

## APPENDIX S

### **Request to Establish a Doctoral Program in Community Health at the University of North Carolina at Greensboro**

#### **Introduction**

Following a recommendation from the Graduate Council and from the Senior Vice President for Academic Affairs, the Committee on Educational Planning, Policies, and Programs approved on November 14, 2003 the request from the University of North Carolina at Greensboro to plan a Doctor of Public Health in Community Health. The University of North Carolina at Greensboro now seeks approval to establish a doctoral program in Community Health (CIP: 51.2207) effective August 2006.

#### **Program Description**

To help meet public health needs of the state and nation, UNCG is requesting authorization to establish a new Doctor of Public Health (Dr. P.H.) degree. The proposed Dr. P.H. in the Department of Public Health Education (PHE) will be an innovative program designed to prepare individuals for careers in universities, research institutions, or public health agencies. A primary innovation in this doctoral program is the creation of research teams that will include students, faculty members, and community partners. The work of the teams will be guided by a prevention research model recently developed by the Centers for Disease Control and Prevention and workforce preparation guidelines developed by the Institute of Medicine. Students will be members of a research team each year they are in the program. Later, those with careers in higher education will prepare undergraduate and graduate students for roles in the public health workforce while maintaining active applied research programs. Those graduates who pursue careers in research institutions or public health agencies will lead innovation in community-based prevention research activities.

The program's community-based prevention research model makes it distinctive from many Ph.D. programs and will make its graduates more desirable to employers that value the applied research focus. By "community-based prevention research," we mean that the program (1) has ongoing links to public health agencies and practitioners as members of research teams, and (2) will focus on the prevention of health problems that contribute significantly to the quality of life of North Carolinians and U.S. citizens. To do this, our students will use a socio-ecological framework for understanding factors that contribute to the health of populations, will study interventions leveraging various factors of people's socio-ecological contexts to improve health, and will be fully informed by public health education theory and research.

We anticipate that the close collaboration among our faculty, students, and public health education practitioners will result in several important outcomes. First, researching questions that are grounded in the realities of practitioners will improve the external validity of students' research. With the help of practitioners, students can determine the settings and contexts to which the research might generalize. Second, these collaborations should speed the process by which new knowledge generated by research is incorporated

into practice. Students working with public health practitioners will have a sense of how to frame research questions and findings in such a way that they can speak more directly to the practitioners' experiences and needs. Third, collaboration will equip the students with the mindset and skills to carry out additional such collaborations in future work settings, whether they are in universities, research organizations, or public health agencies. This mindset and skill set will allow for a greater degree of collaboration between academic institutions and public health agencies as called for by the Institute of Medicine, the Centers for Disease Control and Prevention, and the American Public Health Association. Students and graduates of the program will take a strategic role in addressing the public health research-public health practice divide through (1) the translation of practice-based problems to relevant research questions, and (2) the translation of research to practice.

More specifically, the proposed doctoral program has the following underlying attributes:

- An emphasis on preparing doctoral students for careers in academia, where they will train new generations of applied prevention researchers for academic settings;
- An emphasis on researching and preventing health disparities based on race, ethnicity, gender, age, and social class;
- The use of a socio-ecological perspective for understanding the health of populations and broad determinants of health;
- A recognition that interventions designed to prevent the health problems of populations must focus on behavioral and contextual factors in people's lives;
- An emphasis on researching and preventing health problems that contribute significantly to the overall health status of the citizens of North Carolina and the United States; and
- A commitment by faculty to work in partnership with professionals, agencies, and community members to address the priorities emerging out of public health practice and the experiences of communities.

This approach to research and teaching/learning in the doctoral program should accelerate the translation of new knowledge into practice in other ways as well. For example, findings generated by research teams (students, faculty, community partners) will have immediate implications for improving the undergraduate and master's curricula that prepare practitioners.

### **Program Review**

The review process is designed to surface strengths and weaknesses in proposed new degree programs. Proposals to establish new doctoral programs are reviewed internally and externally. The concerns from the two review processes were summarized in a letter to the Chancellor prior to the presentation to the Graduate Council. That summary follows:

*Both internal and external reviews are positive, finding few weaknesses in the proposal but identifying some challenges that need to be considered. Involving students throughout their program in community-based, preventive research is roundly praised as*

*a strength of the program. The pool of students for the program and their opportunities when they graduate are deemed to be very good. One reviewer notes that UNCG's track record in recruiting minority students into their master's program bodes well for their doctoral program. The curriculum is judged appropriate for the degree level and many features of the program are viewed as innovative by the reviewer. The team-based approach is solidly praised, but the reviewer suggests there will likely be significant challenges in implementing this plan. The reviewer believes the research of the faculty is at a level to support a doctoral program and notes that the external funding has been growing in recent year. It is clear that it will need to be kept on that trajectory to support the doctoral program.*

*Both reviewers recommend that the program secure a firm commitment for additional faculty for the program. The plan to bring in a senior faculty member this year is certainly on track to expand support for the proposed doctoral program.*

### **Graduate Council**

The Graduate Council had, as a basis for its consideration, the proposal to plan the program, copies of the outside reviews of the program, the summary letter to the Chancellor, and a presentation to the Council by representatives of the program. In addition to the issues raised previously, the following concern were expressed by Council: whether the program should be a PhD program rather than a DrPH program

### **Response**

The representatives of the program indicate that they understand that the innovative use of research teams utilizing students, faculty, and community representatives will present challenges, but that they think the results will be well worth the extra effort to insure success. The program will appoint an associate dean for research who will be responsible for keeping the team-based research projects on target. The program is searching for two senior faculty members who will bolster the research effort. Current faculty have increase external funding to \$1.4 million for 04-05. They identified many local and regional organizations they expect to work with in their research initiatives. The representatives explained that they chose the public health doctorate because the focus really is on practice, practitioners, and the improvement of community health. The research agenda is there to support that effort.

### **Recommendation by the Graduate Council**

After consideration of the issues raised by reviewers and Council members, the Graduate Council voted, without dissent, to recommend approval for the University of North Carolina at Greensboro to establish a Doctor of Public Health in Community Health.

### **Need for the Program**

The program draws on the national Institute of Medicine recommendations for research based community health initiatives in university education. Educational programs are to

be linked to practitioners in the field, which will likely improve both research and practice and allow the transfer of the results of research to practice more quickly.

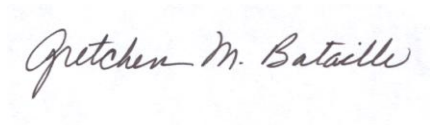
**Resources**

The program will be supported by internal reallocation of resources, enrollment growth funding, and the expansion of external research funding.

**Recommendation**

The Office of the President recommends that the Board of Governors approve the request from UNCG to establish a Doctor of Public Health in Community Health.

**Approved to be Recommended for Planning to the Committee on Educational Planning, Policies, and Programs**

A handwritten signature in cursive script that reads "Gretchen M. Bataille". The signature is written in dark ink on a light-colored background.

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**Senior Vice President Gretchen M. Bataille**

**May 2, 2005**