve conflict, manage human resources and health professionals in diverse organizational environments, and communicate clearly in written and oral media.
d) Ability to analyze, synthesize, and manage health information including data collection, statistical and non-statistical analyses, and interpretation of economic and other data for decision-making.
e) Knowledge of legal and ethical issues related to the management and delivery of health services, and the ability to apply them to clinical and business decisions.

f) Skills in the formulation, implementation, and evaluation of health policy.

g) Understanding of the health status of populations, determinants of health and illness, and health risks and behaviors in diverse populations.

h) Skills to manage change within health care organizations in diverse communities.

i) Expertise in quality assessment of business practices and health care delivery systems, focusing on process and outcome measures and strategies for improvement.

j) Preparation for health services administration careers in the public, non-profit, and private sectors.

B. List the courses (number, title, semester credit hours) that would constitute the requirements and other components of the proposed program. Provide a catalog description for any courses that will be newly developed or substantially modified for the program.

Students will enter the MHA program in the HLSA Department with a baccalaureate degree. The proposed MHA program requires 51-54 credit hours, including a public health core (15 credits), a health services core (30 credits), an internship (3 credits), and a capstone project (3 credits) or thesis (6 credits). Students completing a thesis take an additional 3 credits (for a total of 6 thesis credits) so their degree is 54 credits. Completion of the thesis increases students’ competitiveness for acceptance into doctoral programs in health services, including the proposed Ph.D. program in Health Services at UMCP.

| Table 1: Proposed MHA Program in Health Services Administration |
|---------------------------------|------------------|
| **Course Title** | **Credits** |
| **Public Health Core (15 credits)** | |
| EPIB 650 Biostatistics I | 3 |
| EPIB 610 Foundations of Epidemiology | 3 |
| HLSA 601 Introduction to Health Systems | 3 |
| HLTH 665 Health Behavior I | 3 |
| MIEH 600 Foundations of Environmental Health | 3 |
| **Health Services Core (30 credits)** | |
| HLSA 702 Politics and Policy of Health | 3 |
| HLSA 710 Foundations of Healthcare Management | 3 |
| HLSA 711 Health Care Economics and Analysis | 3 |
| HLSA 720 Health Law and Ethics | 3 |
| HLSA 730 Human Resources and Supervision | 3 |
| HLSA 740 Strategic Planning and Marketing | 3 |
| HLSA 750 Management Information Systems in Health Care Organizations | 3 |
| HLSA 760 Financial Management of Health Organizations | 3 |
| HLSA 770 Continuous Quality Improvement | 3 |
| HLSA 772 Health Care Leadership and Communications | 3 |
| HLSA 785 Internship in Public Health | 3 |
| HLSA 786 Capstone Project in Public Health or HLSA 799 Thesis (students completing a thesis take 6 versus 3 credits) | 3 or 6 |
| **Total Credits for Proposed MHA Program** | **51-54** |
Courses for HLSA MHA Program
Course descriptions are provided below; new courses are indicated with an asterisk.

**EPIB 610 Foundations of Epidemiology**: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

**EPIB 650 Biostatistics I**: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

**HLSA 601 Introduction to Health Systems**: Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

**HLSA 702 Politics and Policy of Health**: Organizational and financial components of the U.S. health care system, including social and political forces that bind the system. Advanced political analysis of the health care system, including key issues and problems.

**HLSA 710 Foundations of Health Care Management**: Examination of managerial activities essential to achieving the goals of health care institutions. Effects of environment, technology, and human behavior on organizational design, including planning and decision-making required to operate and change health care organizations.

**HLSA 711 Health Care Economics and Analysis**: Analysis of health as an economic good using microeconomic theories and the behavior of health care providers, consumers, markets, and firms. Examination of market economics and the health care economy, including market competition, the supply and demand of medical care and health insurance, long term care, the role of government, and equity issues. Prerequisite: College level microeconomics course.

**HLSA 720 Health Law and Ethics**: Analysis of health issues from a legal perspective, including important concepts addressed by the law within the context of health services administration. Legal rights and duties of health care professionals and consumers of health care. Examination of ethical issues in health care delivery and administration.

**HLSA 730 Human Resources Management**: Principles and methods of human resources management, including job analysis, recruitment, selection, employment, retention, training/development, compensation, performance appraisal, and labor relations.

**HLSA 740 Strategic Planning and Marketing**: Overview of strategic management and marketing concepts/principles needed to lead the strategic planning process in a health care organization. Examination of social, political, technological, regulatory, and competitive factors that influence the success of health services organizations.

**HLSA 750 Management Information Systems in Health Care Organizations**: Overview of the analysis, design, selection, installation, use, management, and evaluation of information systems in health care settings. Prerequisite: College level financial accounting course.

**HLSA 760 Financial Management of Health Care Organizations**: Overview of financial management in health services with an emphasis on payment systems, time value of money, financial risk, debt and equity financing, cost of capital, financial forecasting, working capital management, and capitation and rate setting. Use of accounting and financial theories, principles, and techniques in the decision-making of health care administrators.
**HLSA 770 Continuous Quality Improvement**: Historical and current, state-of-the-art use of tools to promote and assess health care quality. Focus on critical quality problems that exist in health care organizations and the leadership skills required to prevent and remedy these issues.

**HLSA 772 Health Care Leadership and Communications**: Transformational leadership skills and knowledge related to health, financial, social, and technological challenges facing health service administrators. Application of leadership models to critical issues in health care organizations.

**HLSA 785 Internship in Public Health**: Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

**HLSA 786 Capstone Project in Public Health**: Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

**HLTH 665 Health Behavior I**: The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.

**MIEH 600 Foundations of Environmental Health**: Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

**Sample Student Schedule**

Below are tables showing how a typical MHA student can complete the required coursework over a two-year period as a full-time student and over a three-year timeframe as a part-time student.

### Student Schedule for Full-time MHA, Master of Health Administration

<table>
<thead>
<tr>
<th>Fall 1 (12)</th>
<th>Spring 1 (12)</th>
<th>Summer (3)</th>
<th>Fall 2 (12)</th>
<th>Spring 2 (12-15)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>HLTH 665*</td>
<td>HLSA 750</td>
<td>HLSA 720</td>
<td>HLSA 740</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>MIEH 600*</td>
<td>HLSA 702</td>
<td>HLSA 730</td>
<td>HLSA 772</td>
</tr>
<tr>
<td>HLSA 601*</td>
<td>HLSA 711</td>
<td>HLSA 702</td>
<td>HLSA 770</td>
<td>HLT 785</td>
</tr>
<tr>
<td>HLSA 710</td>
<td></td>
<td>HLSA 760</td>
<td>HLSA 760</td>
<td>HLTH 786/ or</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HLSA 799</td>
</tr>
</tbody>
</table>

### Student Schedule for Part-time MHA, Master of Health Administration

<table>
<thead>
<tr>
<th>Fall 1 (9)</th>
<th>Spring 1 (9)</th>
<th>Fall 2 (9)</th>
<th>Spring 2 (9)</th>
<th>Summer 2 (3)</th>
<th>Fall 3 (6)</th>
<th>Spring 3 (6-9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 610*</td>
<td>HLTH 665*</td>
<td>HLSA 720</td>
<td>HLSA 740</td>
<td>HLSA 750</td>
<td>HLSA 760</td>
<td>HLT 785</td>
</tr>
<tr>
<td>EPIB 650*</td>
<td>MIEH 600*</td>
<td>HLSA 730</td>
<td>HLT 772</td>
<td>HLT 786/ or</td>
<td>HLT 785</td>
<td>HLT 786/ or</td>
</tr>
<tr>
<td>HLSA601*</td>
<td>HLSA 711</td>
<td>HLSA 710</td>
<td>HLSA 711</td>
<td>HLT 772</td>
<td>HLSA 799</td>
<td>HLT 799</td>
</tr>
</tbody>
</table>

*Core MPH course
C. Describe any selective admissions policy or special criteria for students selecting this field of study.

Applicants to the MHA program must have completed all of the requirements for a baccalaureate degree prior to their acceptance into the program. All applicants must submit: Undergraduate transcripts, Graduate Record Examination (GRE) scores, letters of recommendation from 3 persons competent to judge the applicant’s probability of success in graduate school, and the graduate school essay describing professional goals and relevant work and research experience.

In addition to Graduate School requirements, admission decisions for the MHA program will be based on the quality of previous undergraduate and graduate course work (if applicable), the strength of Graduate Record Examination scores, the relevance of prior work and research experience, and the congruence of professional goals with those of the program. Students should submit application materials for the fall semester by January 15th. This program does not accept applications for Spring semester admission.

D. How will the program increase students’ technology fluency?

Accreditation criteria for this type of master’s program requires knowledge acquisition and competence in a wide variety of information technology skills pertinent to the delivery of health services (i.e. management information systems) and technological skills relevant to health services research. The MHA program will build these skills through training in information technology and applications to management and research in health services.

III. STUDENT LEARNING OUTCOMES AND ASSESSMENT

List the program's learning outcomes and explain how they will be measured and assessed.

**Outcome 1:** Students will demonstrate competence in professional practice.

- **Measure:** Internship supervisor ratings of professional practice competence.
- **Criterion:** At least 90% of students will receive a “satisfactory” rating or better from their university supervisor/internship preceptor for the internship (HLSA 785).
- **Assessment:** 2008 and then every two years.

**Outcome 2:** Students will demonstrate commitment to, and competence in, multicultural, gender, and/or age diversity.

- **Measure:** Internship/field practicum/research supervisor’s rating of student’s commitment to, and competence in, multicultural, gender, and/or age diversity.
- **Criterion:** At least 90% of students will have their commitment to, and competence in, multicultural, gender, and/or age diversity rated as satisfactory by their supervisors.
- **Assessment:** 2008 and then every two years.

**Outcome 3:** Students will demonstrate the ability to integrate the knowledge, skills and practices acquired through coursework.

- **Measure:** Capstone/thesis supervisor’s rating of student’s ability to integrate the knowledge, skills and practices acquired through course work as demonstrated in the student’s capstone project (HLSA 786) or thesis (HLSA 799).
- **Criterion:** At least 90% of students will receive a satisfactory rating or better by the capstone or thesis supervisor for integration of knowledge, skills, research, and practices as demonstrated in the capstone project.
- **Assessment:** 2008 and then every two years.
IV. FACULTY AND ORGANIZATION

A. Who will provide academic direction and oversight for the program? [This might be a department, a departmental subgroup, a list of faculty members, or some other defined group.]

Oversight of standards, policies, and initial review of applicants for the MHA program will be managed by the Dean’s office. The HLSA Department will then make final admissions decisions and offers of support to students. HLSA faculty will manage all advising, coursework, internships, capstone experiences, and projects/theses once students are admitted to the program.

The HLSA Department currently has 6 FTE faculty. Four are tenured/tenure track. These 4 faculty members have doctoral degrees and backgrounds in health services, organizational development, public health, health policy, health care finance, and long term care. Two additional research faculty with appropriate degrees in health care administration, organizational leadership, and organizational development will augment the faculty and assist in teaching, research, and thesis committees. These research faculty have some teaching responsibilities as part of their appointments, including supervising students in the Graduate Gerontology Certificate Program. Recent appointees to the Dean’s Office will also participate in the proposed program. Three new associate and assistant deans with credentials in health care law, health services, and health policy have expressed a willingness to assist with teaching and research and serve on thesis committees. Additionally, there are three Ph.D. faculty in the College of Health and Human Performance with health services backgrounds who have agreed to participate on thesis committees.

Health Services Faculty Scheduled to Teach in the Proposed MHA Program

Laura B. Wilson, PhD, Professor and Director of the Center on Aging, Chair, HLSA
  Teaching/research focus: health policy, long term care administration
  Course: To be Determined

Tracey T. Manning, PhD, Research Associate Professor, Center on Aging
  Teaching/research focus: health care leadership
  Course: HLSA 772 Health Care Leadership and Communications

Lori Simon-Rusinowitz, MPH, MA, PhD, Associate Professor, HLSA
  Teaching/research focus: health policy, disability administration
  Courses: HLSA 702 Politics and Policy of Health
          HLSA 785 Internship in Public Health
          HLSA 786 Capstone Project in Public Health

Sharon P. Simson, PhD, MSHA, Research Professor, Center on Aging
  Teaching/research focus: health services administration, long term care administration
  Course: To Be Determined

Cynthia M. Saunders, PhD, MPH, Assistant Professor, HLSA
  Teaching/research focus: health services administration, access to health care, health policy
  Courses: HLSA 601 Introduction to Health Systems
          HLSA 740 Strategic Planning and Marketing
          HLSA 770 Continuous Quality Improvement

Judy Shinogle, PhD, Assistant Professor, HLSA
  Teaching/research focus: health care economics, health policy, research methods
Courses: HLSA 710 Foundations of Healthcare Management
    HLSA 711 Health Care Economics and Analysis
    HLSA 760 Financial Management of Health Organizations

College of Health and Human Performance Faculty Scheduled to Teach in the Proposed MHA Program

Betty Dabney, PhD, Research Associate Professor, Maryland Institute for Applied Environmental Health
    Teaching/research focus: environmental health
    Course: MIEH 600 Foundations of Environmental Health

Sharon Desmond, PhD, Associate Professor, Public and Community Health
    Teaching/research focus: health behavior
    Course: HLTH 665 Health Behavior I

Olivia Carter-Pokras, Ph.D., Associate Professor, Epidemiology and Biostatistics
    Teaching/research focus: health disparities, epidemiology and health policy for Latino health, children’s environmental health
    Course: EPIB 610 Foundations of Epidemiology

Mary Kivlighan, JD, MAPA, Assistant Dean, HLHP
    Teaching/research focus: law, mental health administration
    Course: HLSA 720 Health Law and Ethics

Min Qi Wang, PhD, Professor, Public and Community Health
    Teaching/research focus: statistics
    Course: EPIB 650 Biostatistics I

B. If the program is not to be housed and administered within a single academic unit, provide details of its administrative structure.

Not applicable. All classes will be housed and administered within Health Services Administration.

V. OFF CAMPUS PROGRAMS

A. If the program is to be offered to students at an off-campus location, with instructors in classrooms and/or via distance education modalities, indicate how student access to the full range of services (including advising, financial aid, and career services) and facilities (including library and information facilities, and computer and laboratory facilities if needed) will be assured.

Not applicable. All classes will be offered on the UMCP campus.

B. If the program is to be offered mostly or completely via distance education, you must describe in detail how the concerns in Principals and Guidelines for Online Programs are to be addressed.

Not applicable. No part of the program will be offered via distance education.

VI. OTHER ISSUES

A. Describe any cooperative arrangements with other institutions or organizations that will be important for the success of this program.
The College of Health and Human Performance at UMCP has established a Memorandum of Understanding to share resources with the School of Public Health at the University of Maryland at Baltimore (UMB). UMCP and UMB will share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. HLHP is currently creating a Memorandum of Understanding with Prince George’s County Health Department to develop graduate student internships and to collaborate on health research and demonstration projects that will benefit county residents.

B. Will the program require or seek accreditation? Is it intended to provide certification or licensure for its graduates? Are there academic or administrative constraints as a consequence?

The proposed School of Public Health will seek accreditation from the Council on Education for Public Health (CEPH). CEPH will review all academic programs (including the proposed MHA program in Health Administration) and accredit the School. CEPH is an independent agency, recognized by the U.S. Department of Education, which accredits schools and programs of public health. CEPH accreditation will ensure students, employers, and the general public that UMCP’s new graduate programs meet the highest standards for education in public health.

In addition, the HLSA Department will seek accreditation for the MHA program from the Commission on Accreditation of Health Management Education (CAHME). CAHME is an independent agency, recognized by the U.S. Department of Education, which accredits programs in health management. CAHME accreditation will provide students with access to scholarships, fellowships, and opportunities for administrative internships at the Veterans Administration.

VII. COMMITMENT TO DIVERSITY

Identify specific actions and strategies that will be used to recruit and retain a diverse student body.

The Department of Health Services Administration will work closely with the HLHP Associate Dean for Diversity and the Director of the UMCP Graduate Office of Recruitment, Retention, and Diversity, to attract students from underrepresented groups to the new MHA program. Faculty will recruit prospective students at national and regional professional conferences, including annual meetings of the American Public Health Association and Academy Health. The Department will host campus visits of prospective students from targeted minority institutions, including the historically black colleges in Maryland and the surrounding region. Faculty will also seek help from colleagues on other campuses in identifying minority graduate students who may be interested in the Maryland MHA program and its research foci.

VIII. REQUIRED PHYSICAL RESOURCES

The establishment of this master’s program is within the context of the creation of the proposed School of Public Health. In order to achieve accreditation by the Council on Education for Public Health, the proposed School of Public Health must include master’s degrees in each of the core disciplines of public health. Health services is one of the core disciplines (epidemiology, biostatistics, health services, health behavior and environmental health) and will complete one essential component of these program requirements along with the current MPH program and its newly proposed additional concentrations.

The proposed MHA can be implemented in accordance with Section 11 206.1 in which programs developed under this provision can be implemented within existing resources of the campus. In
proceeding with the submission of this program, the institution’s president certifies that no new general funds will be required for the implementation of this master’s-level program.

A. Additional library and other information resources required to support the proposed program.

The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the HLSA Master’s in Health Administration program. The Provost will provide funding to meet library needs for this master’s-level program.

B. Additional facilities, facility modifications, and equipment that will be required. This is to include faculty and staff office space, laboratories, special classrooms, computers, etc.

The Department has adequate space in HHP to house current faculty and students in the proposed program. The College’s classroom facilities will be used to teach the new courses. Each of the departments has a technology cart (with a minimum of sixteen laptop computers), which will be used to provide students with training in advanced information technologies. No laboratories or computer labs are needed to operate the program.

C. Impact, if any, on the use of existing facilities and equipment. Examples are laboratories, computer labs, specially equipped classrooms, and access to computer servers.

See response to VIII.B above.

IX. RESOURCE NEEDS and SOURCES

Describe the resources that are required to offer this program, and the source of these resources. Project this for five years. In particular:

A. List new courses to be taught, and needed additional sections of existing courses. Describe the anticipated advising and administrative loads. Indicate the personnel resources (faculty, staff, and teaching assistants) that will be needed to cover all these responsibilities.

The faculty of the Center on Aging who are now tenured as faculty of the Department of Health Services Administration have been successful in acquiring external research funding at an annual rate per FTE faculty member of approximately one million dollars. These funds have supported an average of 4-6 graduate students per year. These students came from other departments in the College and University. The expected continuation and expansion of this capability to support the Department’s own graduate students is expected and should serve to cover a number of students in the program. Tuition revenues will serve to augment the program’s ability to fulfill its mission and goals. The faculty of the program will aggressively pursue additional external research and fellowship funds (especially those accessible only to accredited Schools of Public Health), private donations, and funds generated by entrepreneurial activities in order to augment the capacities of the Department and the proposed master’s-level program.

B. List new faculty, staff, and teaching assistants needed for the responsibilities in A, and indicate the source of the resources for hiring them.
Faculty resources of the Department of Health Services Administration (as described herein) are adequate to cover the size of the doctoral program proposed. All courses necessary can be taught by current Health Service faculty and faculty in the proposed School of Public Health. Reallocated funds from the Center on Aging created the Department of Health Services Administration along with allocations requested by the Dean as a part of the development of the proposed School of Public Health. No additional allocations for administrative or faculty support beyond those submitted as a part of establishing the new Department of Health Services Administration (effective July 1, 2006) are requested.

The HLSA MHA program will be supported, in part, by tuition revenue from new MPH and MHA students. HLSA has requested funds for 12 2-year Graduate Assistantships from the Dean of HLHP over the 5-year period between 2007-2012. These Graduate Assistantships will come from funds provided to the College/School by the Provost when specific milestones are met in new graduate student enrollments. Soft money support will be provided in the initial years of the program, to be incrementally replaced by hard money allocations when program milestones are met (see page 19, School of Public Health proposal).

C. Some of these teaching, advising, and administrative duties may be covered by existing faculty and staff. Describe your expectations for this, and indicate how the current duties of these individuals will be covered, and the source of any needed resources.

As described above, teaching, advising, and administrative duties will be handled by existing faculty members (who are already teaching and conducting research on HLSA topics)

D. Identify the source to pay for the required physical resources identified in Section XII above.

HLSA will not request additional physical resources in HHP. If minor renovations are required for existing facilities (e.g., carpeting), the Department will cover this expense. The Department will draw on DRIF and summer school/winterterm revenues to provide telephones and office furniture for these offices.

E. List any other required resources and the anticipated source for them.

The Department will commit some funds to advertising the new MHA program, especially in the first two years. This support will come from HLSA DRIF funds and summer school/winterterm revenue.

F. Provide the information requested in Table 1 and Table 2 (for Academic Affairs to include in the external proposal submitted to USM and MHEC).
### MHEC TABLE 1: RESOURCES HLSA MHA Program

<table>
<thead>
<tr>
<th>Resource Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reallocated Funds</td>
<td>$123,011</td>
<td>$160,371</td>
<td>$180,866</td>
<td>$218,501</td>
<td>$239,281</td>
</tr>
<tr>
<td>a. Department</td>
<td>$65,634</td>
<td>$68,259</td>
<td>$70,989</td>
<td>$73,829</td>
<td>$76,782</td>
</tr>
<tr>
<td>b. HLHP</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$18,377</td>
<td>$19,113</td>
<td>$19,877</td>
<td>$20,672</td>
<td>$21,499</td>
</tr>
<tr>
<td>c. UMCP Provost</td>
<td>$34,000</td>
<td>$68,000</td>
<td>$85,000</td>
<td>$119,000</td>
<td>$136,000</td>
</tr>
<tr>
<td>2. Tuition/Fee Revenue (c+g below)</td>
<td>$24,240</td>
<td>$42,420</td>
<td>$87,870</td>
<td>$96,960</td>
<td>$109,080</td>
</tr>
<tr>
<td>a. # Full Time Students</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>b. Annual Tuition/Fee Rate*</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090</td>
</tr>
<tr>
<td>c. Total Full Time Revenue (a x b)</td>
<td>$0</td>
<td>$0</td>
<td>$27,270</td>
<td>$36,360</td>
<td>$36,360</td>
</tr>
<tr>
<td>d. # Part Time Students</td>
<td>4</td>
<td>7</td>
<td>10</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>e. Credit Hour Rate</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
</tr>
<tr>
<td>f. Annual Credit Hours</td>
<td>48</td>
<td>84</td>
<td>120</td>
<td>120</td>
<td>144</td>
</tr>
<tr>
<td>g. Total Part Time Revenue (d x e x f)</td>
<td>$24,240</td>
<td>$42,420</td>
<td>$60,600</td>
<td>$60,600</td>
<td>$72,720</td>
</tr>
<tr>
<td>3. Grants, Contracts, and Other External Sources</td>
<td>$0</td>
<td>$0</td>
<td>$15,000</td>
<td>$15,600</td>
<td>$16,224</td>
</tr>
<tr>
<td>4. Other Sources: UMCP Provost - Library</td>
<td>$6,590</td>
<td>$7,117</td>
<td>$7,687</td>
<td>$8,302</td>
<td>$8,966</td>
</tr>
<tr>
<td>TOTAL (Add 1 - 4)</td>
<td>$153,841</td>
<td>$209,909</td>
<td>$291,423</td>
<td>$339,362</td>
<td>$373,551</td>
</tr>
</tbody>
</table>

* Annual tuition based on 80% in-state plus 20% out-of-state rates for an average of $505/credit x 18 credit hours per student in first two years; tuition candidacy for two years at resident rate of $1,360/year ($680/semester)
### MHEC TABLE 2: EXPENDITURES HLSA MHA Program

<table>
<thead>
<tr>
<th>Expenditure Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty (b+c below)</td>
<td>$79,787</td>
<td>$82,978</td>
<td>$86,298</td>
<td>$112,187</td>
<td>$116,674</td>
</tr>
<tr>
<td>a. FTE</td>
<td>0.80</td>
<td>0.80</td>
<td>0.80</td>
<td>1.00</td>
<td>1.00</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$62,334</td>
<td>$64,827</td>
<td>$67,420</td>
<td>$87,646</td>
<td>$91,152</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$17,453</td>
<td>$18,152</td>
<td>$18,878</td>
<td>$24,541</td>
<td>$25,523</td>
</tr>
<tr>
<td>2. Admin Staff (b+c below)</td>
<td>$4,224</td>
<td>$4,393</td>
<td>$4,569</td>
<td>$4,751</td>
<td>$4,941</td>
</tr>
<tr>
<td>a. FTE</td>
<td>0.10</td>
<td>0.10</td>
<td>0.10</td>
<td>0.10</td>
<td>0.10</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$3,300</td>
<td>$3,432</td>
<td>$3,569</td>
<td>$3,712</td>
<td>$3,861</td>
</tr>
<tr>
<td>c. Total Benefits</td>
<td>$924</td>
<td>$961</td>
<td>$999</td>
<td>$1,039</td>
<td>$1,081</td>
</tr>
<tr>
<td>3. Support Staff (b+c below)</td>
<td>$52,180</td>
<td>$104,360</td>
<td>$130,450</td>
<td>$182,630</td>
<td>$208,720</td>
</tr>
<tr>
<td>a. FTE</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>b. Total Salary**</td>
<td>$34,000</td>
<td>$68,000</td>
<td>$85,000</td>
<td>$119,000</td>
<td>$136,000</td>
</tr>
<tr>
<td>c. Total Benefits***</td>
<td>$18,180</td>
<td>$36,360</td>
<td>$45,450</td>
<td>$63,630</td>
<td>$72,720</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>5. Library</td>
<td>$6,590</td>
<td>$7,117</td>
<td>$7,687</td>
<td>$8,302</td>
<td>$8,966</td>
</tr>
<tr>
<td>6. New or Renovated Space</td>
<td>$10,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7. Other Expenses</td>
<td>$7,500</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>TOTAL (Add 1 - 7)</strong></td>
<td>$165,281</td>
<td>$218,849</td>
<td>$249,003</td>
<td>$329,870</td>
<td>$361,301</td>
</tr>
</tbody>
</table>

* Fringes calculated at 28% for Faculty
** This figure includes Graduate Assistantship stipends only
*** This figure includes tuition remission only and is calculated at #FTE x $505/credit x 18 credits/year
References


THE UNIVERSITY OF MARYLAND, COLLEGE PARK
PROGRAM/CURRICULUM PROPOSAL

DIRECTIONS:
- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Department of Health Services Administration

PROPOSED ACTION (A separate form for each) ADD X DELETE CHANGE

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

Create a new Ph.D. program in Health Services.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

============================================================================================================
APPROVAL SIGNATURES                                           DATE
1. Department Committee Chair ________________________________
2. Department Chair ___________________ 1/24/07
3. College/School PCC Chair ________________________________
4. Dean ________________________________ 1/24/07
5. Dean of the Graduate School (if required) __________________
6. Chair, Senate PCC __________________________ 3/2/07
7. Chair of Senate ________________________________
8. Vice President for Academic Affairs Provost _____________
PROPOSAL FOR

A NEW PROGRAM SUBMITTED BY A UNIVERSITY SYSTEM OF MARYLAND INSTITUTION IN ACCORD WITH SECTION 11-206.1 OF THE ANNOTATED CODE OF MARYLAND

University of Maryland, College Park

Doctor of Philosophy (Ph.D.) in Health Services

HEGIS:                   CIP:

Department of Health Services Administration  Laura B. Wilson, Ph.D., Chair
Unit Offering the Program  Contact Person

Doctor of Philosophy (Ph.D.) in Health Services  Fall 2007  Proposed
Degree to be Awarded

Degree to be Awarded
I. OVERVIEW and RATIONALE

A. Briefly describe the nature of the proposed program and explain why the institution should offer it. [You may want to refer to student demand, market demand for graduates, institutional strengths, disciplinary trends, synergy with existing programs, and/or institutional strategic priorities.]

Goal and Contribution to UMCP Strategic Priorities

The Department of Health Services Administration (HLSA) is proposing to offer a Ph.D. program in Health Services. The goal of this program will be to provide interdisciplinary training in research, practice, and policy analysis relevant to the planning, administration, management, and evaluation of health and public health programs. The degree program will prepare students to advance research, policy, and practice to improve access, cost, and quality of health services, with a particular emphasis on federal and state health policy.

The Department of HLSA builds upon the expertise, resources, and capacities of the Center on Aging in the College of Health and Human Performance (HLHP). All personnel, budget, and space currently associated with the Center on Aging are now being directed to fulfilling both the mission and requirements of the new department and the Center on Aging. The Center on Aging, established in 1974, offers a Graduate Gerontology Certificate and conducts health services and policy research with a focus on aging. Faculty and staff currently affiliated with the Center on Aging hold appropriate degrees in health services and health policy that are relevant and necessary for the new graduate health services degrees.

The proposed Ph.D. program in Health Services addresses UMCP’s mission to “continue to build a strong, university-wide culture of graduate and professional education,” and to provide knowledge-based programs and services that are responsive to the needs of the citizens of the state and the nation. The proposed doctoral program builds on professional education offered in the Master of Health Administration (MHA) program by providing advanced knowledge and opportunities for scholarly research on health care systems and health outcomes. A Ph.D. program in Health Services is also well positioned to engage the university more fully in outreach and collaborative partnerships with the greater community. Faculty and doctoral students in this degree program will collaborate with relevant health care delivery and health policy institutions at the local, state, and national levels with the goal of conducting research to solve critical health service problems and answering important questions related to health systems.

Accredited Schools of Public Health must offer at least three doctoral degree programs in core disciplines of public health. Health services administration is recognized as a core area of public health practice that draws heavily from the disciplines of public health, management, public policy, economics, and other social and behavioral sciences. Thus, development of a Ph.D. program in Health Services will contribute to meeting a CEPH accreditation requirement for the proposed School of Public Health.

Market Demand for Graduates

In recent years there has been increasing national interest in the field of health services, driven by an aging population, nearly 47 million uninsured Americans, rising health care costs, growing health disparities, and the increase in manmade and natural disasters such as 9-11 and Hurricane Katrina. Amelioration of any of these problems will require professionals with a strong knowledge base and research expertise in health services delivery systems and health care management. The proposed Ph.D. program in Health Services will provide this training, addressing local, state, and national issues in health
care services, health care delivery and management, health services policy, disparities in access to care, long term care, chronic disease and disability care, and financing and economics in public health services delivery. These goals are consistent with the overarching goals of the United States Health Resources and Services Administration (HRSA), a federal agency that seeks to improve access to health care, improve health outcomes, improve the quality of health care, eliminate disparities, improve the public health and health care systems, enhance the ability of the health care system to respond to public health emergencies, and achieve excellence in management practices (HRSA, 2006).

Data from the American Public Health Association (APHA, 2004) documents the urgent need for qualified, graduate level public health professionals to tackle emerging challenges in health services administration. Americans now spend approximately one seventh of the gross domestic product on health-related expenditures (Smith, Cown, Sensenig, Catlin, 2006). At the same time, the American Public Health Association (APHA) estimates that 50% of the federal public health workforce and 25% of state public health employees will retire within the next five years (APHA, 2004). APHA has concluded that this anticipated attrition in the public health workforce cannot be solved through existing training programs and recruitment efforts.

**Student Demand**

The Association of Schools of Public Health (ASPH) reports significant growth in applications for graduate degrees in public health between 1994 and 2004 (ASPH, 2005). Moreover, admissions data from the two nearest private accredited schools indicate that George Washington University accepted less than 40% of graduate applicants to public health programs and Johns Hopkins University accepted less than 25% of all applicants (no data available for doctoral degrees in health services at these institutions).

The job outlook for doctoral graduates of the Department of Health Services Administration is very promising. There is a high demand for well-trained professionals to conduct health services research and to administer complex health-related organizations including hospitals, long term care facilities, managed care organizations, rehabilitation agencies, public health clinics, and state agencies. With the impending retirement of the first wave of baby boomers, public health and health care organizations face large scale losses of middle and executive level administrators (APHA, 2004).

A Ph.D. degree program in Health Services located at a public university will be a tremendous asset for the region and the state. Currently 24 domestic universities offer the Ph.D. or DrPH in Health Services Administration including UMCP’s aspirational peer institutions of UCLA, University of Michigan, and University of North Carolina at Chapel Hill. UMCP has two neighboring institutions with accredited schools of public health offering doctoral degrees with an emphasis in health policy and management: The Johns Hopkins University Bloomberg School of Public Health and The George Washington University School of Public Health and Health Services. Johns Hopkins offers a Ph.D. in Health Policy and Management, and a DrPH in Leadership and Management. George Washington University offers a DrPH in Health Policy. Both universities are private.

UMCP will provide students and future public health leaders with a high quality, affordable doctoral degree in health services and will prepare them to conduct research responsive to the needs of the Maryland public. The University has a unique location in close proximity to federal government agencies, the United States Congress, and a variety of public health policy think tanks, as well as the Maryland state capital and several county governments. Students will be able to take full advantage of resources available in Washington DC area while also applying their knowledge, skills, and resources to health services issues specific to the State of Maryland. These advantages promise to attract excellent graduate students to the proposed Ph.D. program in Health Services.
B. How big is the program expected to be? From what other programs serving current students, or from what new populations of potential students, onsite or offsite, are you expecting to draw?

The Department of HLSA anticipates that the majority of the applicants for the Ph.D. program in Health Services will come from its own Master of Health Administration (MHA) program. In addition, we expect to attract doctoral students from other MPH and MHA programs in the region and nationally. The proposed doctoral program is anticipated to draw students from both master’s level programs and from a wide range of practicing professionals seeking to advance their careers within their current agencies or seeking to make career moves within the field of public health. The proposed Ph.D. program should attract students from the rich and varied governmental and professional agencies associated with health and health services located in the Baltimore-Washington D.C. corridor. Examples of agencies and organizations from which doctoral students may be drawn include: the Veteran’s Administration, the National Center for Health Statistics, the Health Resources and Services Administration, the Department of Health and Human Services, the American Nurses Association, the Association for Public Policy Management, the Centers for Medicare and Medicaid Services, various associations which are focused on the resolution of specific diseases and disabilities, Congressional staff, and state and local health departments.

The Department of Health Services Administration anticipates admitting 2-3 full-time and 1-2 part-time doctoral students a year. With an expected attrition rate of 20%, we predict a cohort of approximately 16 students once we have attained maximum enrollment capacity for the program.

II. CURRICULUM

A. Provide a full catalog description of the proposed program, including educational objectives and any areas of concentration.

The Ph.D. program in Health Services provides students with comprehensive knowledge and applied research skills in the areas of health services systems and health care management. Students analyze social, behavioral, and health system effects on health outcomes and examine how the organization, delivery, financing, and management of health services affect system performance. Graduates are prepared for careers in academic institutions, health delivery systems, public health departments, government agencies, and the private sector.

The proposed Ph.D. program in Health Services will provide students with:

a) In-depth knowledge of theory and conceptual models employed in the study of health services and health systems.
b) Comprehensive knowledge of health systems and the health care industry.
c) Expertise in the design and execution of scholarly research on critical issues in health services, health systems, and health policy.
d) Expertise in the application of health services research to the management of health care delivery systems.
e) Leadership skills that facilitate application of acquired knowledge to policy development and analysis, and to professional and community service.
f) Comprehensive knowledge of ethical issues in health services delivery and management.
g) Preparation for health services careers in the public, nonprofit, and private sectors, including university teaching, research, health care administration, health policy analysis, and leadership positions in health care systems.
B. List the courses (number, title, semester credit hours) that would constitute the requirements and other components of the proposed program. Provide a catalog description for any courses that will be newly developed or substantially modified for the program.

Students entering the Ph.D. program in Health Services must have completed a master’s degree in Health Administration, Health Services, Health Policy, Health Care Economics, Business Administration, or a related field. If the student’s completed master’s degree does not include public health content in the five core areas of health services administration, epidemiology, biostatistics, environmental health sciences, and social and behavioral sciences, these courses will need to be completed in addition to a minimum of 42 credit hours of advanced course work required in the Ph.D. program. The 42 credit hours will include a minimum of 21 credit hours in methods for health services research, a minimum of 9 hours of credits in a cognate area (approved by the faculty advisor), and 12 credit hours of dissertation research. Doctoral students advance to candidacy by completing a written comprehensive exam and an oral defense of their dissertation proposal. In addition to the 42 credit hours of coursework, the written comprehensive exam, and the proposal defense, students must successfully complete a doctoral dissertation and an oral dissertation defense.

<table>
<thead>
<tr>
<th>Table 1: Proposed Ph.D. Program in Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
</tr>
<tr>
<td>Public Health Core (required Master's coursework)</td>
</tr>
<tr>
<td>EPIB 650 Biostatistics I</td>
</tr>
<tr>
<td>EPIB 610 Foundations of Epidemiology</td>
</tr>
<tr>
<td>HLSA 601 Introduction to Health Systems</td>
</tr>
<tr>
<td>HLTH 665 Health Behavior I</td>
</tr>
<tr>
<td>MIEH 600 Foundations of Environmental Health</td>
</tr>
<tr>
<td>Cognate Area Courses (9 credits)</td>
</tr>
<tr>
<td>Elective, selected with faculty advisor</td>
</tr>
<tr>
<td>Elective, selected with faculty advisor</td>
</tr>
<tr>
<td>Elective, selected with faculty advisor</td>
</tr>
<tr>
<td>Research Methods (21 credits)</td>
</tr>
<tr>
<td>EPIB 611 Intermediate Epidemiology</td>
</tr>
<tr>
<td>EPIB 651 Biostatistics II</td>
</tr>
<tr>
<td>EPIB 652 Categorical Data Analysis</td>
</tr>
<tr>
<td>HLSA 780 Qualitative Methods for Health Services</td>
</tr>
<tr>
<td>HLSA 765 Oral and Written Communications</td>
</tr>
<tr>
<td>HLSA 790 Seminar in Advanced Health Services Research</td>
</tr>
<tr>
<td>Elective, selected with faculty advisor</td>
</tr>
<tr>
<td>Dissertation (12 credits)</td>
</tr>
<tr>
<td>HLSA 899 Doctoral Dissertation Research</td>
</tr>
<tr>
<td>Total Credits for Proposed Health Services Ph.D. Program</td>
</tr>
</tbody>
</table>

Recommended Electives for Cognate Area in the Health Services Ph.D. Program
EPIB 652 Categorical Data Analysis (3 credits)
EPIB 653 Survival Data Analysis (3 credits)
EPIB 655 Longitudinal Data Analysis (3 credits)
EPIB 710 Epidemiologic Research Methods (3 credits)
FMST 606 Ethnic Families and Health Disparities (3 credits)
FMST 710 Foundations in Maternal & Child Health (3 credits)
FMST 730 Maternal and Family Health in Adulthood and Aging (3 credits)
FMST 720 Perinatal, Child and Adolescent Health (3 credits)
FMST 750 Family and Health Policy (3 credits)
FMST 810 Theory in Family Systems and Family Health (3 credits)
FMST 850 Population Epidemiology (3 credits)
HLTH 775 Health Education Program Planning Evaluation (3 credits)
MIEH 770 Law and Policy in Environmental Health (3 credits)
Additional electives may be taken with the consent of the student’s advisor.

Courses for HLSA Ph.D. Program
All courses in the program are described below, with new courses in the Department and College noted with an asterisk.

EPIB 610 Foundations of Epidemiology: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

EPIB 611 Intermediate Epidemiology*: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

EPIB 650 Biostatistics I: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

EPIB 651 Biostatistics II*: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650

EPIB 652 Categorical Data Analysis*: Methods for the analysis of categorical data as applied to public health research, including variables with two or more categories, analysis of data structures that are counted, ordered, censored, or subject to selection. Prerequisites: EPIB650, EPIB651

HLSA 601 Introduction to Health Systems: Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

HLSA 765 Oral and Written Communications*: Review of professional writing required of health services professionals including grant proposals, journal articles, papers, presentations, textbooks, theses, and dissertations. Form and content of a variety of technical documents, as well as the processes of writing, peer review and critique.

HLSA 780 Qualitative Methods for Health Services*: Qualitative methods for conducting research on individuals and their use of health services. Review of research designs, first-person accounts, life histories, visual records, semi-structured and open-ended interviews, informal and formal observations, and biographical and autobiographical materials, among others. Examination of the collection, analysis, and interpretation of qualitative data.

HLSA 790 Seminar in Advanced Health Services Research*: In-depth examination of the health services research literature with emphasis on review of methodology, interpretation of complex results, and evaluation of policy implications. Emphasis on critical examination of the literature in the design of research questions and the selection of appropriate methods to answer policy questions.

HLTH 665 Health Behavior I: The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.
MIEH 600 Foundations of Environmental Health: Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

Sample Student Schedule
Below is a table showing how a typical Ph.D. student can complete the required coursework over a three-year period (including one year of dissertation).

<table>
<thead>
<tr>
<th>Schedule for Full-time Ph.D. Student in Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1 (9)</td>
</tr>
<tr>
<td>EPIB 652</td>
</tr>
<tr>
<td>Elective I</td>
</tr>
<tr>
<td>Elective III</td>
</tr>
</tbody>
</table>

C. Describe any selective admissions policy or special criteria for students selecting this field of study.

The Department of HLSA will require a Master’s Degree in Health Administration, Health Services, Health Policy, Health Care Economics, Business Administration or a related field in order to enter the Ph.D. program in Health Services. If the student’s master’s degree program does not include the five core public health courses, these courses will need to be completed in addition to a minimum of 42 credit hours of advanced coursework required in the Ph.D. program.

All applicants must submit: Undergraduate and Graduate transcripts, Graduate Record Examination (GRE) scores, letters of recommendation from 3 persons competent to judge the applicant’s probability of success in graduate school, and the graduate school essay describing professional goals and relevant work and research experience.

In addition to Graduate School requirements, admission decisions for the Ph.D. program in Health Services will be based on the quality of previous undergraduate and graduate course work, the strength of GRE scores, the relevance of prior work and research experience, and the congruence of professional goals with those of the program. Students should submit application materials for the fall semester by January 15th. This program does not accept applications for Spring semester admission.

D. How will the program increase students’ technology fluency?

Doctoral students admitted to the program in the Department of Health Services Administration must have completed a Master’s Degree in Health Services Administration or a related field. Accreditation criteria for this type of master’s program requires knowledge and competence in a wide variety of information technology skills pertinent to the delivery of health services (e.g., management information systems) and health services research. The Ph.D. program will build on these skills through continued training in information technology and its application to research in health services.

III. STUDENT LEARNING OUTCOMES AND ASSESSMENT

List the program's learning outcomes and explain how they will be measured and assessed.
Outcome 1: To acquire a strong foundation of knowledge in the organizational, policy, economic, and social factors that influence health services delivery.
Measure: Students’ qualifying comprehensive examination, which addresses organizational, policy, economic, and social factors that influence health services delivery.
Criterion: At least 80% of Ph.D. students will pass the Qualifying Comprehensive Examination.
Assessment: Outcomes will be assessed every year beginning in Fall 2008.

Outcome 2: To acquire foundational and advanced research skills which result in the ability to develop an independent research project.
Measure: Oral defense of dissertation proposal.
Criterion: At least 80% of students will successfully complete an oral defense for a dissertation proposal, demonstrating knowledge in a cognate area and research skills necessary to conduct independent research.
Assessment: Outcomes will be assessed every year beginning in Fall 2009.

Outcome 3: To demonstrate the ability to complete an independent research project.
Criterion: At least 75% of doctoral students will successfully complete an oral defense of their dissertation, demonstrating foundational and advanced knowledge of the health services dissertation topic, advanced skills in health services research, and ability to advance the field through independent research.
Assessment: Outcomes will be assessed every year beginning in Fall 2009.

Outcome 4: To demonstrate oral and written communication skills appropriate for the dissemination of knowledge in health services to both academic and professional/practitioner audiences.
Measure: Number of students who submit articles to refereed journals or presentations to national professional conferences.
Criterion: Prior to graduating from program, 100% of students will have either a manuscript accepted for publication in a refereed journal or will have presented a paper at a national professional conference.
Assessment: Outcomes will be assessed every year beginning in Fall 2008.

IV. FACULTY AND ORGANIZATION

A. Who will provide academic direction and oversight for the program? [This might be a department, a departmental subgroup, a list of faculty members, or some other defined group.]

The proposed Ph.D. in Health Services will be managed by the Department of Health Services Administration. The HLSA Department currently has 6 FTE faculty. Four are tenured/tenure track. These 4 faculty members have doctoral degrees and backgrounds in health services, organizational development, public health, health policy, health care finance, and long term care. Two additional research faculty from the Center on Aging with appropriate degrees in health care administration, organizational leadership, and organizational development will augment the faculty and assist in teaching, research, and thesis committees. These research faculty have some teaching responsibilities as part of their appointments, including supervising students in the Graduate Gerontology Certificate Program. Recent appointees to the Dean’s Office will also participate in the proposed program. Three new associate and assistant deans with credentials in health care law, health services, and health policy have expressed a willingness to assist with teaching and research and serve on doctoral committees. Additionally, there are three Ph.D. faculty in the College of Health and Human Performance with health services background who have agreed to participate on doctoral committees.
Health Services Administration Faculty Scheduled to Teach in the Proposed PhD Program

Tracey T. Manning, PhD, Research Associate Professor, Center on Aging
  Teaching/research focus: health care leadership
  Course: To Be Determined

Lori Simon-Rusinowitz, PhD, MPH, Associate Professor, HLSA
  Teaching/research focus: health policy, disability studies
  Course: HLSA 765 Oral and Written Communications

Cynthia Saunders, PhD, MPH, Assistant Professor, HLSA
  Teaching/research focus: health policy, qualitative methods, health services research
  Course: HLSA 780 Qualitative Methods for Health Services

Judith Shinogle, PhD, MSc, Assistant Professor, HLSA
  Teaching/research focus: health economics, neuro-economics, health services research
  Course: HLSA 790 Advanced Health Services Research

Sharon P. Simson, PhD, MSHA, Research Professor, Center on Aging
  Teaching/research focus: health services administration, long term care administration
  Course: To Be Determined

Laura B. Wilson, PhD, Professor and Director of the Center on Aging; Chair, HLSA
  Teaching/research focus: health policy, long term care administration
  Course: To Be Determined

B. If the program is not to be housed and administered within a single academic unit, provide details of its administrative structure.

Not applicable. All classes will be housed and administered within the Department of Health Services Administration.

V. OFF CAMPUS PROGRAMS

A. If the program is to be offered to students at an off-campus location, with instructors in classrooms and/or via distance education modalities, indicate how student access to the full range of services (including advising, financial aid, and career services) and facilities (including library and information facilities, and computer and laboratory facilities if needed) will be assured.

Not applicable. All classes will be offered on the UMCP campus.

B. If the program is to be offered mostly or completely via distance education, you must describe in detail how the concerns in Principles and Guidelines for Online Programs are to be addressed.

Not applicable. No part of the program will be offered via distance education.

VI. OTHER ISSUES

A. Describe any cooperative arrangements with other institutions or organizations that will be important for the success of this program.
The College of Health and Human Performance at UMCP has established a Memorandum of Understanding to share resources with the School of Public Health at the University of Maryland at Baltimore (UMB). UMCP and UMB will share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. HLHP is currently creating a Memorandum of Understanding with Prince George’s County Health Department to develop graduate student internships and to collaborate on health research and demonstration projects that will benefit county residents.

B. Will the program require or seek accreditation? Is it intended to provide certification or licensure for its graduates? Are there academic or administrative constraints as a consequence?

The proposed School of Public Health will seek accreditation from the Council on Education for Public Health (CEPH), which will review all academic programs and accredit the School. CEPH is an independent agency, recognized by the U.S. Department of Education, which accredits schools and programs of public health. CEPH accreditation will ensure students, employers, and the general public that UMCP’s new graduate programs meet the highest standards for education in public health.

VII. COMMITMENT TO DIVERSITY

Identify specific actions and strategies that will be used to recruit and retain a diverse student body.

The Department of Health Services Administration will work closely with the HLHP Assistant Dean for Diversity and the Director of the UMCP Graduate Office of Recruitment, Retention, and Diversity, to attract students from underrepresented groups to the new Ph.D. program in Health Services. Faculty will recruit prospective students at national and regional professional conferences, including annual meetings of the American Public Health Association and Academy Health. The Department will host campus visits of prospective students from targeted minority institutions, including the historically black colleges in Maryland and the surrounding region. Faculty will also seek help from colleagues on other campuses in identifying minority graduate students who may be interested in the Maryland program and its research foci.

VIII. REQUIRED PHYSICAL RESOURCES

The establishment of this doctoral program is within the context of the creation of the proposed School of Public Health. In order to achieve accreditation by the Council on Education for Public Health, the proposed School of Public Health must include three doctoral degrees, each in a core discipline of public health. Health services is one of the core disciplines (epidemiology, biostatistics, health services, health behavior and environmental health) and will complete one of the three doctoral program requirements along with the current doctorate in public and community health (public health behavior) and the proposed doctorate in epidemiology.

The proposed doctorate can be implemented in accordance with Section 11 206.1 in which programs developed under this provision can be implemented within existing resources of the campus. In proceeding with the submission of this program, the institution’s president certifies that no new general funds will be required for the implementation of this doctoral program.

A. Additional library and other information resources required to support the proposed program.
The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the Maternal and Child Health Ph.D. program. The Provost will provide funding to meet library needs for this doctoral program.

**B. Additional facilities, facility modifications, and equipment that will be required. This is to include faculty and staff office space, laboratories, special classrooms, computers, etc.**

The Department has adequate space in HHP to house new faculty and doctoral students in the doctoral program. The College’s existing classroom facilities will be used to teach new doctoral courses. Each of the departments has a technology cart (with a minimum of sixteen laptop computers), which will be used to provide students with training in advanced information technologies. No laboratories or computer labs are needed to operate the program.

**C. Impact, if any, on the use of existing facilities and equipment. Examples are laboratories, computer labs, specially equipped classrooms, and access to computer servers.**

See response to VIII.B above.

**IX. RESOURCE NEEDS and SOURCES**

Describe the resources that are required to offer this program, and the source of these resources. Project this for five years. In particular:

**A. List new courses to be taught, and needed additional sections of existing courses. Describe the anticipated advising and administrative loads. Indicate the personnel resources (faculty, staff, and teaching assistants) that will be needed to cover all these responsibilities.**

The faculty of the Center on Aging who are now tenured as faculty of the Department of Health Services Administration have been successful in acquiring external research funding at an annual rate per FTE faculty member of approximately one million dollars. These funds have supported an average of 4-6 graduate students per year. These students came from other departments in the College and University. The expected continuation and expansion of this capability to support the Department’s own graduate students is expected and should serve to cover a number of students in the program. Tuition revenues will serve to augment the program’s ability to fulfill its mission and goals. The faculty of the program will aggressively pursue additional external research and fellowship funds (especially those accessible only to accredited Schools of Public Health), private donations, and funds generated by entrepreneurial activities in order to augment the capacities of the Department and the proposed doctoral program.

**B. List new faculty, staff, and teaching assistants needed for the responsibilities in A, and indicate the source of the resources for hiring them.**

Faculty resources of the Department of Health Services Administration (as described herein) are adequate to cover the size of the doctoral program proposed. All courses necessary can be taught by current Health Service faculty, faculty in the proposed School of Public Health, or are electives which may be drawn from other disciplines within the School. Reallocated funds from the Center on Aging created the Department of Health Services Administration along with allocations requested by the Dean as a part of the development of the proposed School of Public
Health. No additional allocations for administrative or faculty support beyond those submitted as a part of establishing the new Department of Health Services Administration (effective July 1, 2006) are requested.

The HLSA PhD program will be supported, in part, by tuition revenue from new Ph.D. students. HLSA has requested funds for 8 2-year Graduate Assistantships from the Dean of HLHP over the 5-year period between 2007-2012. These Graduate Assistantships will come from funds provided to the College/School by the Provost when specific milestones are met in new graduate student enrollments. Soft money support will be provided in the initial years of the program, to be incrementally replaced by hard money allocations when program milestones are met (see page 19, School of Public Health proposal). Graduate Fellowships for the HLSA Ph.D. program will be sought over the same period of time from the Dean of the Graduate School. We also anticipate that this new Ph.D. program will increase our ability to attract research funding and an MCH training grant.

HLSA’s most important need associated with implementation of the MCH Ph.D. program is for additional Graduate Assistantships. These GA positions are entered on MHEC Table 2, Expenditures, as “Support Staff” expenses. These positions will enable the Department to be competitive in recruiting the most outstanding students.

C. Some of these teaching, advising, and administrative duties may be covered by existing faculty and staff. Describe your expectations for this, and indicate how the current duties of these individuals will be covered, and the source of any needed resources.

As described above, teaching, advising, and administrative duties will be handled by existing faculty members and existing administrative staff. HLSA faculty members have proposed the new courses as described in another section of this proposal. College faculty teaching in our School can also accommodate additional public health students in their courses.

D. Identify the source to pay for the required physical resources identified in Section XII above.

HLSA will not request additional physical resources in HHP. If minor renovations are required for existing facilities (e.g., carpeting), the Department will cover this expense. The Department will draw on DRIF and summer school/winterterm revenues to provide telephones and office furniture for these offices.

E. List any other required resources and the anticipated source for them.

As with Ph.D. programs in our School, the Department will annually provide some financial support to doctoral students who present their work at professional conferences. The Department will also commit some funds to advertising the new program, especially in the first two years. This support, projected will come from HLSA DRIF funds and summer school/winterterm revenue.

F. Provide the information requested in Table 1 and Table 2 (for Academic Affairs to include in the external proposal submitted to USM and MHEC).
### MHEC TABLE 1: RESOURCES HLSA PhD Program

<table>
<thead>
<tr>
<th>Resource Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reallocated Funds</td>
<td>$138,757</td>
<td>$173,707</td>
<td>$193,855</td>
<td>$229,209</td>
<td>$249,778</td>
</tr>
<tr>
<td>a. Department</td>
<td>$92,779</td>
<td>$96,490</td>
<td>$100,349</td>
<td>$104,363</td>
<td>$108,538</td>
</tr>
<tr>
<td>b. HLHP</td>
<td>$5,000</td>
<td>$5,200</td>
<td>$5,408</td>
<td>$5,624</td>
<td>$5,849</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$25,978</td>
<td>$27,017</td>
<td>$28,098</td>
<td>$29,222</td>
<td>$30,391</td>
</tr>
<tr>
<td>c. UMCP Graduate School / Provost</td>
<td>$15,000</td>
<td>$45,000</td>
<td>$60,000</td>
<td>$90,000</td>
<td>$105,000</td>
</tr>
<tr>
<td>2. Tuition/Fee Revenue (c+g below)</td>
<td>$24,240</td>
<td>$54,540</td>
<td>$78,780</td>
<td>$81,500</td>
<td>$101,040</td>
</tr>
<tr>
<td>a. # Full Time Students</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>b. Annual Tuition/Fee Rate*</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090/$1,360</td>
<td>$9,090/$1,360</td>
</tr>
<tr>
<td>c. Total Full Time Revenue (a x b)</td>
<td>$18,180</td>
<td>$36,360</td>
<td>$54,540</td>
<td>$57,260</td>
<td>$76,800</td>
</tr>
<tr>
<td>d. # Part Time Students</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>e. Credit Hour Rate</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
</tr>
<tr>
<td>f. Annual Credit Hours</td>
<td>12</td>
<td>36</td>
<td>48</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>g. Total Part Time Revenue (d x e x f)</td>
<td>$6,060</td>
<td>$18,180</td>
<td>$24,240</td>
<td>$24,240</td>
<td>$24,240</td>
</tr>
<tr>
<td>3. Grants, Contracts, and Other External Sources</td>
<td>$0</td>
<td>$0</td>
<td>$15,000</td>
<td>$15,600</td>
<td>$16,224</td>
</tr>
<tr>
<td>4. Other Sources: UMCP Provost - Library</td>
<td>$6,590</td>
<td>$7,117</td>
<td>$7,687</td>
<td>$8,302</td>
<td>$8,966</td>
</tr>
<tr>
<td>TOTAL (Add 1 - 4)</td>
<td>$169,587</td>
<td>$235,364</td>
<td>$295,322</td>
<td>$334,611</td>
<td>$376,007</td>
</tr>
</tbody>
</table>

* Annual tuition based on 80% in-state plus 20% out-of-state rates for an average of $505/credit x 18 credit hours per student in first two years; tuition candidacy for two years at resident rate of $1,360/year ($680/semester)
<table>
<thead>
<tr>
<th>Expenditure Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty (b+c below)</td>
<td>$110,309</td>
<td>$114,721</td>
<td>$149,137</td>
<td>$155,103</td>
<td>$161,307</td>
</tr>
<tr>
<td>a. FTE</td>
<td>1.00</td>
<td>1.00</td>
<td>1.25</td>
<td>1.25</td>
<td>1.25</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$86,179</td>
<td>$89,626</td>
<td>$116,513</td>
<td>$121,174</td>
<td>$126,021</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$24,130</td>
<td>$25,095</td>
<td>$32,624</td>
<td>$33,929</td>
<td>$35,286</td>
</tr>
<tr>
<td>2. Admin Staff (b+c below)</td>
<td>$8,448</td>
<td>$8,786</td>
<td>$9,137</td>
<td>$9,503</td>
<td>$9,883</td>
</tr>
<tr>
<td>a. FTE</td>
<td>0.20</td>
<td>0.20</td>
<td>0.20</td>
<td>0.20</td>
<td>0.20</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$6,600</td>
<td>$6,864</td>
<td>$7,139</td>
<td>$7,424</td>
<td>$7,721</td>
</tr>
<tr>
<td>c. Total Benefits</td>
<td>$1,848</td>
<td>$1,922</td>
<td>$1,999</td>
<td>$2,079</td>
<td>$2,162</td>
</tr>
<tr>
<td>3. Support Staff (b+c below)</td>
<td>$24,090</td>
<td>$72,270</td>
<td>$96,360</td>
<td>$144,540</td>
<td>$168,630</td>
</tr>
<tr>
<td>a. FTE</td>
<td>1.00</td>
<td>3.00</td>
<td>4.00</td>
<td>6.00</td>
<td>7.00</td>
</tr>
<tr>
<td>b. Total Salary**</td>
<td>$15,000</td>
<td>$45,000</td>
<td>$60,000</td>
<td>$90,000</td>
<td>$105,000</td>
</tr>
<tr>
<td>c. Total Benefits***</td>
<td>$9,090</td>
<td>$27,270</td>
<td>$36,360</td>
<td>$54,540</td>
<td>$63,630</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$10,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>5. Library</td>
<td>$6,590</td>
<td>$7,117</td>
<td>$7,687</td>
<td>$8,302</td>
<td>$8,966</td>
</tr>
<tr>
<td>6. New or Renovated Space</td>
<td>$10,000</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7. Other Expenses</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>TOTAL (Add 1 - 7)</td>
<td>$174,437</td>
<td>$217,894</td>
<td>$277,321</td>
<td>$334,447</td>
<td>$365,785</td>
</tr>
</tbody>
</table>

* Fringes calculated at 28% for Faculty
** This figure includes Graduate Assistantship stipends only
*** This figure includes tuition remission only and is calculated at #FTE x $505/credit x 18 credits/year
References


THE UNIVERSITY OF MARYLAND, COLLEGE PARK
PROGRAM/CURRICULUM PROPOSAL

DIRECTIONS:

- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Department of Epidemiology and Biostatistics

PROPOSED ACTION (A separate form for each) ADD_ X_ DELETE_ CHANGE_

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

Create a new Ph.D. program in Epidemiology.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

======================================================================================================================

APPROVAL SIGNATURES DATE

1. Department Committee Chair
   [Signature] 1-23-07

2. Department Chair
   [Signature] 1-23-07

3. College/School PCC Chair
   [Signature] 1-23-07

4. Dean
   [Signature] 1-23-07

5. Dean of the Graduate School (if required)
   [Signature] 1-23-07

6. Chair, Senate PCC
   [Signature] 3/2/07

7. Chair of Senate

8. Vice President for Academic Affairs Provost
PROPOSAL FOR

A NEW PROGRAM SUBMITTED BY A UNIVERSITY SYSTEM OF MARYLAND INSTITUTION IN ACCORD WITH SECTION 11-206.1 OF THE ANNOTATED CODE OF MARYLAND

University of Maryland, College Park

Doctor of Philosophy (Ph.D.) in Epidemiology

HEGIS: CIP:

Department of Epidemiology and Biostatistics
Unit Offering the Program

Deborah R. Young, Ph.D., Interim Chair
Contact Person

Doctor of Philosophy (Ph.D.) in Epidemiology
Degree to be Awarded

Spring 2007 Proposed
I. OVERVIEW and RATIONALE

A. Briefly describe the nature of the proposed program and explain why the institution should offer it. [You may refer to student demand, market demand for graduates, institutional strengths, disciplinary trends, synergy with existing programs, and/or institutional strategic priorities.]

Goal and Contribution to UMCP Strategic Priorities

The Department of Epidemiology and Biostatistics (EPIB) is proposing to offer a Ph.D. program in Epidemiology. Epidemiology is the study of the distribution and determinants of the varying rates of diseases, injuries, and other health states in human populations. As the fundamental science underlying public health practice, epidemiology provides the conceptual and practical tools necessary for the study of public health problems and the design of adequate control measures. The goal of the proposed Ph.D. program in Epidemiology is to train students for future careers in epidemiologic research and leadership in public health, with a particular emphasis on improving health and reducing health disparities in local communities, Maryland, and the nation.

The proposed program will address one of the University’s top priorities – to ensure that the University’s research has an impact on the community and larger society. It supports the University of Maryland’s mission to “improve the quality of life for the people of Maryland by providing a comprehensive range of high quality, accessible, and affordable educational opportunities; engaging in research and creating scholarship that expand the boundaries of current knowledge; and providing knowledge-based programs and services that are responsive to the needs of the citizens of the state and the nation” (University System of Maryland, 2006). The proposed Ph.D. program in Epidemiology also supports UMCP’s strategic initiative to “build a strong, university-wide culture of excellence in graduate and professional education, research, (and) scholarship.” Students will learn to use established epidemiological methods to examine the role of environmental, social, behavioral, biological, and genetic factors in the primary and secondary prevention of chronic diseases in order to improve health and eliminate health disparities.

The proposed Ph.D. program in Epidemiology will meet an accreditation requirement for Schools of Public Health established by the Council on Education for Public Health (CEPH). Specifically, accredited Schools must offer at least three doctoral degrees, each in a core area of public health. Thus, the proposed Ph.D. program in Epidemiology will fulfill a CEPH requirement as a doctoral degree program in the core discipline of epidemiology.

Market Demand for Graduates

The Institute of Medicine (IOM) estimates that approximately 450,000 people are employed in the U.S. public health workforce, and reports an urgent need for more qualified, graduate level public health professionals to tackle growing public health problems (IOM, 2003). It has been estimated that 80% of public health workers across the nation lack specific public health training, and only 22% of chief executives of public health departments hold graduate degrees in public health (IOM, 2003). Data from the American Public Health Association (APHA) further indicate that 50% of the federal public health workforce and 25% of state public health employees will retire within the next five years (APHA, 2004). The APHA concludes that “this massive attrition in personnel will create a critical shortage of workers that clearly can not be remedied through existing training programs and recruitment efforts.”

Epidemiologists are among the public health personnel in shortest supply (APHA, 2004). Approximately 42% of current epidemiologists lack formal academic training in epidemiology. (APHA, 2004). At the state and county level, only 30% of formally trained epidemiologists have doctoral degrees (APHA, 2004).
Doctorally-prepared epidemiologists are needed to train public health professionals who will work in the public health practice of epidemiology and other public health disciplines at the national, state, and local levels, and in the private sector. They are also needed in research settings to improve the population’s health by identifying determinants of health and patterns of disease. Epidemiology doctoral graduates will be prepared for academic and research positions in Schools of Public Health, Schools of Medicine, and other academic institutions. They also will be prepared for research positions in federal/state/county/local health and human service agencies, private health care and health serving organizations, and private research institutions.

**Student Demand**

Data from the Association of Schools of Public Health (ASPH) reveal significant growth in applications for doctoral degrees in public health between 1994 and 2004 (ASPH, 2005). Moreover, admissions data from the two nearest private accredited schools indicate that George Washington University accepted less than 40% of graduate applicants to public health programs and Johns Hopkins University accepted less than 25% of all applicants (ASPH, 2005).

The University of Maryland’s peer institutions all have academic departments that offer doctoral degrees in Epidemiology. These programs are within accredited Schools of Public Health and thus, are accredited programs. UCLA and the University of Michigan offer multiple doctoral level degrees (Ph.D. and DrPH). The University of Maryland, Baltimore (UMB) offers a Ph.D. in Epidemiology with an emphasis on determinants of disease in biomedical settings, but the program is not currently accredited. In the state of Maryland, only Johns Hopkins University offers accredited doctoral programs in Epidemiology (Ph.D. and DrPH). In the Washington, DC metropolitan area, only George Washington University offers a Ph.D. in Epidemiology. The closest public university that offers an accredited doctoral program in Epidemiology is the University of North Carolina at Chapel Hill.

The location of UMCP is ideal for academic training in epidemiology. With close proximity to the National Institutes of Health campuses, the National Center for Health Statistics, state and local public health agencies, and other academic, public health, and medical research institutions, there are ample opportunities for students to participate in population-based research and to access relevant data sources needed for high quality epidemiologic training.

**B. How big is the program expected to be? From what other programs serving current students, or from what new populations of potential students, onsite or offsite, are you expecting to draw?**

A significant number of applicants for the Ph.D. program in Epidemiology should come from our MPH program and other graduate programs in the College of Health and Human Performance. An appreciable number of applications are also expected from students enrolled in the 38 accredited Schools of Public Health in the United States. In addition, our Ph.D. program should be attractive to a broad range of prospective students who have not received prior training in public health, including those with graduate degrees in the life sciences, behavioral sciences, and mathematics or statistics. We also anticipate attracting medical doctors who are interested in pursuing epidemiologic research and mid-career professionals seeking to advance their careers.

We anticipate admitting approximately 2-6 full-time doctoral students per year, all of whom will have completed a master’s degree. Assuming it will take between three to five years to complete the Ph.D. degree (and there is a 10% attrition rate), we predict a cohort of approximately 18 students in the doctoral program once we have attained maximum enrollment capacity.
II. CURRICULUM

A. Provide a full catalog description of the proposed program, including educational objectives and any areas of concentration.

Epidemiology is the study of the distribution and determinants of disease and injury in human populations. Doctoral students are trained to advance knowledge of the patterns and causes of diseases and disabling conditions, to apply epidemiologic methods to the prevention and control of disease/injury, and to promote and improve population health. The broad educational objective of this program is to prepare students for future careers in epidemiologic research and leadership in public health.

The proposed Ph.D. program in Epidemiology will provide students with:

a) Comprehensive knowledge of epidemiologic methods used to understand the causes and prevention of human disease.

b) In-depth understanding of environmental, social and behavioral, biological, and genetic factors associated with primary and secondary prevention of chronic diseases.

c) Expertise in the design and conduct of scientific research using epidemiologic study design and advanced epidemiologic research methods.

d) Training for public health and epidemiology careers in academia and research settings, and for future leadership positions in public health.

The proposed Ph.D. program provides training in epidemiologic methods and content to prepare future public health researchers and academic faculty. Graduates will be able to work within an interdisciplinary framework with public health professionals from various backgrounds to accomplish research goals.

Students in the Ph.D. program will be able to pursue an epidemiology degree with or without content specialization. Currently, one specialization area is proposed: Physical Activity Epidemiology. Although physical inactivity is a leading public health problem in Maryland and the nation, our epidemiology program will be the first to offer a specialization in physical activity. Students who choose to specialize in Physical Activity Epidemiology will take graduate courses offered in the Department of Kinesiology to gain expertise in this content area. As other specialization areas are identified by the Department of Epidemiology and Biostatistics faculty, they will be offered as well. Students who choose not to specialize in a content area will take additional graduate-level elective courses in epidemiology selected in consultation with their advisors.

B. List the courses (number, title, semester credit hours) that would constitute the requirements and other components of the proposed program. Provide a catalog description for any courses that will be newly developed or substantially modified for the program.

As shown in Table 1, the proposed program requires a minimum of 58 graduate credit hours beyond the master’s degree in epidemiology or public health, including 12 credit hours of dissertation research. Students entering the program with a master’s degree in a field other than epidemiology are required to take epidemiology and biostatistics coursework (see Table 1) to gain competency in these content and method areas. A minimum of 12 credit hours in a cognate area (e.g. Physical Activity Epidemiology) is required for specialization (included in the 58 credits). Students admitted to the Ph.D. program advance to candidacy upon completing required coursework and passing a written comprehensive examination with an oral defense. After advancement to candidacy, students must complete a dissertation proposal and oral defense, followed by successful completion of the doctoral dissertation and oral defense.
Table 1: Proposed Ph.D. Program in Epidemiology

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Epidemiology Core</strong> (required Master's coursework)</td>
<td></td>
</tr>
<tr>
<td>EPIB 610  Foundations of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 611  Intermediate Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 612  Epidemiologic Study Design</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 620  Chronic Disease Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 622  Social Determinants of Health</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 650  Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 651  Biostatistics II</td>
<td>3</td>
</tr>
<tr>
<td><strong>Cognate Area (33 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>4 Courses in specialty area selected with adviser</td>
<td>12</td>
</tr>
<tr>
<td>Example: Physical Activity Epidemiology</td>
<td></td>
</tr>
<tr>
<td>KNES 689J, KNES 691, KNES 692, KNES 694</td>
<td></td>
</tr>
<tr>
<td>EPIB 710  Epidemiologic Research Methods</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 788  Critical Readings</td>
<td>3</td>
</tr>
<tr>
<td>5 EPIB Electives (with advisement)</td>
<td>15</td>
</tr>
<tr>
<td><strong>Advanced Methods (13 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>EPIB 641  Public Health and Research Ethics</td>
<td>1</td>
</tr>
<tr>
<td>EPIB 652  Categorical Data Analysis</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 653  Survival Data Analysis OR</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 654  Clinical Trials Analysis OR</td>
<td></td>
</tr>
<tr>
<td>EPIB 655  Longitudinal Data Analysis</td>
<td></td>
</tr>
<tr>
<td>EPIB 740  Advanced Methods in Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 789  Independent Study</td>
<td>3</td>
</tr>
<tr>
<td><strong>Dissertation (12 credits)</strong></td>
<td></td>
</tr>
<tr>
<td>EPIB 899  Doctoral Dissertation Research</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total Credits for Proposed Ph.D. Program in Epidemiology</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>

Recommended Electives for Ph.D. in Epidemiology

- EPIB 621 Infectious Disease Epidemiology (3 credits)
- EPIB 623 Epidemiology of Health Disparities (3 credits)
- EPIB 624 Genetics in Public Health (3 credits)
- EPIB 625 Epidemiology of Physical Activity (3 credits)
- EPIB 626 Epidemiology of Obesity (3 credits)
Additional electives may be taken with the consent of the student’s advisor.

Cognate Courses for Physical Activity Epidemiology

- KNES 689J Principles and Methods of Physical Activity Interventions
- KNES 691 Muscular Aspects of Exercise Physiology
- KNES 692 Cardiovascular Aspects of Exercise Physiology
- KNES 694 Metabolic Aspects of Exercise Physiology

Courses for Ph.D. in Epidemiology

All courses in the program are described below. All courses except EPIB 610 and EPIB 650 are new. EPIB 610 and EPIB 650 are courses formerly taught in the Department of Public and Community Health, but have been reassigned to the Department of Epidemiology and Biostatistics.

**EPIB 610 Foundations of Epidemiology**: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.
EPKB 611 Intermediate Epidemiology: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

EPKB 612 Epidemiologic Study Design: Application of epidemiologic study designs, analytic methods used for analysis of cohort, case-control, cross-sectional, and clinical trials research. Prerequisites: EPIB610, EPIB611, EPIB650

EPKB 620 Chronic Disease Epidemiology: Overview of prevalence and risk factors for major chronic diseases. Discussion of methodological issues unique to specific chronic diseases. Prerequisite: EPIB610

EPKB 621 Infectious Disease Epidemiology: Overview of the unique aspects of infectious diseases and the epidemiological methods used in their study, prevention, and control. Prerequisite: EPIB610

EPKB 622 Social Determinants of Health: Overview of major social variables that affect public health, including socioeconomic status, poverty, income distribution, race, social networks/support, community cohesion, psychological stress, gender, and work and neighborhood environment. Prerequisite: EPIB610

EPKB 623 Epidemiology of Health Disparities: Discussion of determinants that influence health outcomes of the most disadvantaged populations in the United States. Focus on social factors contributing to health disparities and inequities in the US.

EPKB 624 Genetics in Public Health: Emerging role of genetics in public health; overview of basic tenets of human genetics; examination of how public health practice and research are influenced by genetics and ethical issues specific to genetics. Prerequisite: EPIB610

EPKB 625 Epidemiology of Physical Activity: Overview of evidence of the epidemiological association of physical activity to a variety of health outcomes, application of epidemiological methods to the science of physical activity and health. Prerequisite: EPIB610

EPKB 626 Epidemiology of Obesity: Overview of the epidemiology, prevention, and treatment of obesity, its causes and consequences, and energy balance issues; application of epidemiologic methods to the study of obesity epidemiology. Prerequisite: EPIB610

EPKB 641 Public Health and Research Ethics: Overview and discussion of ethical issues that face public health practitioners and scientific researchers.

EPKB 650 Biostatistics I: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

EPKB 651 Biostatistics II: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650

EPKB 652 Categorical Data Analysis: Methods for the analysis of categorical data as applied to public health research, including variables with two or more categories, analysis of data structures that are counted, ordered, censored, or subject to selection. Prerequisites: EPIB650, EPIB651

EPKB 653 Survival Data Analysis: Overview of statistical methods for analyzing censored survival data, including the Kaplan-Meier estimator and the log-rank test. Prerequisites: EPIB650, EPIB651
EPIB 654 Clinical Trials Analysis: Principles of clinical trial design, including randomization strategies, design and analytic issues to minimize threats to validity, sample size and power calculations, intention to treat analyses. Prerequisites: EPIB650, EPIB651

EPIB 655 Longitudinal Data Analysis: Statistical models for drawing scientific inferences from longitudinal data, longitudinal study design, repeated measures and random effects to account for experimental designs that involve correlated responses, handling of missing data. Prerequisites: EPIB650, EPIB651

EPIB 710 Epidemiologic Research Methods: In-depth study of the knowledge and skills needed to design, conduct, and evaluate an epidemiologic research study. Development of a complete research proposal. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

EPIB 740 Advanced Methods in Epidemiology: In-depth investigation of epidemiologic methods for making causal inferences and solving complex methodological problems. Multivariate models emphasized. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

EPIB 788 Critical Readings: In-depth examination and critical discussion of the current literature relevant to epidemiology and public health, emphasizing application of epidemiologic and biostatistical methods. Prerequisites: EPIB610, EPIB650

KNES 689J Principles and Methods of Physical Activity Interventions: In-depth examination of the planning, implementation, and evaluation of physical activity interventions and programs.

KNES 691 Muscular Aspects of Exercise Physiology: Skeletal muscle structure and function including muscle development, excitation-contraction coupling, muscle fiber types and fatigue, muscle biochemistry, gene expression, muscle damage and regeneration. The effects of aging and exercise training on skeletal muscle. Prerequisite: KNES 360

KNES 692 Cardiovascular Aspects of Exercise Physiology: A comprehensive consideration of the various cardiovascular factors affecting human physical performance. Emphasis on the regulation of cardiovascular functions during physical activity. Energy liberation and transfer, circulation, respiration, temperature regulation, physiology of work at altitudes, aerobic endurance training, and exercise, health and aging. Prerequisite: KNES 360

KNES 694 Metabolic Aspects of Exercise Physiology: Effects of exercise on digestion, absorption, transport, storage, mobilization, and utilization of macronutrients. Emphasis on the effects of exercise training on energy metabolism. Prerequisite: KNES 360 or KNES 690

Sample Student Schedule
Below is a table showing how a typical Ph.D. student with a specialization in Physical Activity can complete the required coursework over a three-year period (including one year of dissertation).

<table>
<thead>
<tr>
<th>Schedule for Full-Time Ph.D. Student in Epidemiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall 1 (10)</td>
</tr>
<tr>
<td>EPIB 652</td>
</tr>
<tr>
<td>EPIB 788</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
C. Describe any selective admissions policy or special criteria for students selecting this field of study.

Applicants to the Epidemiology Ph.D. program must have completed a master’s degree with a thesis option prior to their acceptance into the program. All applicants must submit: Undergraduate and Graduate transcripts, Graduate Record Examination (GRE) scores, letters of recommendation from 3 persons competent to judge the applicant’s probability of success in graduate school, and the graduate school essay describing professional goals and relevant work and research experience.

In addition to Graduate School requirements, admission decisions for the program will be based on the quality of previous undergraduate and graduate course work, the strength of GRE scores, the relevance of prior work and research experience, and the congruence of professional goals with those of the program. Special consideration will be given to students with prior coursework that demonstrates proficiency in biostatistics and human biology and/or physiology. Students should submit application materials for the fall semester by January 15th. This program does not accept applications for Spring semester admission.

D. How will the program increase students’ technology fluency?

Students entering the program will have completed a master's degree in a field that is strongly dependent on information technology as a tool for writing and for research. They will have had extensive exposure to information search engines and library retrieval systems. The doctoral program will continue to build on this experience by providing advanced training in statistical software used for learning and research. Coursework will enhance students’ skills in locating, accessing, searching, and analyzing large data sets. Required courses will orient students to classroom technological advances that enhance the learning environment, and they will help students to hone their technology skills throughout the doctoral program.

III. STUDENT LEARNING OUTCOMES AND ASSESSMENT

List the program’s learning outcomes and explain how they will be measured and assessed.

Outcome 1: Demonstrate competence in epidemiologic science, including research methods and foundational content.
Measure: Number of students who successfully complete a comprehensive examination.
Criterion: Prior to graduating from the program, at least 80% of doctoral students will pass all 3 sections of their comprehensive exams, and 100% will pass 2 out of 3 sections.
Assessment: Outcomes will be assessed every year beginning in Fall 2009.

Outcome 2: Demonstrate competence in epidemiological research.
Measure: Percentage of students who successfully present papers at scientific meetings and submit articles to peer-reviewed journals.
Criterion 1: 100% of doctoral students will give at least one presentation at a national or regional scientific meeting prior to graduation.
Criterion 2: 80% of doctoral students will have at least one manuscript accepted for publication in a refereed journal prior to graduation.
Assessment: Outcomes will be assessed every year beginning in Fall 2008.
Outcome 3: Demonstrate ability to complete an independent research project.
Measure 1: Number of students who successfully complete an oral defense of a dissertation proposal, in which the students demonstrate knowledge in a specialized domain and the ability to conduct independent research.
   Criterion: At least 80% of doctoral students will advance to candidacy after the proposal defense.
   Assessment: Outcomes will be assessed every year beginning in Fall 2009.
Measure 2: Number of students who successfully complete the dissertation and oral defense, demonstrating mastery of the dissertation research topic, research design, and the contributions of their independent research to an area relevant to epidemiology.
   Criterion: At least 80% of doctoral candidates will successfully complete and defend the dissertation and graduate.
   Assessment: Outcomes will be assessed every year beginning in Fall 2010.

IV. FACULTY AND ORGANIZATION

A. Who will provide academic direction and oversight for the program? (This might be a department, a departmental subgroup, a list of faculty members, or some other defined group.)

Direction and oversight of the proposed Ph.D. program will be provided by the Department of Epidemiology and Biostatistics. There are presently 3 full-time tenured/tenure track faculty members within the department. Two hold their Ph.D. degrees in Epidemiology and one has post-doctoral training and research experience in Epidemiology. The Interim Chair is being reviewed for promotion to full professor in 2006-07. There are additional affiliate faculty members in the College of Health and Human Performance who have training in epidemiology or related disciplines and are well-prepared to teach epidemiology courses. The Department is conducting a search for at least one additional faculty member in Epidemiology and three to four faculty members in Biostatistics who will develop additional relevant coursework. Graduate coursework relative to students’ interests will also be available from other departments/units in the proposed School of Public Health (Departments of Kinesiology, Family Studies, Public and Community Health, and Health Services Administration, and the Maryland Institute for Applied Environmental Health). Departmental, affiliate, and adjunct faculty will be available to serve on doctoral dissertation committees where appropriate.

Epidemiology and Biostatistics Faculty Scheduled to Teach in Proposed Epidemiology Ph.D. Program

Olivia Carter-Pokras, Ph.D., Associate Professor, EPIB
   Teaching/research focus: health disparities, epidemiology and health policy for Latino health, children’s environmental health
   Courses: EPIB 610 Foundations of Epidemiology
   EPIB 620 Chronic Disease Epidemiology
   EPIB 623 Epidemiology of Health Disparities

Dushanka Kleinman, DDS, MPH, Associate Dean for Research and Academic Affairs, Professor, EPIB
   Teaching/research focus: Epidemiologic studies of dental, oral and craniofacial diseases, oral cancer and HIV-related condition
   Courses: TBN

Sunmin Lee, Sc.D., Assistant Professor, EPIB
   Teaching/research focus: social determinants of health, stress from caregiving, psychosocial work environment, effects of changes in marital status on health behaviors
Courses:  EPIB 612 Epidemiologic Study Design  
           EPIB 622 Social Determinants of Health  
           EPIB 710 Epidemiologic Research Methods

Deborah Rohm Young, Ph.D., Associate Professor and Interim Chair, EPIB  
Teaching/research focus: community-based physical activity interventions, physical activity  
                        assessment, minority populations, cardiovascular disease  
Courses:  EPIB 625 Epidemiology of Physical Activity  
           EPIB 641 Public Health and Research Ethics

TBN, New Assistant Professor, Department of Epidemiology and Biostatistics  
Teaching/research focus: Epidemiology  
Courses:  EPIB 611 Intermediate Epidemiology  
           EPIB 740 Advanced Methods in Epidemiology

TBN, New Assistant Professors, Biostatistics (3)  
Teaching/research focus: Biostatistics  
Courses:  EPIB 651 Biostatistics II  
           EPIB 652 Categorical Data Analysis  
           EPIB 653 Survival Data Analysis  
           EPIB 654 Clinical Trials Analysis  
           EPIB 655 Longitudinal Data Analysis

College of Health and Human Performance Faculty Scheduled to Teach in Proposed Ph.D. Program

Min Qi Wang, Ph.D., Professor, Public and Community Health  
Teaching/research focus: applied biostatistics in public health, health risk assessment and  
                        prevention, program evaluation, drug use and HIV risk-related behaviors  
Course:  EPIB 650 Biostatistics I

Stephen Roth, Ph.D. Assistant Professor, Kinesiology  
Teaching/research focus: genetic variation in body composition, sarcopenia risk, exercise  
                        responses, other health-related phenotypes  
Course:  EPIB 624 Genetics in Public Health

B. If the program is not to be housed and administered within a single academic unit, provide  
details of its administrative structure.

Not applicable.  All classes will be housed and administered within the Department of Epidemiology and  
Biostatistics.

V. OFF CAMPUS PROGRAMS

A. If the program is to be offered to students at an off-campus location, with instructors in  
classrooms and/or via distance education modalities, indicate how student access to the full range of  
services (including advising, financial aid, and career services) and facilities (including library and  
information facilities, and computer and laboratory facilities if needed) will be assured.

Not applicable.  All classes will be offered on the University of Maryland, College Park campus.
B. If the program is to be offered mostly or completely via distance education, you must describe in detail how the concerns in Principles and Guidelines for Online Programs are to be addressed.

Not applicable. No part of the program will be offered via distance education.

VI. OTHER ISSUES

A. Describe any cooperative arrangements with other institutions or organizations that will be important for the success of this program.

The College of Health and Human Performance at UMCP has established a Memorandum of Understanding to share resources with the School of Health at the University of Maryland at Baltimore (UMB). UMCP and UMB will share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. HLHP is currently creating a Memorandum of Understanding with Prince George’s County Health Department to develop graduate student internships and to collaborate on health research and demonstration projects that will benefit county residents.

B. Will the program require or seek accreditation? Is it intended to provide certification or licensure for its graduates? Are there academic or administrative constraints as a consequence?

The proposed School of Public Health will seek accreditation from the Council on Education for Public Health (CEPH), which will review all academic programs and accredit the School. CEPH is an independent agency, recognized by the U.S. Department of Education, which accredits schools and programs of public health. CEPH accreditation will ensure students, employers, and the general public that UMCP’s new graduate programs meet the highest standards for education in public health.

VII. COMMITMENT TO DIVERSITY

Identify specific actions and strategies that will be utilized to recruit and retain a diverse student body.

The Department of Epidemiology and Biostatistics has a strong commitment to recruiting and retaining a diverse student body. Two of its three current faculty members are minorities (Asian, Latino) and all are women. One major focus of the department, to reduce health disparities, furthers this commitment by providing research opportunities that should be attractive to students from diverse backgrounds. Racial and ethnic diversity is addressed throughout the curricula of the Department. The reputations of the faculty and the research they do in minority populations will help us to recruit and retain a diverse student body for the proposed Ph.D. program.

The Department will work closely with the HLHP Assistant Dean for Diversity and the Director of the UMCP Graduate Office of Recruitment, Retention, and Diversity, to attract students from underrepresented groups to the new doctoral program. Faculty will recruit prospective students at national and regional professional conferences, including annual meetings of the American Public Health Association and the Society for Epidemiologic Research. The Department will host campus visits of prospective students from targeted minority institutions, including the historically black colleges in Maryland and the surrounding region. Faculty will also seek help from colleagues on other campuses in identifying minority graduate students who may be interested in the Maryland program and its research foci.
In addition, faculty will work to secure financial support to ensure a diverse student body. At least one faculty member has had prior success in securing funding for minority students using the National Heart, Lung, and Blood Institute’s Minority Supplement Fellowship program. Faculty will recommend graduate students for national, state, and campus fellowships.

VIII. REQUIRED PHYSICAL RESOURCES

The establishment of this doctoral program is within the context of the creation of the proposed School of Public Health. In order to achieve accreditation by the Council on Education for Public Health, the proposed School of Public Health must include three doctoral degrees, each in a core discipline of public health. Health services is one of the core disciplines (epidemiology, biostatistics, health services, health behavior and environmental health) and will complete one of the three doctoral program requirements along with the current doctorate in public and community health (public health behavior) and the proposed doctorate in epidemiology.

The proposed doctorate can be implemented in accordance with Section 11 206.1 in which programs developed under this provision can be implemented within existing resources of the campus. In proceeding with the submission of this program, the institution’s president certifies that no new general funds will be required for the implementation of this doctoral program.

A. Additional library and other information resources required to support the proposed program.

The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the Epidemiology Ph.D. program. The Provost will provide funding to meet library needs for this doctoral program.

B. Additional facilities, facility modifications, and equipment that will be required. This is to include faculty and staff office space, laboratories, special classrooms, computers, etc.

The Department has adequate space in HHP to house current faculty and students in the proposed program. The College’s classroom facilities will be used to teach the new courses. No laboratories or computer labs are needed to operate the program.

C. Impact, if any, on the use of existing facilities and equipment. Examples are laboratories, computer labs, specially equipped classrooms, and access to computer servers.

See response above to VIII.B.

IX. RESOURCE NEEDS and SOURCES

Describe the resources that are required to offer this program, and the source of these resources. Project this for five years. In particular:

A. List new courses to be taught, and needed additional sections of existing courses. Describe the anticipated advising and administrative loads. Indicate the personnel resources (faculty, staff, and teaching assistants) that will be needed to cover all these responsibilities.

The proposed Ph.D. program was designed to build on the strength of the new faculty and courses proposed in the newly approved Department of Epidemiology and Biostatistics. Resources provided by
the Provost to expand the current College of Health and Human Performance and re-shape it as the School of Public Health are adequate to offer this program. The proposed program will require the new courses described elsewhere in this proposal.

B. List new faculty, staff, and teaching assistants needed for the responsibilities in A, and indicate the source of the resources for hiring them.

Funds allocated for the creation of the School of Public Health, as well as reallocated resources from the College of Health and Human Performance will provide the financial support for the faculty members necessary to offer the program. The Department of Epidemiology has a current search open for a new faculty member who will hold a doctoral degree in epidemiology from an accredited School of Public Health.

The PhD program will be supported, in part, by tuition revenue from new Ph.D. students. EPIB has also requested funds for 8 2-year Graduate Assistantships from the Dean of HLHP over the 5-year period between 2007-08 and 2011-2012. These Graduate Assistantships will come from funds provided to the College/School by the Provost as specific milestones are met in new graduate student enrollments. Soft money support will be provided in the initial years of the program, to be incrementally replaced by hard money allocations when program milestones are met (see page 19, School of Public Health proposal). Graduate Fellowships for the Ph.D. program will be sought over time from the Dean of the Graduate School.

EPIB’s most important need associated with implementation of the MCH Ph.D. program is for additional Graduate Assistantships. These GA positions are entered on MHEC Table 2, Expenditures, as “Support Staff” expenses. These positions will enable the Department to be competitive in recruiting the most outstanding students.

C. Some of these teaching, advising, and administrative duties may be covered by existing faculty and staff. Describe your expectations for this, and indicate how the current duties of these individuals will be covered, and the source of any needed resources.

As described above, teaching, advising, and administrative duties will be handled by existing faculty members, a new faculty member, and existing administrative staff.

D. Identify the source to pay for the required physical resources identified in Section XII above.

EPIB will not request additional physical resources in HHP. If minor renovations are required for existing facilities (e.g., carpeting), the Department will cover this expense. The Department will draw on DRIF and summer school/winterterm revenues to provide telephones and office furniture for these offices.

E. List any other required resources and the anticipated source for them.

As with Ph.D. programs in our School, the Department will annually provide some financial support to doctoral students who present their work at professional conferences. The Department will also commit some funds to advertising the new program, especially in the first two years. This support, projected will come from EPIB DRIF funds and summer school/winterterm revenue.

F. Provide the information requested in Table 1 and Table 2 (for Academic Affairs to include in the external proposal submitted to USM and MHEC).
### MHEC TABLE 1: RESOURCES Epi PhD Program

<table>
<thead>
<tr>
<th>Resource Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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</thead>
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<tr>
<td>1. Reallocated Funds</td>
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<td>$206,328</td>
<td>$227,181</td>
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<td>a. Department</td>
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<td>$114,666</td>
<td>$119,253</td>
<td>$124,023</td>
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<tr>
<td>b. HLHP</td>
<td>$5,000</td>
<td>$5,200</td>
<td>$5,408</td>
<td>$5,624</td>
<td>$5,849</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$29,684</td>
<td>$30,872</td>
<td>$32,107</td>
<td>$33,391</td>
<td>$34,726</td>
</tr>
<tr>
<td>c. UMCP Graduate School / Provost</td>
<td>$30,000</td>
<td>$60,000</td>
<td>$75,000</td>
<td>$105,000</td>
<td>$120,000</td>
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<tr>
<td>2. Tuition/Fee Revenue</td>
<td>$15,150</td>
<td>$45,450</td>
<td>$87,870</td>
<td>$82,860</td>
<td>$99,680</td>
</tr>
<tr>
<td>a. # Full Time Students</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>11</td>
<td>16</td>
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<tr>
<td>b. Annual Tuition/Fee Rate*</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090</td>
<td>$9,090/$1,360</td>
<td>$9,090/$1,360</td>
</tr>
<tr>
<td>c. Total Full Time Revenue (a x b)</td>
<td>$9,090</td>
<td>$27,270</td>
<td>$63,630</td>
<td>$58,620</td>
<td>$75,440</td>
</tr>
<tr>
<td>d. # Part Time Students</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
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<tr>
<td>e. Credit Hour Rate</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
<td>$505</td>
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<tr>
<td>f. Annual Credit Hours</td>
<td>12</td>
<td>36</td>
<td>48</td>
<td>48</td>
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<td>g. Total Part Time Revenue (d x e x f)</td>
<td>$6,060</td>
<td>$18,180</td>
<td>$24,240</td>
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<td>3. Grants, Contracts, and Other External Sources</td>
<td>$0</td>
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<td>$15,000</td>
<td>$15,600</td>
<td>$16,224</td>
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<tr>
<td>4. Other Sources: UMCP Provost - Library</td>
<td>$8,170</td>
<td>$8,824</td>
<td>$9,529</td>
<td>$10,292</td>
<td>$11,115</td>
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<tr>
<td>TOTAL (Add 1 - 4)</td>
<td>$194,020</td>
<td>$260,601</td>
<td>$339,580</td>
<td>$372,020</td>
<td>$411,618</td>
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*Annual tuition based on 80% in-state plus 20% out-of-state rates for an average of $505/credit x 18 credit hours per student in first two years; tuition candidacy for two years at resident rate of $1,360/year ($680/semester)*
MHEC TABLE 2: EXPENDITURES Epi PhD Program

<table>
<thead>
<tr>
<th>Expenditure Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
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<tr>
<td>1. Faculty (b+c below)</td>
<td>$127,252</td>
<td>$132,342</td>
<td>$163,786</td>
<td>$170,337</td>
<td>$177,151</td>
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<tr>
<td>a. FTE</td>
<td>1.05</td>
<td>1.05</td>
<td>1.25</td>
<td>1.25</td>
<td>1.25</td>
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<tr>
<td>b. Total Salary</td>
<td>$99,415</td>
<td>$103,392</td>
<td>$127,958</td>
<td>$133,076</td>
<td>$138,399</td>
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<tr>
<td>c. Total Benefits*</td>
<td>$27,836</td>
<td>$28,950</td>
<td>$35,828</td>
<td>$37,261</td>
<td>$38,752</td>
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<tr>
<td>2. Admin Staff (b+c below)</td>
<td>$8,448</td>
<td>$8,786</td>
<td>$9,137</td>
<td>$9,503</td>
<td>$9,883</td>
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<tr>
<td>a. FTE</td>
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<td>0.20</td>
<td>0.20</td>
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<tr>
<td>b. Total Salary</td>
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<td>$7,424</td>
<td>$7,721</td>
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<td>c. Total Benefits</td>
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<td>$1,922</td>
<td>$1,999</td>
<td>$2,079</td>
<td>$2,162</td>
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<td>3. Support Staff (b+c below)</td>
<td>$48,180</td>
<td>$96,360</td>
<td>$120,450</td>
<td>$168,630</td>
<td>$192,720</td>
</tr>
<tr>
<td>a. FTE</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>b. Total Salary**</td>
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<td>$75,000</td>
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<td>c. Total Benefits***</td>
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<td>4. Equipment</td>
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<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>5. Library</td>
<td>$8,170</td>
<td>$8,824</td>
<td>$9,529</td>
<td>$10,292</td>
<td>$11,115</td>
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<tr>
<td>6. New or Renovated Space</td>
<td>$10,000</td>
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<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>7. Other Expenses</td>
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<td>$10,000</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$12,000</td>
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<td><strong>TOTAL (Add 1 - 7)</strong>*</td>
<td>$217,050</td>
<td>$261,311</td>
<td>$317,903</td>
<td>$375,762</td>
<td>$407,869</td>
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</table>

* Fringes calculated at 28% for Faculty
** This figure includes Graduate Assistantship stipends only
*** This figure includes tuition remission only and is calculated at #FTE x $505/credit x 18 credits/year

References


DIRECTIONS:
- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning & Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07

COLLEGE/SCHOOL: Health and Human Performance

DEPARTMENT/PROGRAM: Department of Family Studies

PROPOSED ACTION (A separate form for each) ADD _X_ DELETE _____ CHANGE_____

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)

Create a new Ph.D. program in Maternal and Child Health.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)

See attached.

=================================================================================================

APPROVAL SIGNATURES

<table>
<thead>
<tr>
<th>1. Department Committee Chair</th>
<th>2. Department Chair</th>
<th>3. College/School PCC Chair</th>
<th>4. Dean</th>
<th>5. Dean of the Graduate School (if required)</th>
<th>6. Chair, Senate PCC</th>
<th>7. Chair of Senate</th>
<th>8. Vice President for Academic Affairs &amp; Provost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leigh A. Leslie</td>
<td>Sally A. Kobrin</td>
<td>Beth Bachers</td>
<td></td>
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</tbody>
</table>

DATE

1/19/07

1/21/07

3/2/07
PROPOSAL FOR

A NEW PROGRAM SUBMITTED BY A UNIVERSITY SYSTEM OF MARYLAND INSTITUTION IN ACCORD WITH SECTION 11-206.1 OF THE ANNOTATED CODE OF MARYLAND

University of Maryland, College Park

Doctor of Philosophy (Ph.D.) in Maternal and Child Health

HEGIS: CIP:

Department of Family Studies
Unit Offering the Program

Sally A. Koblinsky, Ph.D., Chair
Contact Person

Doctor of Philosophy (Ph.D.) in Maternal and Child Health
Degree to be Awarded

Spring 2007
Proposed Initiation Date
I. OVERVIEW and RATIONALE

A. Briefly describe the nature of the proposed program and explain why the institution should offer it. [You may want to refer to student demand, market demand for graduates, institutional strengths, disciplinary trends, synergy with existing programs, and/or institutional strategic priorities.]

Goal and Contribution to UMCP Strategic Priorities

The Department of Family Studies (FMST) is proposing to offer a Ph.D. program in Maternal and Child Health (MCH). The goal of the MCH doctoral program is to provide interdisciplinary training in research, practice, and policy relevant to health problems and services for women, infants, children, adolescents, and their families. The program will prepare students to advance research, policy, and practice to improve the health, safety, and well-being of these groups, with a particular emphasis on low income and ethnic minority populations.

The proposed MCH Ph.D. program supports a UMCP strategic initiative “to build a strong, university-wide culture of graduate and professional education, research, (and) scholarship.” The program will directly benefit residents of the state, region, and nation through its emphasis on social, cultural, and behavioral determinants of maternal and child health, including health disparities over the life course. It also supports UMCP’s priority of leadership in public policy through its focus on the analysis of federal and state health policies impacting maternal, child, and family health. The study of access to health services for MCH populations, including strategies to eliminate health disparities, further strengthens the university’s commitment to diversity and appreciation for other cultures.

The proposed MCH program will be the third graduate program offered by the Department of Family Studies (FMST). The Department currently has an accredited Master of Science program in Marriage and Family Therapy and a Ph.D. program in Family Studies with an emphasis on family policy. The proposed MCH program will draw on current coursework, research, and service initiatives associated with the two existing FMST graduate programs, as well as add new courses and research expertise from present and new departments in the College of Health and Human Performance (slated to become the School of Public Health). Specifically, the proposed MCH program will adopt appropriate coursework from the core areas of public health (e.g., biostatistics, epidemiology) to prepare students to address MCH issues at both the family and population levels.

Accredited Schools of Public Health must have at least three doctoral degree programs in core disciplines of public health. Maternal and Child Health is recognized as a core area of public health practice that draws heavily from the disciplines of social and behavioral sciences and epidemiology. The MCH program will complement the existing doctoral program in Public and Community Health (also in the social and behavioral sciences category) and the proposed new Ph.D. programs in Epidemiology and Health Services.

Market Demand for Graduates

The Institute of Medicine (IOM) estimates that there are approximately 450,000 people employed in salaried public health positions in the United States, and reports that there is an urgent need for qualified, graduate level public health professionals to tackle growing public health problems (IOM, 2003). It has been estimated that 80% of public health workers across the nation lack specific public health training, and only 22% of chief executives of public health departments hold graduate degrees in public health (IOM, 2003). Data from the American Public Health Association (APHA) further indicate that 50% of the federal public health workforce and 25% of state public health employees will retire within the next
The shortage of well-trained personnel in the broader field of public health is mirrored in the area of maternal and child health. In 2001, the Maternal and Child Health Bureau, Health Resources and Services Administration conducted a national needs assessment of Graduate and Continuing Education Needs in Maternal and Child Health (Alexander, Petersen, Pass, Slay, & Chadwick, 2001). This assessment collected data from state Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) offices of state public health departments, from state Medicaid agencies, and from a random sample of local health departments. More than 50% of the MCH, CSHCN, and local agencies reported that they had a difficult time or were unable to find applicants who had the critical graduate-level MCH skills they needed. Respondents indicated a need for professionals with greater expertise in MCH epidemiology, data analysis, policy, advocacy, and program planning and evaluation, among other areas. A significant unmet need for continuing education for current MCH personnel was also identified, with respondents requesting coursework in family centered-care, cultural competency, program evaluation, policy development, and direct service topics.

Taken together, these national studies indicate that there is a strong market demand for doctoral students who can combine their knowledge of maternal, child, and family health problems with skills in research, policy analysis, and program development, implementation, and evaluation. MCH doctoral graduates will be prepared for academic and research positions in colleges/universities; high level administrative or research positions in city/county/state/national health and human service agencies; and leadership positions in nongovernmental and advocacy organizations. MCH graduates are also increasingly hired by private health care organizations such as hospitals, HMOs, and health insurers.

Student Demand

Data from the Association of Schools of Public Health (ASPH) reveal significant growth in applications for doctoral degrees in public health between 1994 and 2004 (ASPH, 2005). Moreover, admissions data from the two nearest private accredited schools indicate that George Washington University accepted less than 40% of graduate applicants to public health programs and Johns Hopkins University accepted less than 25% of all applicants (no data are available specifically for MCH applicants). Nationally, there were 1,140 applications to MCH graduate programs in 2004 (ASPH, 2005).

Currently 14 universities offer the Ph.D. or DrPH in Maternal and Child Health, including UCLA, University of Michigan, University of North Carolina at Chapel Hill, University of Illinois at Chicago, and The Johns Hopkins University. Several of these institutions have announced their intent to enhance their focus on the role of families in health promotion, prevention, and intervention. Thus, our current Family Studies faculty, in collaboration with more traditional public health colleagues, will be in a unique position to offer state-of-the art education and research training in maternal and child health. The Johns Hopkins Ph.D. in Reproductive, Perinatal and Women’s Health focuses on the health of mothers, children, and families worldwide, while the proposed UMCP Ph.D. in MCH will center on the health and behavior of these populations in Maryland and the U.S. The George Washington University offers a MPH in Maternal and Child Health but no Ph.D.; GW’s MPH graduates will thus have an opportunity to obtain the Ph.D. degree in MCH at UMCP. The many geographic advantages of UMCP, including the opportunity to research diverse families and to work in national, state and local public health agencies, promise to attract excellent graduate students to the proposed MCH doctoral program.
B. How big is the program expected to be? From what other programs serving current students, or from what new populations of potential students, onsite or offsite, are you expecting to draw?

The Department of Family Studies projects that a significant number of applicants to the Ph.D. program in Maternal and Child Health will come from the Master of Public Health (MPH) program at UMCP. Some graduates of the Department’s accredited Marriage and Family Therapy master’s program are also prospective students for the program. We also anticipate receiving MCH applications from students enrolled in MPH programs at Johns Hopkins University, George Washington University, Morgan State University, and other Schools of Public Health in the U.S. Our program will be especially attractive to students who wish to pursue high-quality training at a public research university, and to those who wish to come to the Washington, DC area to study maternal and child health policy. The program may also receive applications from mid-level health professionals with MPH degrees who wish to advance in their careers (although it should be noted that our program is limited to full-time students). The Family Studies Department’s diverse faculty and its focus on racial/ethnic minority research can be expected to attract both minority and female graduate students.

We anticipate admitting approximately 5-6 full-time doctoral students each year (2 in 2007), all who have already completed the MPH or a related social/behavioral science degree. Assuming that it will take approximately 4 years to complete the Ph.D. degree (post-master’s degree) and that we will experience a 10% attrition rate, we predict a cohort of approximately 20 students in the program when it reaches maximum capacity.

II. CURRICULUM

A. Provide a full catalog description of the proposed program, including educational objectives and any areas of concentration.

Maternal and child health is an interdisciplinary field in which empirical research, epidemiological data, and policy analyses are used to understand individual, family, community, and sociocultural factors that influence health behaviors, health outcomes, and use of health services by mothers, children, adolescents, and their families (including fathers).

The proposed Ph.D. program in MCH will provide students with:

a) An integrated knowledge of the major theoretical, historical, demographic, comparative, cross-cultural, and multi-generational approaches to studying maternal and child health.

b) Comprehensive knowledge of the biological, behavioral, psychological, social, cultural, economic, and political determinants of maternal and child health, with a particular emphasis on factors affecting the health of low income and ethnic minority families.

c) In-depth understanding of the growth, development, health, and well-being of mothers and children across the lifespan within an ecological framework that considers individual, family, and community influences.

d) Expertise in the design and execution of scholarly research on maternal and child health issues.

e) A high level of skill in the development, implementation, and evaluation of culturally-sensitive health promotion and disease prevention programs for maternal, child, and adolescent populations.

f) Expertise in formulating, analyzing, and advocating for public policies in areas such as reproductive and perinatal health, and the health of children, adolescents, mothers, and families.

g) Preparation for MCH careers in the public, nonprofit, and private sectors, including university teaching, research, health policy analysis, consulting, and leadership positions in MCH programs.
B. List the courses (number, title, semester credit hours) that would constitute the requirements and other components of the proposed program. Provide a catalog description for any courses that will be newly developed or substantially modified for the program.

Students will enter the MCH Ph.D. program with an MPH degree or a social/behavioral science master’s degree that focuses on family, maternal, and/or child health issues (including mental health). Prior to entry, students must also have completed at least one semester of a university-supervised, graduate level professional experience in a public health or mental health setting. Students without the MPH degree must complete the required 5 public health core courses (biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences) within one academic year of their entry into the program.

The proposed Ph.D. program requires 48 graduate credit hours beyond the master’s degree, including a maternal and child health core (24 credits), a research methods core (12 credits), and the dissertation (12 credits). Students in the Ph.D. program advance to candidacy after completing required coursework and passing a written comprehensive examination. After advancement to candidacy, students must complete a dissertation proposal and oral defense, followed by the doctoral dissertation and oral dissertation defense.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPIB 650 Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 610 Foundations of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>HLSA 601 Introduction to Health Systems</td>
<td>3</td>
</tr>
<tr>
<td>HLTH 665 Health Behavior I</td>
<td>3</td>
</tr>
<tr>
<td>MIEH 600 Foundations of Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>FMST 710 Foundations in Maternal &amp; Child Health</td>
<td>3</td>
</tr>
<tr>
<td>FMST 720 Perinatal, Child and Adolescent Health</td>
<td>3</td>
</tr>
<tr>
<td>FMST 730 Maternal and Family Health in Adulthood and Aging</td>
<td>3</td>
</tr>
<tr>
<td>FMST 606 Ethnic Families and Health Disparities</td>
<td>3</td>
</tr>
<tr>
<td>FMST 810 Theory in Family Systems and Family Health (currently FMST 698S)</td>
<td>3</td>
</tr>
<tr>
<td>FMST 750 Family and Health Policy</td>
<td>3</td>
</tr>
<tr>
<td>FMST 660 Program Planning and Evaluation</td>
<td>3</td>
</tr>
<tr>
<td>Elective: Public Health course related to MCH, selected with advisor</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 611 Intermediate Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>EPIB 651 Biostatistics II</td>
<td>3</td>
</tr>
<tr>
<td>FMST 780 Qualitative Research Methods in Family and Health Research (currently FMST 698Q)</td>
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</tr>
<tr>
<td>FMST 850 Maternal and Child Health Epidemiology (currently FMST 698P)</td>
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</tr>
<tr>
<td>FMST 899 Doctoral Dissertation Research</td>
<td>12</td>
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</table>

**Total Credits for Proposed MCH Ph.D. Program** 48
Courses for MCH Ph.D. Program
All courses in the MCH program are described below; new courses in FMST are noted with an asterisk.

EPIB 611 Intermediate Epidemiology: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

EPIB 651 Biostatistics II: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650

FMST 606 Ethnic Families and Health Disparities: Historical, psychosocial, economic, and political factors influencing the structure and functioning of ethnic families. Overview of racial/ethnic health disparities over the life course and ways in which they are influenced by multi-level contextual factors. Cultural competency in research, service delivery, and development of family/health policy initiatives for ethnic families.

FMST 660 Program Planning and Evaluation: Program planning and evaluation for family services and maternal and child health programs, including assessment, consumer/community participation, capacity building, evaluation methods, and ethical issues; emphasis on both process and impact analysis. Development of proposals for evaluating impact of health interventions.

FMST 710 Foundations in Maternal and Child Health*: Overview of key health issues for various maternal and child health populations, especially those within the US. Review of maternal and child health databases and major programs and public policies aimed at improving the health of mothers, children, adolescents, and their families.

FMST 720 Perinatal, Child, and Adolescent Health*: Examination of major problems and issues associated with the health status of women of reproductive age, infants, toddlers, children, and adolescents. Analysis of biological, environmental, psychosocial, and cultural determinants of health for the target populations. Overview of prevention and intervention programs for children and youth.

FMST 730 Maternal and Family Health in Adulthood and Aging*: Overview of major public health problems during the adult and elderly years, including cigarette smoking, obesity, physical inactivity, substance abuse, risky sexual behavior, cardiovascular disease, cancer, diabetes, osteoporosis, and HIV/AIDS. Examination of life course research, prevention and intervention programs, and public information campaigns.

FMST 750 Family and Health Policy: Development and analysis of public policies affecting the health and well-being of children, youth, and families, with an emphasis on low income and ethnic minority populations. Examination of social, economic, and political dynamics that influence family and health policies and the delivery of health care. Introduction to health advocacy within the US public health system.

FMST 780 Qualitative Methods in Family and Health Research: Theoretical perspectives and methodological tools to conduct research with individuals and families across the life span. Review of research designs, participant fieldwork, observation and interview projects, data collection, computer-assisted data analysis, and development of grounded theory.

FMST 810 Theory in Family Systems and Family Health: Theory and research on family interaction and family coping with normative health and mental health transitions and non-normative crises across
the family life cycle. Micro-analysis of family process in communication, decision-making, problem-solving, and compliance to health regimens. Examination of dysfunctional patterns and effective coping strategies.

**FMST 850 Maternal and Child Health Epidemiology:** Determinants and trends in maternal and child health, including analysis of the role of economic inequalities, race/ethnicity, community contexts, and psychosocial factors across the life course. Overview of methods and data systems used to monitor maternal and child health. Development of a complete population health study.

**Sample Student Schedule**
Below is a table showing how a typical Ph.D. student can complete the required coursework over a three-year period (including one year of dissertation). All FMST MCH courses are taught on a two-year cycle, insuring an adequate seminar size and reducing resource demands of the proposed program.

<table>
<thead>
<tr>
<th>Schedule for Full-Time Ph.D. Student in Maternal and Child Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fall 1 (9)</strong></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>FMST 660</td>
</tr>
<tr>
<td>FMST 710</td>
</tr>
<tr>
<td>Elective</td>
</tr>
</tbody>
</table>

C. Describe any selective admissions policy or special criteria for students selecting this field of study.

As noted earlier, applicants to the MCH Ph.D. program must have completed all of the requirements for a Master of Public Health (MPH) degree or a social/behavioral science master’s degree that focuses on family, maternal and/or child health issues (including mental health) prior to their acceptance into the program. Prior to entry, students must also have completed at least one semester of a university-supervised, graduate level professional experience in a public health or mental health setting. Students without the MPH degree must complete the required 5 public health core courses (biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral sciences) within one academic year of their entry into the program. Entering master’s students who have not completed a thesis using empirical data must complete an empirical research project during their first year of the doctoral program.

All applicants must submit: Undergraduate and Graduate transcripts, Graduate Record Examination (GRE) scores, letters of recommendation from 3 persons competent to judge the applicant’s probability of success in graduate school, and the graduate school essay describing professional goals and relevant work and research experience.

In addition to Graduate School requirements, admission decisions for the MCH program will be based on the quality of previous undergraduate and graduate course work, the strength of GRE scores, the relevance of prior work and research experience, and the congruence of professional goals with those of the program. Students should submit application materials for the fall semester by January 15th. This program does not accept applications for Spring semester admission.

D. How will the program increase students’ technology fluency?

Students entering the MCH Ph.D. program will hold a MPH degree or a master’s degree in social/behavioral science. These students will already have acquired significant knowledge and competence relating to a wide range of technology skills, including retrieving, storing, and presenting health information and data for research and practice. The MCH doctoral program will build on these skills by
presenting advanced training in the use of health technologies and statistical software for research, program evaluation, and policy analysis. For example, students will be introduced to geographic information systems used in public health surveillance, environmental health tracking systems, and “smart home” technologies and mobile devices for the continuous monitoring of chronic health problems. Students will also become familiar with innovative learning and information technologies (e.g., podcasting, weblogs) for disseminating health information to MCH populations.

III. STUDENT LEARNING OUTCOMES AND ASSESSMENT

List the program's learning outcomes and explain how they will be measured and assessed.

Outcome 1: Demonstrate competence in MCH research.
Measure: Number of Ph.D. students presenting their MCH research at professional meetings.
Criterion: Prior to graduation, at least 90% of doctoral students will make at least one MCH research presentation at a professional meeting.
Assessment: Number/percentage of student presenters are recorded every year beginning in Spring 2008.

Outcome 2: Demonstrate specific content knowledge of MCH and family science, including theories, research design and methodology, policy analysis and advocacy, and program development and evaluation.
Measure: Students’ comprehensive exams, which ask students to apply their acquired knowledge in the fields of maternal and child health and family science in areas of theory, research methods, and programs/policies; rubrics are available for each exam section.
Criterion: At least 80% of MCH doctoral students will pass all 3 sections of their comprehensive exams, and 100% will pass 2 out of 3 sections.
Assessment: Outcomes will be assessed every year beginning in Fall 2009.

Outcome 3: Make significant scholarly contributions to the disciplines of MCH and family science.
Measure: Number of students who submit articles with MCH focus to refereed journals.
Criterion: Prior to graduating from the program, 100% of doctoral students will submit at least one article with a MCH focus to a refereed journal.
Assessment: Number/percentage of article submissions are recorded every year beginning in Fall 2008.

Outcome 4: Demonstrate evidence of commitment to and competence in multicultural diversity in maternal and child health research and programs.
Measure: A final project focusing on race/ethnicity/gender or racial/ethnic/gender disparities in health services in FMST 606, Ethnic Families and Health Disparities. The project will demonstrate the student’s ability to critically evaluate issues of race, gender, and/or ethnicity in the provision of MCH services and evaluation of MCH service programs.
Criterion: At least 90% of MCH doctoral students will receive a satisfactory or better evaluation on this project; projects will be evaluated with a diversity rubric.
Assessment: Rubric will be developed in early Fall 2007. Projects will be evaluated every two years beginning in Fall 2007.

IV. FACULTY AND ORGANIZATION

A. Who will provide academic direction and oversight for the program? [This might be a department, a departmental subgroup, a list of faculty members, or some other defined group.]
The proposed Ph.D. program in Maternal and Child Health will be administered by the Department of Family Studies (FMST). There are presently 13 tenured/tenure track faculty in Family Studies and the Department is currently searching for at least one tenured/tenure track faculty member with degrees in epidemiology and/or maternal and child health from an accredited School of Public Health. The Department also has an actively engaged, distinguished College Park Professor with a background in demography/sociology.

Existing FMST faculty members hold doctoral degrees in family science, human development, child development, demography, sociology, developmental psychology, clinical psychology, social work, economics, family finance, and related social and behavioral science disciplines. Two required courses in the MCH program will be taught by faculty in the Department of Epidemiology and Biostatistics who hold doctoral degrees in epidemiology and biostatistics. In addition, Family Studies has two adjunct faculty members with Ph.D. degrees in the behavioral sciences, as well as several clinical adjunct faculty members with master’s degrees in Marriage and Family therapy who have professional experience with MCH populations. Family Studies has a diverse tenured/tenure track and adjunct faculty, including African American, Asian, Latino, and Middle Eastern faculty members. Ten of the 13 tenured/tenure track faculty are women.

Family Studies Faculty Scheduled to Teach in the Proposed MCH Ph.D. Program

Elaine Anderson, Ph.D., Professor, FMST
  Teaching/research focus: family policy, health policy, fathering, at-risk families, work and family issues
  Course: FMST 750 Family and Health Policy

Norman Epstein, Ph.D., Professor, FMST
  Teaching/research focus: family systems, mental health issues and families, marriage and family therapy, family stress and coping, domestic violence, cross-cultural (Chinese) family research
  Course: FMST 810 Theory in Family Systems and Family Health

Sandra Hofferth, Ph.D., Professor, FMST
  Teaching/research focus: demography, maternal and child epidemiology, research methods, childhood obesity, fathers and fathering, immigrant families, adolescent pregnancy and parenthood
  Course: FMST 850 Maternal and Child Health Epidemiology

Suzanne Randolph, Ph.D., Associate Professor, FMST
  Teaching/research focus: developmental psychology, racial/ethnic health disparities, African American family research, maternal and child health, intervention research
  Course: FMST 606 Ethnic Families and Health Disparities

Kevin Roy, Ph.D., Assistant Professor, FMST
  Teaching/research focus: human development and social policy, fathers and fathering, men in low income families, qualitative research methods
  Course: FMST 780 Qualitative Research Methods in Family and Health Research

Jacqueline Wallen, Ph.D., Associate Professor, FMST
  Teaching/research focus: substance use and abuse, adoption, diversity issues in human services, Latino families, evaluation research
  Course: FMST 660 Program Planning and Evaluation
TBN, New Faculty Member(s) in Family Studies
Teaching/research focus: maternal and child health, epidemiology
Courses:  FMST 710 Foundations in Maternal and Child Health
          FMST 720 Perinatal, Child and Adolescent Health
          FMST 730 Maternal and Family Health in Adulthood and Aging

College of Health and Human Performance Faculty Scheduled to Teach in the Proposed MCH Program

TBN, New Faculty Member in Department of Epidemiology and Biostatistics
Teaching/research focus: epidemiology, research methods
Course:  EPIB 611 Intermediate Epidemiology

TBN, New Faculty Member in Department of Epidemiology and Biostatistics
Teaching/research focus: biostatistics, epidemiology
Course:  EPIB 651 Biostatistics II

B. If the program is not to be housed and administered within a single academic unit, provide details of its administrative structure.

Not applicable. All classes will be housed and administered within the Family Studies Department.

V. OFF CAMPUS PROGRAMS

A. If the program is to be offered to students at an off-campus location, with instructors in classrooms and/or via distance education modalities, indicate how student access to the full range of services (including advising, financial aid, and career services) and facilities (including library and information facilities, and computer and laboratory facilities if needed) will be assured.

Not applicable. All classes will be offered on the UMCP campus.

B. If the program is to be offered mostly or completely via distance education, you must describe in detail how the concerns in Principles and Guidelines for Online Programs are to be addressed.

Not applicable. No part of the program will be offered via distance education.

VI. OTHER ISSUES

A. Describe any cooperative arrangements with other institutions or organizations that will be important for the success of this program.

The College of Health and Human Performance at UMCP has established a Memorandum of Understanding to share resources with the School of Public Health at the University of Maryland at Baltimore (UMB). UMCP and UMB will share academic resources, fund seed grants to support inter-institutional research, and make courses available to graduate students from both campuses. HLHP is currently creating a Memorandum of Understanding with Prince George’s County Health Department to develop graduate student internships and to collaborate on health research and demonstration projects that will benefit county residents.

The Department of Family Studies also has a history of placing its Ph.D. students at government agencies and non-profit organizations that seek to improve the quality of maternal and child health. Within the last
five years, doctoral students have held fellowships and paid internships at numerous national agencies, including the National Cancer Institute, the National Institute for Disability and Rehabilitation Research, the Substance Abuse and Mental Health Services Administration, the Eating Disorders Coalition for Research, Policy and Action, the Children’s Bureau (U.S. Administration for Children and Families), the Children’s Defense Fund, and the Child Welfare League of America, among others. Doctoral students in the proposed MCH program will be encouraged to seek fellowships/placements in these agencies and similar health organizations, and these opportunities should contribute to the success of the program.

B. Will the program require or seek accreditation? Is it intended to provide certification or licensure for its graduates? Are there academic or administrative constraints as a consequence?

The proposed School of Public Health will seek accreditation from the Council on Education for Public Health (CEPH), which will review all academic programs and accredit the School. CEPH is an independent agency, recognized by the U.S. Department of Education, which accredits schools and programs of public health. CEPH accreditation will ensure students, employers, and the general public that UMCP’s new graduate programs meet the highest standards for education in public health.

VII. COMMITMENT TO DIVERSITY

Identify specific actions and strategies that will be utilized to recruit and retain a diverse student body.

The Family Studies Department has long been recognized on campus and nationwide for its commitment to diversity, and was named the Outstanding Academic Unit by the UMCP President’s Commission on Ethnic Minority Issues in 2004, 1997 and 1992. The Department has a diverse faculty, which includes African American, Asian, and Middle-Eastern tenured faculty members and a Latina adjunct professor. The chair and two thirds of current faculty members are women. In Fall 2006, 50% of the Department’s undergraduate student body and 27% of the graduate student body were students of color. The majority of Family Studies courses address diversity within their curricula, and faculty frequently focus on diversity issues in their research. Current research projects address ethnic families, low income families, gender issues, interracial couples, gay and lesbian families, mental illness and families, and other aspects of family diversity. The Department is strongly committed to improving understanding of human diversity and health disparities, as well as addressing the needs of traditionally under-represented families and communities.

The reputations of ethnic minority and women faculty members in FMST will help us to recruit and retain a diverse student body for the proposed MCH Ph.D. program. Faculty members will work vigorously to secure support for a diverse student body; currently all FMST Ph.D. students have financial support for 3-4 years. FMST faculty members frequently recommend graduate students for national, state, and campus fellowships. The Department annually co-sponsors a Latino Mental Health Conference which raises scholarship funds for Latino students, and conducts fund-raising for the Andrew Billingsley Scholarship for graduate student research on African American families.

The FMST faculty will actively recruit a diverse student population for the proposed MCH Ph.D. program. The Department will work closely with the HLHP Associate Dean for Diversity and the Director of the UMCP Graduate Office of Recruitment, Retention, and Diversity, to attract students from underrepresented groups to the new doctoral program. As with our other doctoral program, FMST faculty will recruit prospective students at national and regional professional conferences, including annual meetings of the American Public Health Association and the Association of Maternal and Child Health Programs. The Department will host campus visits of prospective students from targeted minority institutions, including the historically black colleges in Maryland and the surrounding region. Faculty
will also seek help from colleagues on other campuses in identifying minority graduate students who may be interested in the Maryland program and its research foci.

FMST faculty will also commit major resources to retaining and graduating a diverse student body. The Department’s Preparing Future Faculty program provides mentoring for teaching and research, workshops and support groups for dissertation completion, and extensive assistance with the job search. These retention initiatives have contributed to an attrition rate of less than 5% between 2000 and 2006. Such retention efforts will help the Department, the proposed School of Public Health, and the University of Maryland to achieve its diversity goals.

VIII. REQUIRED PHYSICAL RESOURCES

A. Additional library and other information resources required to support the proposed program.

The attached memorandum from the Library’s Collection Management Team describes existing library holdings and new library resources needed for the Maternal and Child Health Ph.D. program. The Provost will provide funding to meet library needs for this doctoral program.

B. Additional facilities, facility modifications, and equipment that will be required. This is to include faculty and staff office space, laboratories, special classrooms, computers, etc.

The Department has adequate space in Marie Mount Hall to house new faculty and doctoral students in the MCH doctoral program. However, our graduate student offices will be cramped so FMST will request space for three additional graduate student offices if space is available in Marie Mount Hall. The Department’s seminar classroom will be used to teach the three new MCH doctoral courses; other required Epidemiology and Biostatistics courses will be taught in the HLHP Building. No laboratories or computer labs are needed to operate the program.

C. Impact, if any, on the use of existing facilities and equipment. Examples are laboratories, computer labs, specially equipped classrooms, and access to computer servers.

See response to VIII.B above.

IX. RESOURCE NEEDS and SOURCES

Describe the resources that are required to offer this program, and the source of these resources. Project this for five years. In particular:

A. List new courses to be taught, and needed additional sections of existing courses. Describe the anticipated advising and administrative loads. Indicate the personnel resources (faculty, staff, and teaching assistants) that will be needed to cover all these responsibilities.

The proposed MCH Ph.D. program was designed to build on FMST’s existing Family Studies Ph.D. program and coursework offered in the proposed School of Public Health so few new resources are required. The MCH program will require only three new FMST courses: FMST 710 Foundations in Maternal and Child Health; FMST 720 Perinatal, Child, and Adolescent Health; and FMST 730 Maternal and Family Health in Adulthood and Aging. A fourth course, FMST 850 Maternal and Child Health Epidemiology, is already being taught in the Department under the number, FMST 688P. FMST is in the process of searching for one new MCH faculty member who will teach these three courses on a two year cycle (two courses in the first year and the third course in the second year, with the same cycle continuing
in subsequent years). The new faculty member will also share responsibilities for advising and mentoring MCH doctoral students with existing FMST faculty members.

The Department’s Graduate Director will oversee this new program in addition to the Family Studies Ph.D. Program. (The Director of our Marriage and Family Therapy program administers most aspects of our clinical professional master’s program.) The Department’s existing Graduate Secretary will handle administrative aspects of this small program, including admissions. The proposed program will bring in 2 students in Year 1 and 5-6 students in the following years (with an estimated attrition rate of 10% or less).

B. List new faculty, staff, and teaching assistants needed for the responsibilities in A, and indicate the source of the resources for hiring them.

Reallocated funds from the Department of Family Studies and the College of Health and Human Performance will provide the financial support for an MCH faculty member (shown in MHEC Table 1, Resources). The Department of Family Studies has a current search open for a new faculty member in Maternal and Child Health. This new hire will hold a doctoral degree in epidemiology and/or maternal and child health from an accredited School of Public Health. We estimate that the new faculty member will spend .5 FTE teaching and advising students in the MCH Ph.D. program in years when s/he is teaching two courses and advising students, and .4 FTE effort in the years in which s/he is teaching one course. Funds from a recent FMST retirement and the Dean’s Office will support the new hire.

The MCH program will be supported, in part, by tuition revenue from new Ph.D. students. FMST has also requested funds for 8 2-year Graduate Assistantships from the Dean of HLHP over the 5-year period between 2007-08 and 2011-2012. These Graduate Assistantships will come from funds provided to the College/School by the Provost when specific milestones are met in new graduate student enrollments. Soft money support will be provided in the initial years of the program, to be incrementally replaced by hard money allocations when program milestones are met (see page 19, School of Public Health proposal). Graduate Fellowships for the MCH Ph.D. program will be sought from the Dean of the Graduate School. We also anticipate that this new Ph.D. program will increase our ability to attract MCH research funding and an MCH training grant.

FMST’s most important need associated with implementation of the MCH Ph.D. program is for additional Graduate Assistantships. These GA positions are entered on MHEC Table 2, Expenditures, as “Support Staff” expenses. These positions will enable the Department to be competitive in recruiting the most outstanding students. Moreover, Graduate Assistants play an important role in providing instruction in FMST’s growing undergraduate program. FMST currently funds Assistantships for most students in its Family Studies Ph.D. program. During the last 5 years, state-budgeted funds for doctoral GAs have averaged $65,000 annually; research grant funds for GAs have averaged $72,000 annually; and summer school/winterterm revenues allocated to GAs have averaged $122,000 annually.

The proposed Ph.D. program will have no detrimental impact on the Department’s undergraduate program. FMST will continue to offer the same number of undergraduate courses in its current schedule and plans to add a new undergraduate course in Maternal and Child Health. It is anticipated that this new course will stimulate some undergraduates’ interest in pursuing MPH and Ph.D. degrees in the proposed School of Public Health.

C. Some of these teaching, advising, and administrative duties may be covered by existing faculty and staff. Describe your expectations for this, and indicate how the current duties of these individuals will be covered, and the source of any needed resources.
As described above, teaching, advising, and administrative duties will be handled by existing faculty members (who are already teaching and conducting research on MCH topics), a new faculty member, and existing administrative staff. FMST faculty members are already teaching many of the MCH doctoral courses in our existing Family Studies Ph.D. program; these faculty can accommodate 2-5 additional students in their courses. College faculty teaching in our program (particularly those in the new Department of Epidemiology and Biostatistics) can also accommodate MCH students in their courses. With the new faculty member, we will be able to redistribute doctoral student advising loads so that individual faculty are not overburdened. We will closely monitor the size of the MCH program, including graduation rates, to insure that we do not admit more students than our tenured/tenure track faculty can reasonably advise/mentor. As noted above, our Graduate Secretary will handle administrative tasks for the MCH program.

D. Identify the source to pay for the required physical resources identified in Section XII above.

FMST will request three doctoral student offices in Marie Mount Hall (assuming space is available). If minor renovations are required (e.g., carpeting), the Department will cover this expense. The Department will draw on DRIF and summer school/winterterm revenues to provide telephones and office furniture for these offices. If this office space is not available, the new doctoral program can still operate adequately.

E. List any other required resources and the anticipated source for them.

As with our Family Studies Ph.D. program, the Department will annually provide some financial support to MCH doctoral students who present their work at professional conferences. The Department will also commit some funds to advertising the new program, especially in the first two years. This support, projected at $10,000 to $12,000 annually (see Table 2), will come from FMST DRIF funds and summer school/winterterm revenue.

F. Provide the information requested in Table 1 and Table 2 (for Academic Affairs to include in the external proposal submitted to USM and MHEC).
MHEC TABLE 1: RESOURCES MCH PhD Program

<table>
<thead>
<tr>
<th>Resource Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reallocated Funds</td>
<td><strong>$122,520</strong></td>
<td><strong>$156,821</strong></td>
<td><strong>$176,294</strong></td>
<td><strong>$210,945</strong></td>
<td><strong>$230,783</strong></td>
</tr>
<tr>
<td>a. Department</td>
<td><strong>$29,000</strong></td>
<td><strong>$30,160</strong></td>
<td><strong>$31,366</strong></td>
<td><strong>$32,621</strong></td>
<td><strong>$33,926</strong></td>
</tr>
<tr>
<td>b. HLHP</td>
<td><strong>$55,000</strong></td>
<td><strong>$57,200</strong></td>
<td><strong>$59,488</strong></td>
<td><strong>$61,868</strong></td>
<td><strong>$64,342</strong></td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td><strong>$23,520</strong></td>
<td><strong>$24,461</strong></td>
<td><strong>$25,439</strong></td>
<td><strong>$26,457</strong></td>
<td><strong>$27,515</strong></td>
</tr>
<tr>
<td>c. UMCP Graduate School / Provost</td>
<td><strong>$15,000</strong></td>
<td><strong>$45,000</strong></td>
<td><strong>$60,000</strong></td>
<td><strong>$90,000</strong></td>
<td><strong>$105,000</strong></td>
</tr>
<tr>
<td>2. Tuition/Fee Revenue (c+g below)</td>
<td><strong>$18,180</strong></td>
<td><strong>$63,630</strong></td>
<td><strong>$93,620</strong></td>
<td><strong>$100,420</strong></td>
<td><strong>$104,500</strong></td>
</tr>
<tr>
<td>a. # Full Time Students</td>
<td>2</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>b. Annual Tuition/Fee Rate*</td>
<td><strong>$9,090</strong></td>
<td><strong>$9,090</strong></td>
<td><strong>$9,090/$1,360</strong></td>
<td><strong>$9,090/$1,360</strong></td>
<td><strong>$9,090/$1,360</strong></td>
</tr>
<tr>
<td>c. Total Full Time Revenue (a x b)</td>
<td><strong>$18,180</strong></td>
<td><strong>$63,630</strong></td>
<td><strong>$93,620</strong></td>
<td><strong>$100,420</strong></td>
<td><strong>$104,500</strong></td>
</tr>
<tr>
<td>d. # Part Time Students</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>e. Credit Hour Rate</td>
<td><strong>$505</strong></td>
<td><strong>$505</strong></td>
<td><strong>$505</strong></td>
<td><strong>$505</strong></td>
<td><strong>$505</strong></td>
</tr>
<tr>
<td>f. Annual Credit Hours</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>g. Total Part Time Revenue (d x e x f)</td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
</tr>
<tr>
<td>3. Grants, Contracts, and Other External Sources</td>
<td><strong>$0</strong></td>
<td><strong>$0</strong></td>
<td><strong>$15,000</strong></td>
<td><strong>$15,600</strong></td>
<td><strong>$16,224</strong></td>
</tr>
<tr>
<td>4. Other Sources: UMCP Provost - Library</td>
<td><strong>$16,223</strong></td>
<td><strong>$17,521</strong></td>
<td><strong>$18,923</strong></td>
<td><strong>$20,436</strong></td>
<td><strong>$22,071</strong></td>
</tr>
<tr>
<td>TOTAL (Add 1 - 4)</td>
<td><strong>$156,923</strong></td>
<td><strong>$237,972</strong></td>
<td><strong>$303,836</strong></td>
<td><strong>$347,402</strong></td>
<td><strong>$373,578</strong></td>
</tr>
</tbody>
</table>

* Annual tuition based on 80% in-state plus 20% out-of-state rates for an average of $505/credit x 18 credit hours per student in first two years; tuition candidacy for two years at resident rate of $1,360/year ($680/semester)
## MHEC TABLE 2: EXPENDITURES MCH PhD Program

<table>
<thead>
<tr>
<th>Expenditure Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Faculty (b+c below)</td>
<td>$107,520</td>
<td>$111,821</td>
<td>$145,367</td>
<td>$151,182</td>
<td>$157,229</td>
</tr>
<tr>
<td>a. FTE</td>
<td>0.5</td>
<td>0.4</td>
<td>0.625</td>
<td>0.5</td>
<td>0.625</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$84,000</td>
<td>$87,360</td>
<td>$113,568</td>
<td>$118,111</td>
<td>$122,835</td>
</tr>
<tr>
<td>c. Total Benefits*</td>
<td>$23,520</td>
<td>$24,461</td>
<td>$31,799</td>
<td>$33,071</td>
<td>$34,394</td>
</tr>
<tr>
<td>2. Admin Staff (b+c below)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>a. FTE</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>b. Total Salary</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>c. Total Benefits</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>3. Support Staff (b+c below)</td>
<td>$24,090</td>
<td>$72,270</td>
<td>$96,360</td>
<td>$144,540</td>
<td>$168,630</td>
</tr>
<tr>
<td>a. FTE</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. Total Salary**</td>
<td>$15,000</td>
<td>$45,000</td>
<td>$60,000</td>
<td>$90,000</td>
<td>$105,000</td>
</tr>
<tr>
<td>c. Total Benefits***</td>
<td>$9,090</td>
<td>$27,270</td>
<td>$36,360</td>
<td>$54,540</td>
<td>$63,630</td>
</tr>
<tr>
<td>4. Equipment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>6. New or Renovated Space</td>
<td>$2,500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>7. Other Expenses</td>
<td>$7,500</td>
<td>$10,000</td>
<td>$10,000</td>
<td>$12,000</td>
<td>$12,000</td>
</tr>
<tr>
<td><strong>TOTAL (Add 1 - 7)</strong></td>
<td><strong>$157,833</strong></td>
<td><strong>$210,314</strong></td>
<td><strong>$267,950</strong></td>
<td><strong>$323,945</strong></td>
<td><strong>$354,082</strong></td>
</tr>
</tbody>
</table>

* Fringes calculated at 28% for Faculty
** This figure includes Graduate Assistantship stipends only
*** This figure includes tuition remission only and is calculated at #FTE x $505/credit x 18 credits/year
References


DIRECTIONS:
- Provide one form with original approval signatures in lines 1 - 4 for each proposed action. Keep this form to one page in length.
- Early consultation with the Office of the Associate Provost for Academic Planning Programs is strongly recommended if there are questions or concerns, particularly with new programs.
- Please submit the signed form to Claudia Rector, Office of the Associate Provost for Academic Planning and Programs, 1119 Main Administration Building, Campus.
- Please email the rest of the proposal as an MSWord attachment to pcc-submissions@umd.edu.

DATE SUBMITTED: 1/19/07
COLLEGE/SCHOOL: HLHP
DEPARTMENT/PROGRAM: Department of Family Studies

PROPOSED ACTION (A separate form for each) ADD____ DELETE____ CHANGE____X____
Change the name of the Department of Family Studies to the Department of Family Science.

DESCRIPTION (Provide a succinct account of the proposed action. Details should be provided in an attachment. Provide old and new sample programs for curriculum changes.)
See the attached rationale.

JUSTIFICATION/REASONS/RESOURCES (Briefly explain the reason for the proposed action. Identify the source of new resources that may be required. Details should be provided in an attachment.)
No new resources are required.

=================================================================================================
APPROVAL SIGNATURES DATE
1. Department Committee Chair Leyla A. Lesli 1/19/07
2. Department Chair Sally A. Kollmeyer 1/19/07
3. College/School PCC Chair 1/20/07
4. Dean 1/24/07
5. Dean of the Graduate School (if required) 2/21/07
6. Chair, Senate PCC RFC 3/8/07
7. Chair of Senate 3/8/07
8. Vice President for Academic Affairs Provost 3/8/07
Proposal to Change the Name of the Department of Family Studies
to the Department of Family Science

With plans to reorganize the College of Health and Human Performance and establish an accredited School of Public Health, there is a need to change the name of the Department of Family Studies to the Department of Family Science. The proposed name change is consistent with current directions within our discipline to focus on family science in the nomenclature of academic departments, major disciplinary associations (e.g., American Association of Family and Consumer Sciences), and federal government programs (e.g., Family Science and Human Development program within the U.S. Department of Agriculture’s Cooperative State Research, Education, and Extension Service). The Chronicle of Higher Education lists positions for faculty within the family discipline under the category “family sciences.”

The proposed name change to Family Science reflects the Department’s emphasis on empirical research aimed at helping families improve their health, financial security, and quality of life. Scientific research, evaluation, and evidence-based practice are integral to the department’s academic programs, scholarship, and service.

The Department of Family Studies currently offers a Bachelor of Science degree, a Master of Science degree, and a Doctor of Philosophy degree. All undergraduates complete empirical research and make formal presentations of their projects at departmental research forums held twice each academic year. Departmental graduate students are actively engaged in research, applying a broad range of scientific methods from family science, demography, psychology, sociology, health sciences, nutrition, economics, public policy, and related behavioral sciences to research and professional practice. Family Studies faculty publish their research in key social science journals within the interdisciplinary family science discipline, and have grants from governmental agencies such as the National Institutes of Health, the U.S. Department of Health and Human Services, and the U.S. Department of Agriculture, as well as from private foundations.

To meet accreditation requirements of the Council on Education for Public Health (CEPH), the proposed UMCP School of Public Health must offer at least three doctoral programs. Addressing this requirement, the Department of Family Studies has developed a new Ph.D. program in Maternal and Child Health (currently under review). The proposed new department name, Family Science, more closely resembles the names of departments in major Schools of Public Health that offer Maternal and Child Health programs (e.g., Population and Family Health Sciences at Johns Hopkins; Community Health Science at UCLA and University of Illinois at Chicago).

To select a new name, the Family Studies Department sought input from its faculty, staff, graduate students, undergraduate student advisory committee, and alumni. This process was accompanied by a review of the names of similar departments in other institutions, particularly Land Grant institutions with strong family science programs. Examples of these department names are listed below:

**Land Grant Institutions**

*Family Social Science:* University of Minnesota  
*Human Development and Family Science:* Ohio State University, Oklahoma State University  
*Human Development and Family Sciences:* Oregon State University  
*Family and Consumer Sciences:* University of Nebraska, University of Hawaii, University of Idaho, University of Wyoming, New Mexico State University, North Carolina A & T University  
*Child Development and Family Science:* North Dakota State University  
*Family, Youth, and Community Sciences:* University of Florida  
*Human Development, Consumer and Family Sciences:* South Dakota State University
Non-Land Grant Institutions

Family Sciences: Texas Woman’s University
Counseling and Family Sciences: Loma Linda University
Family Environmental Sciences: California State University/Northridge

The only UMCP aspirational peer with a family science program, the University of Illinois, combines human development and family science in a department titled Human and Community Development.

The department name selected by the overwhelming majority of Family Studies faculty, staff, students, and alumni was the Department of Family Science. There was also some support for the Department of Family Social Science and the Department of Family Health and Social Science, but the Department elected to avoid using the word “social” in its title because this term is used by the College of Behavioral and Social Sciences.

The proposed new name, Family Science, may also help to clear up confusion about the nature of the department’s academic work. Many undergraduate and graduate students have reported that the current name, Family Studies, is suggestive of programs in the Arts and Humanities (e.g., American Studies) rather than in the health and behavioral sciences. Prospective graduate students for our proposed Maternal and Child Health (MCH) Ph.D. program may have difficulty locating our program in a department of Family Studies. A name change should increase our competitiveness in recruiting students to an MCH program in the proposed School of Public Health.

In summary, we propose that our current name, the Department of Family Studies be changed to the Department of Family Science, effective July 1, 2007. The new name better reflects current nomenclature in our discipline, reduces confusion about the nature of our instruction and research, and more accurately communicates our mission to apply scientific methods to the solution of contemporary family problems.
Appendix 1: Course Descriptions for New Programs in the School of Public Health

Department of Epidemiology and Biostatistics (EPIB)

EPIB 610 Foundations of Epidemiology: Overview of the discipline of epidemiology, basic concepts and methods, and applications of epidemiology to health and disease.

EPIB 611 Intermediate Epidemiology: Analysis of epidemiologic methods as applied to epidemiologic research, analysis of bias, confounding, effect modification issues, overview of design, implementation, and analysis of epidemiologic studies. Prerequisite: EPIB610, EPIB650

EPIB 612 Epidemiologic Study Design: Application of epidemiologic study designs, analytic methods used for analysis of cohort, case-control, cross-sectional, and clinical trials research. Prerequisites: EPIB610, EPIB611, EPIB650

EPIB 620 Chronic Disease Epidemiology: Overview of prevalence and risk factors for major chronic diseases. Discussion of methodological issues unique to specific chronic diseases. Prerequisite: EPIB610

EPIB 621 Infectious Disease Epidemiology: Overview of the unique aspects of infectious diseases and the epidemiological methods used in their study, prevention, and control. Prerequisite: EPIB610

EPIB 622 Social Determinants of Health: Overview of major social variables that affect public health, including socioeconomic status, poverty, income distribution, race, social networks/support, community cohesion, psychological stress, gender, and work and neighborhood environment. Prerequisite: EPIB610

EPIB 623 Epidemiology of Health Disparities: Discussion of determinants that influence health outcomes of the most disadvantaged populations in the United States. Focus on social factors contributing to health disparities and inequities in the US.

EPIB 624 Genetics in Public Health: Emerging role of genetics in public health; overview of basic tenets of human genetics; examination of how public health practice and research are influenced by genetics and ethical issues specific to genetics. Prerequisite: EPIB610

EPIB 625 Epidemiology of Physical Activity: Overview of evidence of the epidemiological association of physical activity to a variety of health outcomes, application of epidemiological methods to the science of physical activity and health. Prerequisite: EPIB610

EPIB 626 Epidemiology of Obesity: Overview of the epidemiology, prevention, and treatment of obesity, its causes and consequences, and energy balance issues; application of epidemiologic methods to the study of obesity epidemiology. Prerequisite: EPIB610

EPIB 641 Public Health and Research Ethics: Overview and discussion of ethical issues that face public health practitioners and scientific researchers.

EPIB 650 Biostatistics I: Basic descriptive concepts and procedures for inferential statistics; focus on applications, hands-on experience, and interpretation of statistical results.

EPIB 651 Biostatistics II: Introduction to a variety of statistical tools with applications in public health, including simple and multiple regression, experimental design, categorical data analysis, logistic regression, and survival analysis. Prerequisite: EPIB650
EPIB 652 Categorical Data Analysis: Methods for the analysis of categorical data as applied to public health research, including variables with two or more categories, analysis of data structures that are counted, ordered, censored, or subject to selection. Prerequisites: EPIB650, EPIB651

EPIB 653 Survival Data Analysis: Overview of statistical methods for analyzing censored survival data, including the Kaplan-Meier estimator and the log-rank test. Prerequisites: EPIB650, EPIB651

EPIB 654 Clinical Trials Analysis: Principles of clinical trial design, including randomization strategies, design and analytic issues to minimize threats to validity, sample size and power calculations, intention to treat analyses. Prerequisites: EPIB650, EPIB651

EPIB 655 Longitudinal Data Analysis: Statistical models for drawing scientific inferences from longitudinal data, longitudinal study design, repeated measures and random effects to account for experimental designs that involve correlated responses, handling of missing data. Prerequisites: EPIB650, EPIB651

EPIB 710 Epidemiologic Research Methods: In-depth study of the knowledge and skills needed to design, conduct, and evaluate an epidemiologic research study. Development of a complete research proposal. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

EPIB 740 Advanced Methods in Epidemiology: In-depth investigation of epidemiologic methods for making causal inferences and solving complex methodological problems. Multivariate models emphasized. Prerequisites: EPIB610, EPIB611, EPIB612, EPIB650, EPIB651

EPIB 785 Internship in Public Health: Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

EPIB 786 Capstone Project in Public Health: Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

EPIB 788 Critical Readings: In-depth examination and critical discussion of the current literature relevant to epidemiology and public health, emphasizing application of epidemiologic and biostatistical methods. Prerequisites: EPIB610, EPIB650

EPIB 789 Independent Study

EPIB 799 Master’s Thesis Research

EPIB 898 Pre-Candidacy Research

EPIB 899 Doctoral Dissertation Research

Department of Family Studies (FMST)

FMST 606 Ethnic Families and Health Disparities: Historical, psychosocial, economic, and political factors influencing the structure and functioning of ethnic families. Overview of racial/ethnic health disparities over the life course and ways in which they are influenced by multi-level contextual factors.
Cultural competency in research, service delivery, and development of family/health policy initiatives for ethnic families.

**FMST 660 Program Planning and Evaluation:** Program planning and evaluation for family services and maternal and child health programs, including assessment, consumer/community participation, capacity building, evaluation methods, and ethical issues; emphasis on both process and impact analysis. Development of proposals for evaluating impact of health interventions.

**FMST 710 Foundations in Maternal and Child Health:** Overview of key health issues for various maternal and child health populations, especially those within the US. Review of maternal and child health databases and major programs and public policies aimed at improving the health of mothers, children, adolescents, and their families.

**FMST 720 Perinatal, Child, and Adolescent Health:** Examination of major problems and issues associated with the health status of women of reproductive age, infants, toddlers, children, and adolescents. Analysis of biological, environmental, psychosocial, and cultural determinants of health for the target populations. Overview of prevention and intervention programs for children and youth.

**FMST 730 Maternal and Family Health in Adulthood and Aging:** Overview of major public health problems during the adult and elderly years, including cigarette smoking, obesity, physical inactivity, substance abuse, risky sexual behavior, cardiovascular disease, cancer, diabetes, osteoporosis, and HIV/AIDS. Examination of life course research, prevention and intervention programs, and public information campaigns.

**FMST 750 Family and Health Policy:** Development and analysis of public policies affecting the health and well-being of children, youth, and families, with an emphasis on low income and ethnic minority populations. Examination of social, economic, and political dynamics that influence family and health policies and the delivery of health care. Introduction to health advocacy within the US public health system.

**FMST 780 Qualitative Methods in Family and Health Research:** Theoretical perspectives and methodological tools to conduct research with individuals and families across the life span. Review of research designs, participant fieldwork, observation and interview projects, data collection, computer-assisted data analysis, and development of grounded theory.

**FMST 810 Theory in Family Systems and Family Health:** Theory and research on family interaction and family coping with normative health and mental health transitions and non-normative crises across the family life cycle. Micro-analysis of family process in communication, decision-making, problem-solving, and compliance to health regimens. Examination of dysfunctional patterns and effective coping strategies.

**FMST 850 Maternal and Child Health Epidemiology:** Determinants and trends in maternal and child health, including analysis of the role of economic inequalities, race/ethnicity, community contexts, and psychosocial factors across the life course. Overview of methods and data systems used to monitor maternal and child health. Development of a complete population health study.

**FMST 898 Pre-Candidacy Research**

**FMST 899 Doctoral Dissertation Research**
Department of Health Services Administration (HLSA)

HLA 601 Introduction to Health Systems: Overview of the major elements of the American health care system and its driving forces. Examination of current health policy issues in a historical, economic, and political context.

HLA 702 Politics and Policy of Health: Organizational and financial components of the U.S. health care system, including social and political forces that bind the system. Advanced political analysis of the health care system, including key issues and problems.

HLA 710 Foundations of Health Care Management: Examination of managerial activities essential to achieving the goals of health care institutions. Effects of environment, technology, and human behavior on organizational design, including planning and decision-making required to operate and change health care organizations.

HLA 711 Health Care Economics and Analysis: Analysis of health as an economic good using microeconomic theories and the behavior of health care providers, consumers, markets, and firms. Examination of market economics and the health care economy, including market competition, the supply and demand of medical care and health insurance, long term care, the role of government, and equity issues. Prerequisite: College level microeconomics course

HLA 720 Health Law and Ethics: Analysis of health issues from a legal perspective, including important concepts addressed by the law within the context of health services administration. Legal rights and duties of health care professionals and consumers of health care. Examination of ethical issues in health care delivery and administration.

HLA 730 Human Resources Management: Principles and methods of human resources management, including job analysis, recruitment, selection, employment, retention, training/development, compensation, performance appraisal, and labor relations.

HLA 740 Strategic Planning and Marketing: Overview of strategic management and marketing concepts/principles needed to lead the strategic planning process in a health care organization. Examination of social, political, technological, regulatory, and competitive factors that influence the success of health services organizations.

HLA 750 Management Information Systems in Health Care Organizations: Overview of the analysis, design, selection, installation, use, management, and evaluation of information systems in health care settings. Prerequisite: College level Financial Accounting

HLA 760 Financial Management of Health Care Organizations: Overview of financial management in health services with an emphasis on payment systems, time value of money, financial risk, debt and equity financing, cost of capital, financial forecasting, working capital management, and capitation and rate setting. Use of accounting and financial theories, principles, and techniques in the decision-making of health care administrators.

HLA 765 Oral and Written Communications: Review of professional writing required of health services professionals including grant proposals, journal articles, papers, presentations, textbooks, theses, and dissertations. Form and content of a variety of technical documents, as well as the processes of writing, peer review and critique.
**HLSA 770 Continuous Quality Improvement:** Historical and current, state-of-the-art use of tools to promote and assess health care quality. Focus on critical quality problems that exist in health care organizations and the leadership skills required to prevent and remedy these issues.

**HLSA 772 Health Care Leadership and Communications:** Transformational leadership skills and knowledge related to health, financial, social, and technological challenges facing health service administrators. Application of leadership models to critical issues in health care organizations.

**HLSA 780 Qualitative Methods for Health Services:** Qualitative methods for conducting research on individuals and their use of health services. Review of research designs, first-person accounts, life histories, visual records, semi-structured and open-ended interviews, informal and formal observations, and biographical and autobiographical materials, among others. Examination of the collection, analysis, and interpretation of qualitative data.

**HLSA 785 Internship in Public Health:** Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

**HLSA 786 Capstone Project in Public Health:** Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

**HLSA 788 Critical Readings:** In-depth examination and critical discussion of the current literature relative to health services administration.

**HLSA 790 Seminar in Advanced Health Services Research:** In-depth examination of the health services research literature with emphasis on review of methodology, interpretation of complex results, and evaluation of policy implications. Emphasis on critical examination of the literature in the design of research questions and the selection of appropriate methods to answer policy questions.

**HLSA 799 Master’s Thesis Research**

**HLSA 898 Pre-Candidacy Research**

**HLSA 899 Doctoral Dissertation Research**

**Department of Public and Community Health (HLTH)**

**HLTH 606 Foundations of Public Health Education and Policy:** Examines foundations and content of two professions, health education and public health, including history, mission, terminology, philosophy, ethical principles and scientific foundations. Emerging and reemerging threats to the public's health will be discussed, as well as societal influences on health and health policy. Also addresses professional competencies and preparation, and the role of professional organizations.

**HLTH 652 Quantitative Research Methods I in Public Health:** Intermediate statistics and procedures in health-related research for doctoral students. Focuses on applied level of statistics rather than theoretical, with emphasis on 1) how to apply statistical models, 2) how to perform the analysis with available software, and 3) how to interpret findings.
HLTH 653 Quantitative Research Methods II in Public Health: Intermediate and advanced statistics and procedures in health-related research for doctoral students with the focus on applications of these statistical methodological methods to public health research.

HLTH 665 Health Behavior I: The psychological, social psychological, and sociological theories of health behavior. The relation of health knowledge, beliefs, attitudes, intentions, and behavior to preventive, illness, sick-role, and health utilization behaviors.

HLTH 666 Health Behavior II: An advanced course with intensive training in health behavior research and the opportunity to carry out original research in health behavior. Patient-provider interaction, patient cooperation with medical treatment and other social and psychological influences on health care.

HLTH 670 Public Health Informatics and Communication: Overview of the development, design, and delivery processes for public health communications and informatics. Theoretical/conceptual knowledge and practical experience in using a variety of communications.

HLTH 710 Methods and Techniques of Research: Overview of research design and methodological issues in health education. Issues include experimental and non-experimental designs, reliability and validity of instrumentation, and qualitative and quantitative data collection strategies.

HLTH 711 Advanced Research Methods: Quantitative techniques, advanced research methods and design issues. Prerequisite 710

HLTH 742 Professional Writing Presentations: Introduction to a variety of professional writings required of public health professionals, including grant proposals, journal articles, textbooks, papers, presentations, theses and dissertations. Form and content of a range of technical documents, as well as the processes of writing, peer review, and critique.

HLTH 775 Health Education Program Planning Evaluation: A systematic approach to the planning and evaluation of Health Education programs. Diagnosis of the social, psychological, educational and administrative aspects of the health education program. Program monitoring, rigorous methods of impact assessment, and the measurement of efficiency. Prerequisite: 710

HLTH 780 Community Health: Overview of public health organizations, programs, and policies, including their structure and function, and their ability to change with changing community health needs.

HLTH 785 Internship in Public Health: Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisites: HLTH 665, HLTH 775, and HLTH 780 or permission of the Department.

HLTH 786 Capstone Project in Public Health: Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisites: All required coursework and permission of the Department.

HLTH 799 Master’s Thesis Research

HLTH 898 Pre-Candidacy Research

HLTH 899 Doctoral Dissertation Research
Maryland Institute for Applied Environmental Health (MIEH)

MIEH 600 Foundations of Environmental Health: Overview of the major principles, methods, and issues of environmental health. Emphasis on common chemical, biological, and physical contaminants of the air, water, soil, food, and workplace, as well as their known health effects on humans. Discussion of real-world examples of significant past and current events, and effective approaches to abatement and prevention.

MIEH 710 Environmental Pollution: In-depth study of major contaminants of air, water, soil, and food. Discussion of various models to estimate continuous concentrations from discrete point monitors, and the uses and limitations of remote sensing. Identification and analysis of disparities in the distribution of environmental pollutants through written and oral reviews of agents and environments.

MIEH 720 Principles of Toxicology: Overview of toxicology, including exposure pathways, toxicokinetics, dermal toxicants, carcinogens, and genetic, reproductive, immuno-, neuro-, target organs, complex mixtures, structure-activity analysis, and determinants of hypo- and hyper-susceptibility. Case studies of global, national and regional interest.

MIEH 721 Physiological Toxicology: Emphasis on macrocellular, metabolic, cellular, and physiologic targets of environmental contaminants and assays to detect toxic effects at these levels. Discussion of effects of select environmental toxicants in the context of their disruption of normal processes. Examination of the design of short-term assays and their desirable features to maximize usefulness for predicting human disease.

MIEH 722 Laboratory Methods in Environmental Health: Overview and application of methods for detecting environmental toxicants and their effects at a cellular and genetic level. Design, implementation, analysis, and report on an experiment treating various cell types with environmental agents and detecting the effects of those agents on different cellular and macromolecular targets.

MIEH 725 Environmental Analysis: Overview of fundamentals of environmental chemistry and analytical techniques for environmental samples. Study of the sources, reactions, transport, effects, and fates of chemical species in the external environment (water, air, soil), and in the living environment. Sampling and laboratory analysis of water, air, and soil.


MIEH 742 Principles of Industrial Hygiene: Theory and practice of industrial hygiene, including major industrial exposures and their sampling and measurement. Focus on specific industries, worker populations, and environments.

MIEH 750 Environmental Health Hazard Management: Overview of the stakeholders and processes of environmental management. Emphasis on theory and practice, including examination of diverse perspectives relating to environmental management from science, business, regulatory agencies, and the law. Analysis of successes and failures of actual environmental management cases at the state, regional, US, and global levels.

MIEH 770 Law and Policy in Environmental Health: Overview of laws that affect the environment, and the various ways in which businesses are regulated by the government in the interest of protecting the environment. Federal, state, and local laws and regulations related to the protection of human health and the regulation of environmental containments, including biological, physical and chemical factors.
affecting community health. Examination of the interactions between and differing responsibilities of various agencies enforcing environmental laws and regulations.

**MIEH 773 Biological Contaminants in the Environment:** Overview of the major classes of biological agents in the environment, and how they are transported, transmitted, diagnosed, detected, and monitored. Conditions and diseases produced by bacteria, viruses, mycoplasma, protozoa, helminths, molds, allergens, and prions, with emphasis on environmental modes of transmission. Ways in which remote sensing, Geographic Information Systems, and modeling can be used to predict and prevent outbreaks.

**MIEH 771 Exposure Assessment:** In-depth study of approaches and methods for analyzing and determining environmental contaminants and exposure to them. Determination of personal exposure in the context of the hazard-exposure-effect paradigm. Examination of ecological/ambient vs. personal exposure and screening vs. surveillance. Biomonitoring methods to detect recent exposures, analysis of toxicants and their metabolites in biological tissues and fluids, DNA adducts, cytogenetic and genetic monitoring, and other biological endpoints. Consideration of ideal exposure monitoring including proximal vs. distal endpoints.

**MIEH 780 Environmental and Occupational Diseases:** Distinctions between injury, illness, and disease, as well as between ambient and occupational environments. In-depth discussion of major environmental and occupational diseases by organ system, and their etiology, characterization, treatment and prevention.

**MIEH 785 Internship in Public Health:** Internship and seminar providing an opportunity to apply previously acquired knowledge and skills in a health or allied health organization. Setting of the internship will depend upon the student’s background and career goals. Prerequisite: Permission of the Department.

**MIEH 786 Capstone Project in Public Health:** Capstone experience providing opportunity to apply knowledge and skills to a specific public health problem or issue. Completion of a project relevant to public health under the direction of an advisor. Prerequisite: Permission of the Department.

**MIEH 788 Critical Readings:** In-depth examination and critical discussion of the current literature relevant to environmental health.

**MIEH 799 Master’s Thesis Research**
## Appendix 2: Course Offerings by Semester for the School of Public Health

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# Appendix 2: Course Offerings by Semester for the School of Public Health

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## Complete Catalogue for Required Courses and Recommended Electives for SPH Programs

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### Appendix 2: Course Offerings by Semester for the School of Public Health

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# Appendix 2: Course Offerings by Semester for the School of Public Health

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LIBRARY COLLECTION ASSESSMENT  
SCHOOL OF PUBLIC HEALTH PROPOSAL  
WORKING DRAFT

TO: Robert S. Gold, Dean, College of Health and Human Performance

FROM: Desider Vikor, Director, Collection Management and Special Collections  
Susanna Van Sant, Leader, Collection Management Team  
Barbara Nail-Chiwetalu, Health Sciences Librarian  
Glenn Moreton, Family Studies and Psychology Librarian

RE: Library Collection Supporting the Proposed New School of Public Health

DATE: December 1, 2006

This report addresses the collection needs relevant to the proposal by the College of Health and Human Performance to develop a School of Public Health (SPH) on the University of Maryland, College Park (UM) campus, to be launched January 1, 2007. In order to meet the requirements for accreditation by the Council on Education for Public Health (CEPH), the program is required to provide a Master of Public Health (MPH) concentration in each of five areas: biostatistics, epidemiology, environmental health science, health policy management, and social and behavioral sciences. The program currently has an accredited program in Community Health Education which satisfies the social and behavioral sciences concentration. In addition, at least three doctoral programs in different public health disciplines must be offered. The departments of Family Studies and Kinesiology will be integrated into the new SPH. This report addresses the collection needs of the new programs that will be created in each of the following areas:

1. MPH degree with five concentrations (biostatistics, epidemiology, environmental health science, health policy and management, and social and behavioral sciences)
2. Master of Health Administration (MHA)
3. Ph.D. in Epidemiology
4. Ph.D. in Health Services Administration
5. Ph.D. in Maternal and Child Health

Assessment of the current collections at the UM is necessary in order to determine strengths as well as weaknesses that would require collection building to support the proposed programs now and into the future. The estimated cost for building a collection must take into account retrospective collection building as well as ongoing collection development. In the areas of health and medicine, currency, particularly materials published within the past five years, is of primary importance in collection development. To assess the UM collections, the following measurements were applied:
For monographs, a comparison of the collections at the UM against those of the University of Arizona, University of South Carolina at Columbia, and the University of South Florida (institutions with comparable SPH programs as identified by Dean Gold) by performing online catalog searches using Library of Congress Subject Headings in areas identified as relevant to the main disciplines. Subject areas were searched by subject browse and limited to books published within approximately the past five years (2000-2006).

For journals, a comparison of the Core Public Health Journals list in the sections for All Key Public Health Journals, Biostatistics, Epidemiology, Environmental Health, Health Services Administration, and Maternal and Child Health to determine essential core, research level core, and literature designated as grey/other with the UM collections. Costs of journal titles were obtained from the 2006 prices on publishers' Web sites as designated in the Core Public Health Journals list. In the cost calculations below, a 9% increase was applied to the 2006 prices as an inflation projection for 2007.

Faculty in each of the new concentration areas (biostatistics, epidemiology, environmental health, and health services administration) and maternal and child health were provided with an opportunity to give feedback on the Core Public Health Journals lists relevant to their disciplines, modify as necessary, and to recommend relevant databases.

JOURNALS

This collection assessment will address the journal and grey literature needs of each of the newly proposed discipline areas of biostatistics, epidemiology, environmental health science, health services administration, and maternal and child health, as well as an area described as general public health which includes resources that cross over disciplines. Each discipline area will address journals and grey literature needed to provide an adequate collection to support these new programs. It was deemed important to obtain 100% of the essential core journals and grey literature and, in terms of research level core, 60% for a Master's level program and 75% for a Doctoral level program. These targets are reflected in each of the subject areas below.

General Public Health

This category of public health resources represents core journal titles that are shared across all areas within public health with no duplication in any of the subject areas. When comparing the journal holdings of the UM Libraries to the Core Public Health Journals

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Project titles list in the category of Key Journals for All Public Health, the UM Libraries have current print and/or electronic subscriptions or open access to free journals online to 21 of the 33 (64%) essential core journals, 15 of the 30 (50%) research level core journals, and 2 of the 3 (67%) grey literature/other titles. To acquire the remaining essential core journals would cost $18,922 and to reach 75% of the research level core would cost $7,138. The cost to acquire the remaining grey literature title would be $55. The first-year amount needed for journals in General Health is $26,115.

Biostatistics

A newly proposed MPH degree with a concentration in Biostatistics will be offered. The UM Libraries’ collections currently support very strong graduate programs in the Department of Mathematics. Within this department, the Mathematical Statistics Program offers M.A. and Ph.D. degrees. The Applied Mathematics and Scientific Computation (AMSC) Program offers Masters and Ph.D. degrees with concentrations in either Applied Mathematics or Scientific Computation. Many of the resources supporting these programs are applicable to the proposed MPH in Biostatistics.

When comparing the journal holdings of the UM Libraries to the Core Public Health Journals Project titles list in the category of Biostatistics as revised by SPH faculty, the UM Libraries have current print and/or electronic subscriptions or open access to free journals online to 7 of the 9 (78%) essential core journals, 13 of the 28 (46%) research level core journals, and 4 of the 4 (100%) grey literature/other titles. To acquire the remaining essential core journals would cost $1,127 and to reach 60% of the research level core would cost $11,872. The first-year amount needed for journals in Biostatistics is $12,999.

Epidemiology

Newly proposed degrees include a MPH with a concentration in Epidemiology and a Ph.D. in Epidemiology. When comparing the journal holdings of the UM Libraries to the Core Public Health Journals Project titles list in the category of Epidemiology as revised by SPH faculty, the UM Libraries have current print and/or electronic subscriptions or open access to free journals online to 1 of the 6 (17%) essential core journals, 11 of the 28 (39%) research level core journals, and 8 of the 8 (100%) grey literature/other titles. To acquire the remaining essential core journals would cost $3,519 and to reach 75% of the research level core would cost $12,821. The first-year amount needed for journals in Epidemiology is $16,340.

Environmental Health

A newly proposed MPH degree with a concentration in Environmental Health will be offered. The UM Libraries’ collections currently support the Marine Estuarine Environmental Sciences (MEES) program which offers M.S. and doctoral degrees covering restoration ecology, aquaculture, fisheries management, oceanography, marine biotechnology, toxicology, environmental chemistry, remote sensing, and landscape
ecology. Some of this current collection may be applicable to the new Environmental Health program as well.

When comparing the journal holdings of the UM Libraries to the Core Public Health Journals Project titles list in the category of Environmental Health Sciences as revised by SPH faculty, the UM Libraries have current print and/or electronic subscriptions or open access to free journals online to 3 of the 9 (33%) essential core journals, 15 of the 39 (38%) research level core journals, and 2 of the 6 (33%) grey literature/other titles. To acquire the remaining essential core journals would cost $9,603 and to reach 60% of the research level core would cost $26,599. The remainder of the grey literature would cost $1,340. The first-year amount needed for journals in Environmental Health is $37,502.

**Health Services Administration**

Newly proposed degrees include a MPH with a concentration in Health Services Administration, a Master of Health Administration (MHA), and a Ph.D. in Health Services Administration. The proposed degrees in Health Services Administration are of an interdisciplinary nature requiring support across disciplines such as public health, public policy, business, and finance. The UM Libraries' collections currently support Masters and Ph.D. programs in the School of Public Policy and the Robert H. Smith School of Business. The Department of Public and Community Health has established cooperative arrangements with the Department of Public Policy for enrollment of students in courses relevant to the proposed Masters in Health Services Administration. A strong collection supports the School of Business which will be applicable to the proposed program as well.

When comparing the journal holdings of the UM Libraries to the Core Public Health Journals Project titles list in the category of Health Services Administration as revised by SPH faculty, the UM Libraries have current print and/or electronic subscriptions or open access to free journals online to 2 of the 10 (20%) essential core journals, 7 of the 31 (23%) research level core journals, and 3 of the 8 (38%) grey literature/other titles. To acquire the remaining essential core journals would cost $4,185 and to reach 75% of the research level core would cost $8,995. To acquire the remainder of the grey literature would cost $2,709. The first-year amount needed for journals in Health Services Administration is $15,889.

**Maternal and Child Health**

The proposed Ph.D. program in Maternal and Child Health to be offered by the Department of Family Studies will expand the content of existing courses and will add a few new courses in order to incorporate a focus on maternal and child health issues into the curriculum. Because much of the proposed program relies upon the existing family studies curriculum, most of this new program will be well supported by the current UM Libraries' monograph and serials collections. However, when looking at the journal holdings that focus more specifically on material and child health, some collection building is apparent. The UM holdings were compared to the Core Public Health Journals
The project titles list in the category of Maternal and Child Health as customized by the faculty of the Department of Family Studies to reflect more of a social sciences rather than medical emphasis. The Department categorized titles from the Core Public Health Journals list as either “essential” or “recommended”. The cost to subscribe to all of the titles identified as essential and to 75% of the recommended journals totaled $15,039. The cost of the titles in the additional list compiled by the faculty in Family Studies was $1,184. The first-year amount needed for journals in Maternal and Child Health is $16,223.

**MONOGRAPHS**

Results of the monograph comparison conducted with the UM collections against those of the University of Arizona, University of South Carolina at Columbia, and the University of South Florida found our collections to be comparable or stronger for all areas assessed to support these new programs. Thus, our funding across current programs appears to be sufficient to support the newly proposed programs in the SPH and no additional money for monographs is requested at this time.

**DATABASES**

The UM Libraries subscribe to a rich array of major indexing and abstracting resources in areas relevant to the SPH, such as public health, public policy, business, family studies, mathematics, and environmental science. Current database listings include 19 in public health, 20 in health and medicine, 37 in politics and public policy, 6 in accounting, 11 in marketing, 10 in company analysis, 10 in finance and investing, 3 in mathematics and statistics, 25 in environmental science, and 16 in family studies. Additional databases categorized as general/multidisciplinary may also be applicable to this program as well. Feedback from the faculty in the new degree areas regarding core databases confirmed that the current database subscriptions would provide the necessary support for the proposed program. So, no additional money will be requested for databases at this time.

It is important to note that a number of the journal titles to which we currently have access (but not subscriptions) are available in full-text through databases such as Academic Search Premier, Business Source Premier, Health Source: Nursing/Academic, ABI Inform, Masterfile, Ingenta, Lexis Nexis, and SocIndex. Full-text access to these journals titles is vulnerable to removal by the publisher at any time without notice. Due to unstable nature of full-text access within database subscriptions, long-term availability of access to such journals cannot be assumed.

**GOVERNMENT DOCUMENTS**

**United States/Federal**

Housed in McKeldin Library on the UM campus is the Government Documents and Maps unit which has been a Federal Depository Library since 1925 and became the Regional Depository for Maryland, Delaware, and the District of Columbia in 1965. The
collection of over two million documents includes legislative hearings and reports, federal regulations, census records, statistical reports, court decisions, agency publications, posters, pamphlets, and more. With the importance of grey literature in public health, having readily available access to government documents that are not freely available electronically on the Internet adds a unique strength to the program. Government Documents provides information from key agencies related to public health, such as the Agency for Healthcare Research and Quality (AHRQ), the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services (DHHS), and the Health Resources and Services Administration (HRSA). In addition, the Government Documents unit has a number of resources for use of Geographical Information Systems (GIS), which include two workstations and GIS datasets. Instruction is also provided in the use of GIS.

State of Maryland

Most current Maryland government information will be available on Maryland state agency Web sites. The Maryland Room in Hornbake Library is an official depository for the Maryland State Publications Depository and Distribution Program and as a result acquires and maintains significant State documents in print. Publications from Maryland state government agencies encompass a wide variety of topics, including Maryland economic and demographic information, crime, weather, agriculture, health, education, geology, and transportation. The collection also encompasses major state task force and committee reports, annual reports for state agencies, and publications of the Maryland General Assembly.

INTER-LIBRARY LOAN

Given the current limitations in the UM journal collections related to public health, it is important to note that the Health Sciences and Human Services Library (HSHSL) in Baltimore, which is also launching a new school of public health, with a clinical focus, currently supports the Schools of Medicine, Dentistry, Pharmacy, Nursing, and Social Work, is part of the University System of Maryland, and is a regional branch of the National Library of Medicine. Through consortium and interlibrary loan agreements with HSHSL and other regional libraries, resources are available in support of this proposed program.

REGIONAL MEDICAL LIBRARIES


Among a number of libraries in the Washington, D.C. area supporting health and medical programs which are available to faculty and students at our campus⁶, the libraries on the National Institutes of Health campus in nearby Bethesda, Maryland, contain strong collections in areas relevant to public health.

STAFF

All staff in the Libraries' departments and service sites provides support to the curricular and research needs of academic departments at the University of Maryland. More direct support for public health topics is provided by the Libraries' Life Sciences and Social Science & Allied Professions Teams with liaisons to the Departments of Kinesiology and Family Studies, and a subject specialist for both general health and public and community health; Special Collections staff, serving the users of the Maryland collection; and Government Documents and Maps staff, which includes a GIS librarian.

A new School of Public Health may require additional library personnel. While it is premature at this early stage of the program's development to request staff, there is a need for careful monitoring of staff workload that might warrant the hiring of additional staff (i.e., a public health librarian) in the near future.

FUNDING

The collection assessment identifies needs for ongoing materials funding as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monographs</td>
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</tr>
<tr>
<td>Databases</td>
<td>$0.00</td>
</tr>
<tr>
<td>Grey Literature</td>
<td>$4,104.00</td>
</tr>
<tr>
<td>Journals</td>
<td>$121,004.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$125,108.00</strong></td>
</tr>
</tbody>
</table>

The funds being requested for journals and grey literature to support the proposed programs comprising a School of Public Health could not be reallocated from present funds. Without new funding, and at this level, the Libraries' current journal holdings are insufficient to support the proposed program areas and graduate degrees. Faculty and students would need to rely on interlibrary loan services to obtain materials not available in UM Libraries. Not only would compulsory reliance on interlibrary loan inconvenience students and researchers, but furthermore the Libraries' current budget and staffing are not equal to absorbing the high costs that would result from supporting graduate programs' journal literature needs almost exclusively by interlibrary loan.

It should be further noted that this amount reflects projected prices for 2007. Journal prices alone for 2008, using a mid-range journal price inflation projection figure of 8%, would reach $130,684.

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Appendix A. School of Public Health Library Funding Needs

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>General Public Health</td>
<td>$26,060.00</td>
<td>$55.00</td>
<td>$26,115.00</td>
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<tr>
<td>Biostatistics</td>
<td>$12,999.00</td>
<td>-</td>
<td>$12,999.00</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>$16,340.00</td>
<td>-</td>
<td>$16,340.00</td>
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<tr>
<td>Environmental Health</td>
<td>$36,202.00</td>
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<td>Health Services Administration</td>
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<td>$2,709.00</td>
<td>$15,889.00</td>
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<tr>
<td>Maternal &amp; Child Health</td>
<td>$16,223.00</td>
<td>-</td>
<td>$16,223.00</td>
</tr>
<tr>
<td><strong>School of Public Health - Library Funding, 2007 prices</strong></td>
<td><strong>$121,004.00</strong></td>
<td><strong>$4,104.00</strong></td>
<td><strong>$125,108.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount required for SPH - Library funding in subsequent years</th>
<th>Journals - 8% annual inflation projection</th>
<th>Grey literature - 5% annual inflation projection</th>
<th><strong>Total</strong></th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>$130,684.32</td>
<td>$4,309.20</td>
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<td>2009</td>
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<td>$4,524.66</td>
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<td>2010</td>
<td>$152,430.19</td>
<td>$4,750.89</td>
<td>$157,181.08</td>
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<td>2011</td>
<td>$164,624.61</td>
<td>$4,988.44</td>
<td>$169,613.05</td>
</tr>
<tr>
<td>2012</td>
<td>$177,794.57</td>
<td>$5,237.86</td>
<td>$182,032.43</td>
</tr>
</tbody>
</table>
December 5, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
University of Maryland
3310 HHP Building
College Park, MD 20742

Dear Bob:

On behalf of the faculty and administration of the College of Chemical and Life Sciences, I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship and to expand federally funded programs in the biomedical and biosciences. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university, including substantial contributions from the College of Chemical and Life Sciences.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.
The University of Maryland and the citizens of our state will benefit from an accredited School of Public Health, and I look forward to working with you to ensure its success.

Sincerely,

Norma M. Allewell
Professor and Dean
January 5, 2007

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department’s visibility in a School of Public Health. The Sociology Department has long had interdisciplinary ties with Family Studies and we look forward to the continuation and augmentation of those ties with the renamed Department of Family Science as well as the other units within the Maryland School of Public Health.

Our faculty do a great deal of health related population research, funded by NIH, and the presence of a School of Public Health on the College Park campus will enhance our faculty members’ extramural research endeavors as well as our ability to recruit top faculty in Sociology.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Professor and Chair
December 11, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. As Director of the Earth System Science Interdisciplinary Center, I am particularly keen on the collaborative prospects in this regard. The impact that climate variability and change plays on infectious disease and related vectors is one example of our interest in collaborating with the MSPH. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department’s visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success and potential collaborations.

Sincerely,

Antonio J. Busalacchi
Director and Professor
Earth System Science Interdisciplinary Center

AJB/klm
December 14, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School will draw on the strengths of existing programs within your College and the larger public health community.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Gwendolyn T. Clerkley,
Acting Health Officer
8 December 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the proposed department name change of Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in its discipline and to improve its visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

C. Mitchell Dayton, Professor & Chair
January 9, 2007

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. I am particularly hopeful that the school and especially the new program in maternal and child health will provide opportunities for greater collaboration with the Department of Women’s Studies. The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department’s visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Bonnie T. Dill, Phd
Chair and Professor
Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742  

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and high estimates of retirements in the coming years, the MSPH will address a national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely yours,

Nariman Farvardin  
Professor and Dean  
A. James Clark School of Engineering  
University of Maryland, College Park
December 20, 2006

Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. An accredited School of Public Health would bolster the University’s reputation for excellence in graduate and professional education, research, and scholarship. It would also help address key public health problems in Maryland and the nation; would enable more students to earn high quality, affordable public health degrees; and will make the University eligible for a number of large federal grants that are restricted to accredited schools of public health.

The School of Public Policy is particularly interested in possible collaborations with a new School of Public Health. Affordable health care is one of the key policy challenges in the United States, and its importance is sure to increase over the coming decades as the population ages. We look forward to exploring the possibilities for cross-listed courses, dual degree programs, joint faculty appointments, and joint research programs in the areas of health services and environmental health. Public policy schools at several of our peer institutions, including Berkeley, Michigan, and UCLA, have developed close and productive relationships with their schools of public health.

In endorsing the School of Public Health, I support the addition of new concentrations to the College’s Master of Public Health program, and creation of new PhD programs in epidemiology, health services, and maternal and child health. I also support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Steve Fetter  
Dean
December 18, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Howard Frank, Dean
Maryland Association of
COUNTY HEALTH OFFICERS

an affiliate of Maryland Association of Counties, Inc.

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

December 13, 2006

Dear Dean Gold:

I am writing to express strong support from the Maryland Association of County Health Officers (MACHO) for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses your campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School will draw on the strengths of existing programs within your College and the larger public health community.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, we support the addition of new concentrations to the College’s MPH program such as Environmental Health, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented.

The University of Maryland and state residents will benefit from an accredited School of Public Health at the University of Maryland, and we look forward to its great success.

Sincerely,

Rodney B. Glotfelty, R.S., M.P.H.
President, MACHO

615 North Wolfe Street, #E2136
Baltimore, Maryland 21205
410-614-6891 • Fax 410-614-7642
December 13, 2006

Dr. Robert S. Gold
Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my support for the proposed School of Public Health at the University of Maryland, College Park. I commend your goal to have a nationally accredited School of Public Health, which addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. I also appreciate your plan to draw on the strengths of existing programs within your College and the larger public health community.

A School of Public Health at College Park would address key health problems in Maryland and the nation, and would enable more students to earn high-quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of State public health personnel will retire in 5 years, such a school would address a significant national workforce need and generate new interdisciplinary collaborations (both on- and off-campus) through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, the development of a Master of Health Administration (MHA), and the creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well-documented. The University of Maryland and State residents will benefit from another accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Michelle A. Gourdine, M.D.
Deputy Secretary for Public Health Services
Robert S. Gold  
Dean University of Maryland  
College of Health and Human Performance  
5310 HHP  
College Park, MD 20742  

RE: Support for creation of a School of Public Health at the University of Maryland, College Park.

Dear Dean Gold:

The Healthcare Financial Management Association (HFMA) is writing to express our delight in hearing that a School of Public Health at the University of Maryland, College Park is being established.

HFMA is the nation's leading membership organization for more than 35,000 healthcare financial management professionals employed by hospitals, integrated delivery systems, managed care organizations, ambulatory and long-term care facilities, physician practices, accounting and consulting firms and insurance companies. Members' positions include chief executive officer, chief financial officer, controller, patient accounts manager, accountant and consultant.

As healthcare administration becomes more complex and problem-laden, the pool of knowledgeable, skilled leaders is not keeping pace. More professionals are needed who understand the science, theory, and practice of public health to ensure sufficient services are available to protect public health. The School of Public Health at the University of Maryland, College Park will provide much-needed education to rectify this shortage by preparing graduates with skills to identify public health problems and issues, seek the causes of those problems, and implement strategies to address them.

HFMA looks forward to working with your faculty and students to address these many needs.

Sincerely,

Richard Gundling, FHFMA, CMA  
Vice President
December 13, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Bob:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives in the College of Arts and Humanities. One example is that of research on issues of women’s health, an area well-represented by Professor Ruth Zambrana in Women’s Studies; another of note is that carried on by the Center for Risk Communication in the Department of Communication. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support in principle the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. I also support the proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

Sincerely,

James F. Harris, Dean
November 29, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I strongly support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health aligns with the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College, the College of Education and the larger university community.

I see the School enhancing the universities mission by addressing key public health problems in Maryland and the nation, and enabling more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national and state workforce need. I especially look forward to the creation of the School because of the opportunity to generate new interdisciplinary collaborations with the College of Education and other organizations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.
The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Dennis M. Kivlighan, Jr., Ph.D.
Interim Dean
December 2, 2006

Dr. Robert S. Gold
Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Bob:

I have closely followed the proposal to create a School of Public Health at the University of Maryland. Now that this idea is moving forward, I write to endorse it in the strongest terms.

As dean of a journalism school with a public affairs mission, I know well how important public health has become to society at large, and that importance is only growing as globalism creates new, and serious, health challenges.

The need is clear. But so is the opportunity for UMCP. A nationally accredited School of Public Health clearly advances the campus mission to build a university that excels in graduate and professional education, research, and scholarship. I think the proposal does a great job of drawing on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, just as it will enable more students to earn high-quality, affordable degrees in this discipline. That it especially critical at a time when so many public health personnel are on the verge of retirement.

Creation of the School will also generate new interdisciplinary collaborations. As we have discussed, Journalism is a logical potential partner for you. I also understand that this initiative will make the University of Maryland competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.
I also support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

This is a great initiative for the University of Maryland and the people of Maryland. Good luck to you as it moves forward.

Sincerely,

Thomas Kunkel
Dean
December 14, 2006

Dr. Robert S. Gold
Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School has been identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the students of MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. The School’s research and service programs will address key public health problems in Maryland and in the nation as a whole, while enabling the University to compete for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and the creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support one of the proposed department name changes—Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

While I remain very enthusiastic about this initiative, I can not support your proposal to change the name of the Department of Public and Community Health to Department of Community and Behavioral Health. Given that we are the College of Behavioral and Social Sciences and that we have a substantial number of people working on a wide range of health topics, with a focus on human behavior (e.g. mental health, speech and hearing, health policy and
programs, health disparities etc), this change would generate unnecessary confusion and overlap. As you have noted in other correspondence, 2/3rd of accredited public health schools do not have such a named department. Further, of our peer institutions, UCLA has a Department of Community Health Sciences while UC Berkeley calls theirs the Department of Community Health and Human Development. Both of these names are very close to your current name and would thus minimize confusion or overlap with our name. I should also point out that even UNC and Michigan, who use behavior in the name of one of their departments in the public health school, do so in a way that indicates a more limited scope i.e. the Department of Health Behavior and Health Education. Finally, since the current department states that it focuses on prevention or wellness type program research and training, a more limited scope that minimizes the overlap with our College would seem warranted.

Let me close however with an enthusiastic vote of support for your efforts to create this new School of Public Health. The University of Maryland and state citizens will benefit from all of your efforts, and I look forward to collaborating with you in this regard in the future.

Sincerely,

Edward Montgomery
Professor and Dean
December 8, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. Establishing a nationally accredited School of Public Health will serve to address the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. This School was identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and its existence will draw on and strengthen current programs within your College and the larger university.

As the director of a community-based outreach center at the University of Maryland, I often experience first hand the myriad community needs and seemingly multiple priorities of local, state, and federal decision-makers and leaders. Perhaps no issues are more pressing in communities across the state and the region then those related to ensuring effective and efficient public health programs. I believe that the proposed School of Public Health will help meet this critical community need by addressing key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be
renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Dan Nees, Director
Environmental Finance Center
University of Maryland
December 14, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

It was a pleasure to meet with you several months ago as part of a broader discussion with the Health Working Group of Washington Regional Association of Grantmakers. We were excited about the prospects of a fully functioning School of Public Health at the University of Maryland, College Park, particularly the great opportunities the program presents in terms of community-based involvement and collaboration on health and health care issues in the suburban Maryland counties and across the region.

In that regard, I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. As a Marylander, I recognize that such a nationally accredited School of Public Health will support the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School will draw on the strengths of existing programs within your College and the larger public health community. It is important for the DC metropolitan area to have a School of Public Health that addresses key public health problems in Maryland and the nation. The school will also enable more young people to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. In fact, we have that workforce need right in the DC region, in the backyard of the University. And within the whole workforce arena, there is a huge opportunity for the School of Public Health to draw upon the more than one million immigrants in our region in an effort to help assure that the new public health workforce is diverse and culturally competent. Finally, it is also important that the new School of Public Health will enhance and deepen the proposed School’s MPH program through the development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health.
The DC metropolitan area, particularly the Maryland counties and communities in the region, will benefit greatly from an accredited School of Public Health at the University of Maryland, College Park; and I look forward to its great success and future collaborations between the School and the community.

I appreciate the opportunity to support the proposed new School of Public Health.

Sincerely,

[Signature]
Margaret K. O'Bryon
President and CEO
December 11th 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

[Signature]

Jennifer Preece [Dean]
Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742  

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School would not only draw on the strengths of existing programs within your College and the larger university, but also help leverage the success of initiatives, programs and centers across campus.

As the Director of the Center for Integrative Environmental Research and Co-Director of the Masters in Engineering and Public Policy I see a strong need to beef up the University's engagement with Public Health issues especially where they interface with environmental processes and problems, broadly defined. In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

Sincerely,
Matthias Ruth
Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. I believe that the school is being formed at an opportune time. There is currently an acute shortage of public health professionals in the U.S. and population projections suggest both a growing need and a decreasing supply of professionals in public health.

As the director of the Maryland Population Research Center (MPRC), I am particularly excited about the growth of the Maryland School of Public Health here on campus. Population research at its heart relies on interdisciplinary collaborations between social scientists and health scientists and the presence on campus of a first-rate school of public health would greatly enhance the research program at MPRC. More and more, issues of economic development and family functioning are related to issues of family and community health. I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. Particularly a strong program in Epidemiology, Health Services and Maternal and Child Health will enhance the work at MPRC.

In addition, the student and market demand for each of these programs is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health. Let me also add that given the high quality of faculty you have in Public and Community Health and especially Family Studies, it is clear to me that the school of public health has a very strong foundation for expansion.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Seth Sanders
Director, Maryland Population Research Center
December 13, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

As current Director of the campus Statistics Consortium, I particularly welcome the establishment of the new Epidemiology and Biostatistics Department in the new School of Public Health, which will further the development of an excellent Statistical faculty on this campus. Many of the statistical methodologists on campus work in research areas closely allied to Biostatistics. These statisticians can play an important role in welcoming and collaborating with new biostatistical colleagues in the School of Public Health, and I will do everything I can as Consortium director to facilitate collaborations and cooperation with the new School. I should mention also that I am involved currently in a new Proposal to establish an Applied Statistics Area of Concentration in the existing Applied Mathematics and Scientific
Computation (AMSC) interdisciplinary program on the College Park campus, and both this new Area of Concentration and statistical degree options within the current AMSC program should prove valuable to potential graduate advisees of the new Biostatistics faculty whom you recruit.

In endorsing the School of Public Health, I support the addition of new concentrations to the Colleges MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology & Biostatistics, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the proposed department name change of Family Studies to be renamed the Department of Family Science, to better reflect current nomenclature in its discipline and to improve its visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely yours,

Eric V. Slud
Professor, Statistics Program
Mathematics Department
& Director, Statistics Consortium
Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

December 6, 2006

Dear Dean Gold:

I am writing to express my support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the proposed department name change of Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in its discipline and to improve its visibility in a School of Public Health. I believe the Joint Program in Survey Methodology will benefit greatly from the presence of the new school on campus and I hope that our faculty will find productive collaborations with the faculty at the new school.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Roger Tourangeau  
Director, Joint Program in Survey Methodology
Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. The state of Maryland is in need of such a school; in fact, a nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University's 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College's MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

Moreover, as the director of the Center for Risk Communication research I am excited about future collaborations with the scholars within this school. We already collaborate with, and have as affiliate members of our center, many of the faculty in Health and Human performance. We view these scholars as vital members of the public health community and believe that working with them makes our center stronger. It would benefit our center to be affiliated with a school of public health—as much as it would benefit the state as a whole.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Monique Mitchell Turner
Director, Center for Risk Communication Research
December 4, 2006

Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, extension/outreach, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S. and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in five years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the two proposed department name changes—Public and Community Health to be renamed the Department of Community and Behavioral Health, and Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health. The College of Agriculture and Natural Resources will continue to work with your faculty on the broad spectrum of family sciences, community and environmental health, as well as food safety epidemiology and nutrition and health issues.

The University of Maryland and state citizens will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Cheng-i Wei
Dean and Director
December 18, 2006

Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health.
The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department's visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Allan Wigfield
Professor and Chair
Dr. Robert S. Gold  
Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department’s visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Sharon Harley  
Chair and Associate Professor
January 19, 2007

Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School is identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support changing the name of the Department of Family Studies to the Department of Family Science to better reflect current nomenclature in this discipline and to improve the department’s visibility in a School of Public Health.

The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

Sincerely,

Harold Sigall, Acting Chair  
Department of Psychology  
University of Maryland  
College Park, MD 20742
February 1, 2007

Dr. Robert S. Gold
Dean, College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School will draw upon the strengths of existing programs within your College and the larger public health community.

The School will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. In endorsing the School, I support the addition of new concentrations to the College’s MPH program, development of a Master of Health Administration (MHA), and creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented.

The Maryland Department of the Environment (MDE) looks forward to future partnerships that may emerge between the School and MDE. Many of MDE’s programs such as the Environmental Public Health Tracking and Technical and Regulatory Services’ Fish Advisory Programs have great emphasis on public health. The Department’s overall mission of protecting human health and the environment will support collaboration with the school in a number of ways, one being the institution of student internship opportunities. The University of Maryland and state residents will benefit from an accredited School of Public Health, and I look forward to its great success.

If you have any questions or concerns, please feel free to call me at (410) 537-3086.

Sincerely,

Stephen L. Pattison
Assistant Secretary for Policy,
Outreach, and Community Relations

SLP:DM:njb
Dr. Robert S. Gold, Dean
College of Health and Human Performance
3310 HHP Building
College Park, MD 20742

Dear Dean Gold:

On behalf of the National Association of County and City Health Officials, I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. NACCHO is the organization that represents all Local Health Departments around the country and as the workforce continues to be a true challenge for our profession, and school or program that is working hard to adequately train Public health Practice Professionals and enhance the future Public Health workforce is a program that we support. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School will draw on the strengths of existing programs within your College and the larger public health community.

As Public Health Schools should, the MSPH will address key public health problems in Maryland and the nation, and will enable more students to earn high quality, affordable public health degrees in a public research university. Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. On a national level, the School will make the University competitive for a number of large federal grants that are restricted to accredited Schools of Public Health.

As a National Organization dedicated and the continued and overall improvement of health throughout the nation it is with great pleasure that we endorse and support the proposed Maryland School of Public Health at the University of Maryland College Park. We thank you for this opportunity to express our excitement about its creation.

We look forward to its great success.

Sincerely,

Michelle Chuk, MPH
Senior Advisor for Environmental Health and Public Health Preparedness
National Association of County and City Health Officials
January 23, 2007

Robert S. Gold, PhD, DrPH, FAAHB
Dean, College of Health and Human Performance
University of Maryland
Bldg 255 Valley Drive
College Park, MD 20742

RE: Support for creation of a School of Public Health at the University of Maryland

Dear Dean Gold:

I am writing to express support for the establishment of a School of Public Health at the University of Maryland, College Park. As a former public health practitioner in Maryland, I have first-hand knowledge of the importance of the University of Maryland’s graduates to our citizens.

Many graduates and faculty of the University of Maryland, College Park’s College of Health and Human Performance are active members of the American Public Health Association (APHA). Academically, many of your graduates have published and served as peer reviewers for our journal, the American Journal of Public Health.

The need for more public health professionals with formal public health training has been well documented. With an emphasis on addressing state and local issues, the School of Public Health at the University of Maryland, College Park will directly benefit public health practice, public health research and public health outcomes in the State of Maryland by preparing graduates with skills to assess the health of populations, identify public health problems and issues, seek causes of those problems, and devise and implement strategies to address them.

In establishing a School of Public Health, the University of Maryland will be poised to address critical public health workforce shortages in Maryland and in the nation, and major issues in public health, including: educating a diverse public health workforce; enabling transdisciplinary research opportunities for greater depth of research and application in the specialized areas of public health practice; contributing to public health policy; and actively engaging community agencies and stakeholders to improve the public’s health.

As you know, the American Public Health Association is the oldest and largest organization of public health professionals in the world. Public health professionals are

Advancing the Public's Health Since 1872
employed in a variety of settings including: government agencies, non-governmental agencies, clinical practice, academia, and industry. The proximity of the University of Maryland, College Park to our nation’s capital provides a wonderful opportunity for continuing education and career development of public health professionals in the Washington D.C. metropolitan area at the new School of Public Health.

I am pleased to support the University of Maryland, and strongly support the establishment of a School of Public Health.

Sincerely,

Georges C. Benjamin, MD, FACP
Executive Director
February 19, 2007

Dr. Robert S. Gold, Dean  
College of Health and Human Performance  
3310 HHP Building  
College Park, MD 20742

Dear Dean Gold:

I am writing to express my strong support for the proposed Maryland School of Public Health (MSPH) at the University of Maryland, College Park. A nationally accredited School of Public Health clearly addresses the campus mission to build a university-wide culture of excellence in graduate and professional education, research, and scholarship. The proposed School has been identified as a strategic priority in the University’s 2006 Mission and Goals Statement, and will draw on the strengths of existing programs within your College and the larger university.

Given the current shortage of public health professionals in the U.S., and estimates that 50% of federal public health personnel and 25% of state public health personnel will retire in 5 years, the students of MSPH will address a significant national workforce need. Creation of the School will also generate new interdisciplinary collaborations, both on and off campus, through research projects, outreach programs, joint faculty appointments, cross-listed courses, and other initiatives. The School’s research and service programs will address key public health problems in Maryland and in the nation as a whole, while enabling the University to compete for a number of large federal grants that are restricted to accredited Schools of Public Health.

In endorsing the School, I support the addition of new concentrations to the College’s MPH program, and the creation of new Ph.D. programs in Epidemiology, Health Services, and Maternal and Child Health. The student and market demand for each program is well documented. I further support the proposed department name change—Family Studies to be renamed the Department of Family Science—to better reflect current nomenclature in their disciplines and to improve their visibility in a School of Public Health.

Let me close with an enthusiastic vote of support for your efforts to create this new School of Public Health. The University of Maryland and state citizens will benefit from all of your efforts, and I look forward to collaborating with you in this regard in the future.

Sincerely,

Edward Montgomery  
Professor and Dean
This document includes several updates from the original version, specifically:

- A change in the name of the proposed School (from “Maryland School of Public Health” to “University of Maryland College Park School of Public Health”), which was approved by the Senate Programs, Curricula & Courses Committee on March 29, 2007. The name has been updated throughout the proposal package.

- Several corrections to typographical and cut-and-paste errors suggested by the Senate Executive Committee on March 27.