



UNC CHARLOTTE

Office of the Chancellor

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March 31, 2009

Dr. Harold L. Martin
Senior Vice President for Academic Affairs
University of North Carolina
Post Office Box 2688
Chapel Hill, North Carolina 27515-2688

Dear Dr. Martin:

Enclosed is UNC Charlotte's request for authorization to plan a Ph.D. program in Public Health Sciences. The proposed Public Health Sciences program emerged from a feasibility study conducted by our College of Health and Human Services and Graduate School. The program responds to an identified student demand and the needs of the state and region.

Thank you for your consideration of this request. Provost Joan Lorden or I would be pleased to respond to any questions that you may have regarding this.

Cordially,

A handwritten signature in black ink, appearing to read "Phil".

Philip L. Dubois
Chancellor

PLD/ch

Enclosures (5 copies of the proposal)

cc: Provost Joan F. Lorden
Dean Karen Schmaling

The University of North Carolina at Charlotte

**Doctor of Philosophy in
Public Health Sciences
Request for Authorization
to Plan**

The University of North Carolina
Request for Authorization to Plan a New Doctoral Degree Program

Date March 31, 2009

Constituent Institution: University of North Carolina at Charlotte

CIP Discipline Specialty Title: Public Health Education and Promotion

CIP Discipline Specialty Number: 51.2207 Level: D 1st Prof.

Exact Title of the Proposed Degree Public Health Sciences

Exact Degree Abbreviation (e.g. Ph.D.,Ed.D.): Ph.D.

Does the proposed program constitute a substantive change as defined by SACS? Yes No

a) Is it at a more advanced level than those previously authorized? Yes No

b) Is the proposed program in a new discipline division? Yes No

Approximate date for submitting the Request to Establish proposal (must be within two years of date of authorization to plan): May 15, 2010

Proposed date to establish degree: month August year 2010 (Date should allow at least three months for review of the request to establish, once submitted.)

1. Describe the proposed new degree program.

a. A brief description of the program and a statement of educational objectives

The Department of Public Health Sciences (PHS) (formerly the Department of Health Behavior and Administration), in the College of Health and Human Services (CHHS), proposes to implement a Ph.D. in Public Health Sciences at UNC Charlotte. The considerable strengths of our department are evident to support the development of a rigorous Ph.D. program in Public Health that is relevant to contemporary public health; consistent with the growth of UNC Charlotte's research programs; and aligned with needs of the region, the state, and the nation.

Our diverse faculty training in the core areas of public health, our teaching qualifications based on our experience teaching in the Health Services Research Doctoral (HSRD) program, and our anticipated Council on Education in Public Health (CEPH) accreditation as a Public Health program in Spring 2009, combine to provide PHS with a strong foundation in terms of both teaching and research that is essential to support a Ph.D. program. This proposed Ph.D. articulates with existing programs — including the Health Services Research Ph.D. and the Health Psychology Ph.D. — and is consistent with the goals of CHHS and the overall strategic plan for the University as outlined in UNC Tomorrow

(<http://www.provost.uncc.edu/Reports/UNCTomorrow-Phase1.pdf>). The importance and relevance of this program are evident in two overarching goals identified in Healthy People 2010: 1) to increase quality and years of healthy life, and 2) to eliminate health disparities.

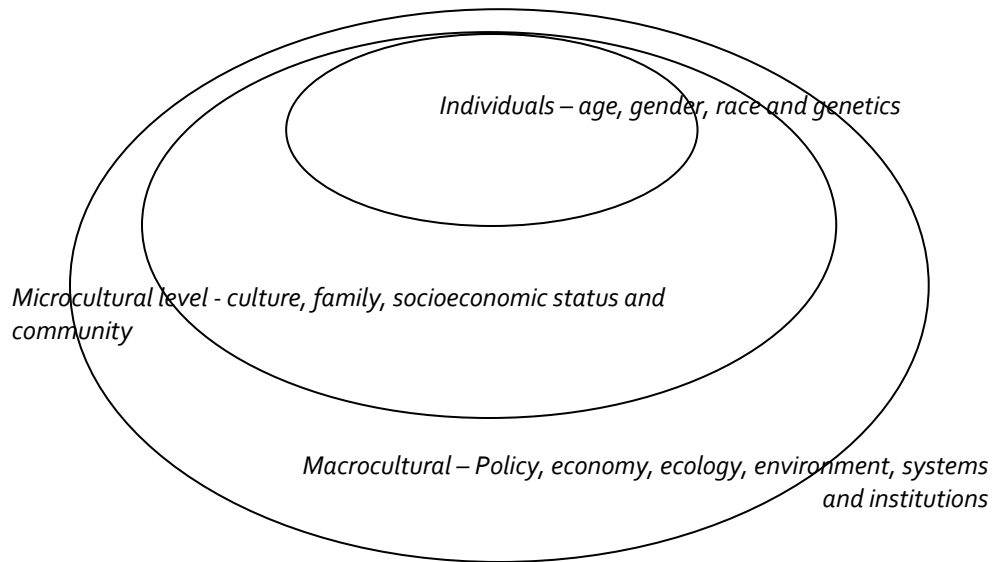
The focus of the proposed Ph.D. in Public Health Sciences is to train researchers and professionals with skills essential to address contemporary public health problems at the individual, community and population levels with emphasis on social and behavioral factors related to the prevention and management of disease and disability.

Public health is a broad field encompassing many disciplines, activities, and stakeholders, and is focused on serving entire populations from communities, cities, and counties, to states and nations. As early as 1920 public health was defined as “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort” (Turnock, 2004), and more recently as “fulfilling society’s interest in assuring conditions in which people can be healthy” (also Turnock citing IOM). Public health encompasses research in environmental and occupational health, biostatistics, epidemiology, social and behavioral health factors, and health policy. These five core areas form the basis for public health research and practice and are required teaching for any accredited public health school or program.

As one of the core areas of public health - the behavioral sciences - focuses on understanding and influencing the social determinants that affect health behavior within populations, societies and communities. Medicine is concerned with individuals and uses a biomedical approach to heal patients who have disease. “. . .public health regards the community as its patient. . . . Public health focuses on preventing illness.”(Schneider, 2006) As in other fields, public health researchers and practitioners use a biopsychosocial approach to health and illness. The *population* focus of public health, however, distinguishes the aims of public health activities and research from other disciplines, and spans across institutions, communities, geography, and culture in an effort to improve human health. Thus public health researchers and faculty come from diverse backgrounds in medicine, psychology, sociology, nursing, anthropology, geography, gerontology, and economics.

An emphasis on behavioral sciences encompasses more than just examining individual health behaviors related to disease to include social determinants of health including: family structure (marriage, divorce, childbearing), the environment (air quality, built environment, workplace, neighborhood), changes in policy (Medicare prescription benefit or welfare to work programs), and changes in social conditions (increased crime, literacy, immigration) (Centers for Disease Control and Prevention, 2006). These interactions occur at multiple levels of the ecological model (see Figure 1) : individual, microcultural and macrocultural (McElroy & Jezewski, 2000). Research and knowledge about behavioral influences on health and illness must necessarily examine the multiple contexts and interactions that can influence an individual’s attitudes, beliefs, and behaviors. Examining the multilevel causes of disease to improve health and prevent illness is at the forefront of our nation’s strategy to improve population health (Mabry, Olster, Morgan, & Abrams, 2008).

Figure 1. Analytic domains in the experience of health and illness – redrawn and modified from McElroy and Jezewski, 2000.



The ability to address social and behavioral factors across multiple levels requires a breadth and depth of methodological skills, which include basic quantitative approaches as well as qualitative techniques. An increasing focus of public health social and behavioral research is on community-based, participatory action research (CBPAR), acknowledging the need to have community participants establish public health priorities and approaches to developing and testing solutions to health problems (Minkler & Wallerstein, 2003). Multiple institutes within the National Institutes of Health have program announcements to solicit CBPAR proposals.

Public health by its very nature is interdisciplinary to include scientists, practitioners, and community partners from a broad spectrum of disciplines and organizations working together to improve the populations' health. As more and more health problems are recognized as stemming from social issues such as poverty and crime and as the prevention and treatment of those problems becomes the responsibility of the individual as well as the community the need for trained researchers in the social and behavioral sciences with a public health focus becomes even more critical (Centers for Disease Control and Prevention, 2006). Virtually every health issue in the U.S. has a behavioral component whether viewed from the level of either the individual, family, health care provider, or the larger health care system.

The increasing need for a dramatically larger public health-trained workforce has been well documented (Gebbie et al., 2003; Turnock, 2006). The Association of Schools of Public Health (ASPH) reports that almost one-quarter of the current public health workforce will be eligible to retire in 2012 (Association of Schools of Public Health (ASPH), 2008). Schools of public health will need to increase their number of graduates three-fold in order to meet the impending deficit and the future public health workforce need of an additional 250,000 workers (ASPH, 2008). State governments and universities have responded to the need with a rapid growth in schools and programs of public health to meet the demand for public health workers; the number of accredited schools of public health has increased 20% in just 6 short years and more schools are planned (Council on Education for Public Health, 2006).

Nationally there are several trends in public health that demonstrate the need for more public health researchers trained in the social and behavioral sciences. First, there is a rapid shift in demographics in the United States. Our nation is aging rapidly as Baby Boomers reach age 65, and the birth rate hovers at the replacement rate. As a result, we have greater numbers of older adults who are living longer, but many have chronic diseases and experience years of living with disability. Managing chronic disease through appropriate self-care behaviors becomes increasingly crucial to maintaining years of healthy life and longevity. Understanding the barriers that chronic illness sufferers face in responding to the demands of their diseases is crucial to improving the nation's quality of life.

The rise in minority populations in the U.S. will drive an increased need for knowledge about cultural factors related to health and health behaviors as we adapt to the many immigrant populations settling in our cities and states. The immigrant and ethnic minority populations that currently reside in the U.S. are among the fastest growing population groups. Our nation will experience significantly greater cultural diversity in population as Whites become a minority by 2050. Racial and ethnic minority groups are already one-third of the population (U.S. Census Bureau, 2006), and four states now have White minority populations (Pear, 2005). According to the latest statistics for Mecklenburg County (Mecklenburg County Health Department: Health Disparities Taskforce, 2006), the Hispanic population has increased over 500% since the 1990 Census and currently makes up 9% of the local population. Indeed, the Charlotte metropolitan region has been labeled by scholars from the Brookings Institution as the United States' fourth fastest growing "Hispanic Hypergrowth" region (Suro and Singer, 2002). In contrast, non-Hispanic Whites have decreased to 57% of the population. These trends hold implications for not only for the public health workforce who need to be trained in cultural competencies but also for the University in terms of needing a diverse faculty to work within these communities and to be effective educators with a diverse student body.

Even while many infectious diseases associated with childhood are waning in the U.S., the spread of HIV/AIDS, tuberculosis, and sexually transmitted infections are all increasing in North Carolina, in the US, and abroad. This is particularly true in the African American community, where rates of HIV were 8 times higher for non-Hispanic Blacks as compared to Whites, and rates for syphilis were 14 times higher for non-Hispanic Blacks than Whites (HIV/STD Prevention and Care Branch, 2004). The majority of new cases of HIV/AIDS are among heterosexual Black women (MMWR, 2005). These diseases also owe their virulence to behaviors, attitudes and beliefs affirming the critical need for doctorally prepared researchers with training in social and behavioral research as it relates to public health, both domestically and internationally. This training must include "an understanding of the multiple determinants of health within the ecological model" (Gebbie et al., 2003).

The increased emphasis on addressing health disparities that occur among gender, racial and ethnic, and age subgroups within our society will necessitate more research that requires training in behavioral and social science methods. Health disparities will not be resolved solely by achieving equity in health care access (Institute of Medicine, 2003); we must understand how and why people choose to self-treat, their cultural and familial understanding of health and illness, decision-making processes to access the formal health care system, their experiences within that system, and how that health care experience influences their decision to adhere to a prescribed program of treatment.

Increasingly, research supports the notion that it is the social construction of age, gender, race, and class that influences how individuals respond to health threats, not biology (Glass & McAtee, 2006). The measurement of these constructs has been deemed an important funding priority for the National Institutes of Health (NIH) as demonstrated through recent program announcements (e.g. PA-06-344, PA-06-343, PA-07-060). The development of valid and reliable measures to assess psychosocial constructs

requires a broad range of skills including: qualitative analysis, quantitative analysis, and psychometrics. These techniques are important tools to public health scientists.

Over one-third of deaths in 2000 were due to unhealthy behaviors (smoking, physical activity and diet, and alcohol consumption) (Mokdad, Marks, Stroup, & Gerberding, 2004, , 2005). The latest North Carolina Prevention Report Card grades the state's prevention efforts as a "C" in tobacco prevention and a "D" both nutrition and physical activity progress (NC Prevention Partners, 2008). These same behaviors are linked to increasing rates of obesity and chronic illness. The growing obesity epidemic among all age groups, but particularly in children, is resulting in teenagers experiencing onset of Type II or adult-onset diabetes. North Carolina ranks fifth in the nation for prevalence of youth obesity and almost two-thirds of adults are overweight or obese (NC Prevention Partners, 2008). There is much we still do not know about how to best influence communities to adopt healthier behaviors before the onset of illness when primary prevention is achievable, and thus it is critical that we focus our efforts on cross-cutting training in public health sciences (American Academy of Health Behavior Work Group on Doctoral Research Training, 2005).

The imperative for relevant public health research is evidenced in the most recent draft of the Office of Behavioral and Social Sciences Research (OBSSR), NIH strategic plan (2007) that discusses the past, present, and future of social and behavioral research. Based on a report developed by the National Research Council (NRC, 2001) for OBSSR, ten priorities have been identified that require increased research in behavioral and social sciences:

1. Predispose pathways
2. Positive health
3. Gene expression
4. Personal ties
5. Healthy communities
6. Inequalities
7. Population health
8. Interventions
9. Methodology
10. Infrastructure

NIH, through the OBSSR, reaffirmed their commitment to training social and behavioral researchers to participate in interdisciplinary research teams at all phases of the research process. For example, the OBSSR sponsors a Summer Institute on the Design and Conduct of Randomized Clinical Trials Involving Behavioral Interventions directed primarily at new investigators
http://obssr.od.nih.gov/Conf_Wkshp/RCT/RCT_Info.htm#objective .

National funding priorities for behavioral sciences research and training in public health

At the federal level, the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC) fund the vast majority of public health research. With the growing awareness of increasing health disparities among various population sub-groups, both in access to health care and in health outcomes, the need for health-related social and behavioral research has been recognized by these funding agencies. The NIH Office of Behavioral and Social Science Research (OBSSR) states in their 2002-2006 Strategic Plan for Health Disparities Research (http://obssr.od.nih.gov/Content/Strategic_Planning/Health_Disparities): "...the existence of racial and ethnic health disparities are to a large extent due to the influence of **behavioral and social, rather than biological factors**...." This statement is no less true for other health disparities involving gender, age, and socioeconomic status. A brief search on the www.grants.gov/search website reveals 264 current program announcements (PAs) for the keywords "social" and "behavioral." Most of these are sponsored

by NIH and the OBSSR and they include pre- and post-doctoral training grants, K awards for junior investigators, planning grants, translational research grants, large (R01) and small grants (R03), as well as center grant opportunities. Other research funds are available through large private foundations such as: the Robert Wood Johnson Foundation (RWJF), Archstone, MacArthur Foundation, W.K. Kellogg Foundation, The Duke Foundation, and other national and regional funders.

While declines in federal research funding over the last several years have made these grants increasingly competitive, several health institutes have made it easier for new investigators to be funded. For example, the National Institute on Aging (NIA) sponsors a week-long research institute to mentor new investigators in aging research on the processes and nuances of obtaining federal grant funding. Even given the increasingly competitive grant environment and tight fiscal policy operations, NIH is still committed to maintaining funding for new investigators (see <http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-07-030.html>).

It is evident that in just the past five years there have been greater efforts to improve the dissemination and application of research. While researchers and academics have often presented their findings to colleagues and peers, and sometimes practitioners (Prohaska, Peters, & Warren, 2000), they less frequently communicate back to research participants, community organizations, and community residents. This emphasis on research dissemination and the need for research specifically on how this process should occur is a continuing focus of the National Institutes of Health (NIH) program announcements affecting both bench science and clinical applications as seen in the development of the NIH RAID pilot program (Rapid Access to Interventional Development), see <http://nihroadmap.nih.gov/clinicalresearch/overview-translational.asp>. Most of the NIH Institutes now have an office or program that supports or funds translational research in their area. The PHS department has faculty currently engaged in translational research. A similar emphasis is being placed on the need for multilevel analysis to assess the effectiveness of programs designed to influence health and behaviors across the layers of social and behavioral determinants. Thus, a strong focus on methodological approaches to conducting and disseminating population-based research is particularly crucial.

Educational objectives of the proposed program

Doctoral students require immersion in disciplinary content and in the research environment. These goals are best accomplished through a research apprenticeship with faculty members who have ongoing research projects (American Academy of Health Behavior Work Group on Doctoral Research Training, 2005). Learning the research process cannot be accomplished solely in the classroom, and successful new Ph.D. graduates will have already had opportunities to design and conduct research, present research, and publish research; a rich and nurturing academic environment must be established to provide those opportunities. The proposed program establishes the following educational objectives:

- prepare graduates with analytical skills to conduct research on social and behavioral factors in a variety of public health and community settings;
- prepare graduates to design, conduct, and analyze behavioral science research relating to public health using advanced quantitative and qualitative methods;
- prepare independent scientists and scholars with focused writing skills to obtain appropriate research funding and to write for publication;
- prepare independent scientists and scholars with communication and methodological skills necessary to advance and disseminate behavioral science knowledge to community/lay, practitioner, academic, and scientific audiences; and
- instill graduates with enthusiasm for interdisciplinary collaboration and solid principles necessary to engage in culturally competent and ethically sound research practices with all participants and colleagues.

b. The relationship of the proposed new program to the institutional mission and how the program fits into the institution's strategic plan

As part of the UNC Charlotte's UNC Tomorrow plan, the department, the College, and the University has identified establishing a School of Public Health (SPH) as a major strategic goal. With the implementation of the UNC Tomorrow planning effort, this strategic goal has now been identified as one of the major new strategies for CHHS and for UNC Charlotte with respect to improving health and wellness in North Carolina (Recommendation 4.5.1.b "accelerate the establishment of the School of Public Health.") Toward that end, in 2007-2008 the department convened a SPH Planning and Steering Committee with key campus, regional, and state-level stakeholders who were invited to a series of round table meetings to discuss the development and establishment of a SPH and to map a strategy and timeline for our efforts. In order to achieve School of Public Health accreditation, the School must offer a minimum of three doctoral degrees in public health. The proposed Ph.D. is fully aligned with the goal to move forward with the SPH.

c. The relationship of the proposed new program to other existing programs at the institution

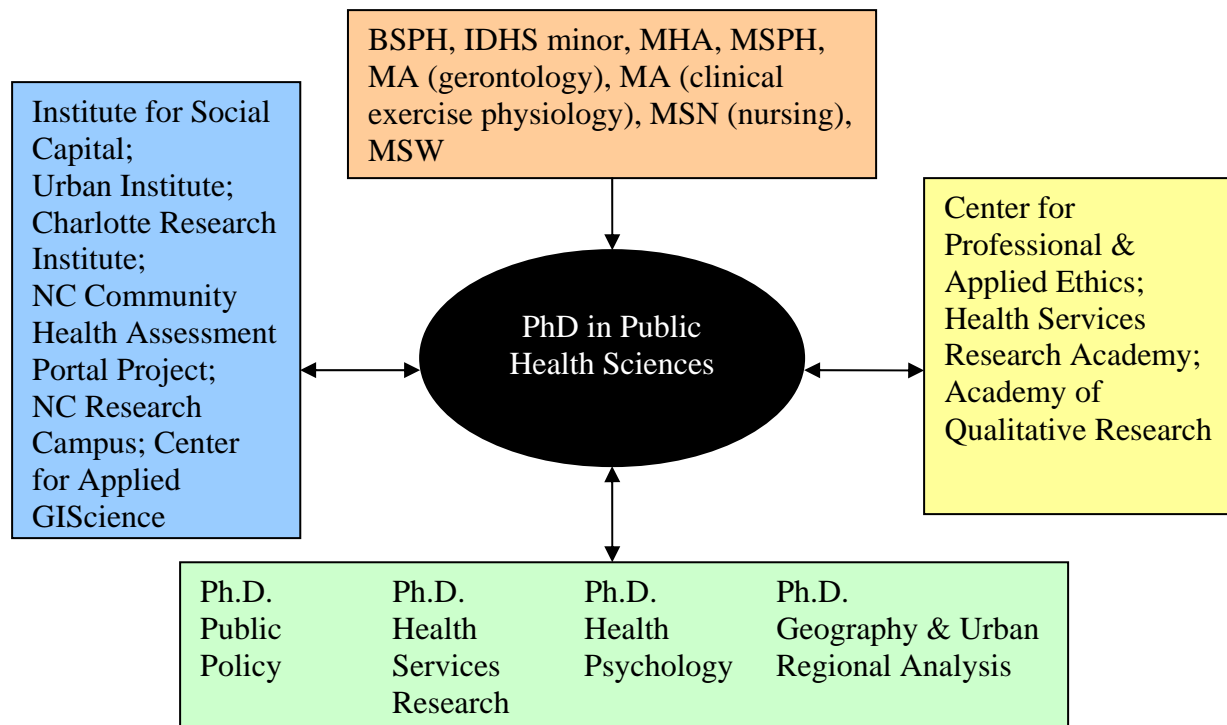
Linkages with UNC Charlotte

PHS faculty members are involved in multiple campus entities that share related program and research activities (see Figure 2). The Ph.D. in Public Health Sciences will have links to other doctoral programs on campus so students can take related courses; to centers, projects, and institutes for research opportunities; and to centers and academies for expanded educational experiences. Doctoral degree programs that share related yet distinct interests include: the Public Policy Ph.D., the Health Psychology Ph.D., the Geography and Urban Regional Analysis Ph.D., and the Health Services Research Ph.D. housed in CHHS. Master's level programs within CHHS that would serve as possible "feeder programs" include: the MSPH, the Master of Health Administration, the MSN, the Master of Social Work, and the MS in Clinical Exercise Physiology. Additional master's programs from other colleges within UNC Charlotte are also relevant such as: Communication Studies, Psychology, Sociology, Anthropology, Economics, Ethics and Applied Philosophy, Biology, Public Administration, and Gerontology. The multidisciplinary nature of public health encourages students from myriad disciplines to seek public health training.

Faculty in PHS participate in a variety of formal cross-campus collaborative initiatives including: the Health Services Research Academy, Center for Applied Geographic Information Science (GIScience), Academy of Qualitative Research, Women's Academy, The Institute for Social Capital, the Urban Institute, and the Center for Professional and Applied Ethics.

Our faculty's leadership at the University level within the Health Services Research Academy (HSRA) and the newly formed Academy of Qualitative Research (AQR) indicates our commitment to fostering interdisciplinary research. Dr. Cassell was recently elected to serve a two-year term on the Executive Board of the HSRA. Dr. Warren-Findlow was recently elected Director of the AQR. Two faculty members shared the Junior Investigator Research Award sponsored by the HSRA (Drs. Huber and Warren-Findlow), and an MSPH student, Kimberly Gaither, received the master's student paper award in 2007 for her MSPH thesis that examined the association between the use of nicotine replacement therapy during pregnancy and adverse birth outcomes. Her research has been recently published in *Maternal and Child Health Journal*. Another master's student and Muskie Fellow, Dr. Corina Pogodina, received the master's student award in 2008 for her research on environmental tobacco smoke and low birth weight outcomes.

Figure 2. Linkages between the proposed **Ph.D. in Public Health Sciences** and other UNC Charlotte Entities



The department’s ties to the Institute for Social Capital, directed by Dr. Sharon Portwood, are evolving and expanding. The Institute’s projects and contacts with community groups offer graduate students multiple opportunities to work with community partners on projects, publications, and theses and/or dissertations. Dr. Larissa Huber was selected as one of the inaugural Institute for Social Capital Research Scholars. As an Institute for Social Capital Research Scholar, she worked with Dr. Portwood and Charlotte-Mecklenburg community leaders who are interested in developing an initiative called Mecklenburg Families First. This initiative would provide families with support services beginning during pregnancy and continuing until the child is 18 years of age. Drs. Portwood and Huber will lead the evaluation of Mecklenburg Families First. Once started, Mecklenburg Families First could provide a unique opportunity to conduct a longitudinal, prospective cohort study to investigate how maternal behaviors during pregnancy affect children at birth and through adulthood.

Similarly, the department and college support the development of the North Carolina Comprehensive Assessment for Tracking Community Health (NC-CATCH) headed by Dr. James Studnicki, Professor and Irwin Belk Endowed Chair of Health Services Research. NC-CATCH is designed to provide a wide range of data sources as a means to bring the capabilities of business intelligence to public health surveillance, particularly community health assessment. NC-CATCH includes: data warehousing; a consistent, objective, and multidimensional method for organizing and interpreting community health data; prestructured queries to allow users to selectively choose variables and dimensions of health status; and online analytical processing capabilities (Studnicki, Fisher, and Eichelberger, 2008). This system builds on the unique UNC Charlotte strengths in health services research (College of Health and Human Services) and data-centric information technology (College of Computing and Informatics). North Carolina will take on a national leadership role in this research and public health practice domain.

d. Special features or conditions that make the institution a desirable, unique, or appropriate place to initiate such a degree program

Our overview of the conditions that assure that UNC Charlotte is a suitable and appropriate venue for a Ph.D. program in Public Health Behavioral Sciences include: preparedness of the PHS faculty to deliver the program and to provide the necessary research training and mentorship; UNC Charlotte's commitment to expanding its health-related programs and initiatives; and regional need and support that is linked to the growing health care and public health community that serves the larger Charlotte region.

PHS department and Public Health and the Behavioral Sciences

The PHS department is well positioned to add a Ph.D. degree in Public Health Sciences based on our diverse faculty interests, research portfolio, current master's degree programs, our progress toward CEPH program accreditation, and community outreach.

We have experienced rapid growth in faculty and students since the department's inception in 2002, doubling our full-time, tenure track faculty with primary appointments in PHS and adding a full-time lecturer. Beginning in Fall 2008 Drs. Cynthia Cassell, Sarah Laditka, and Jim Laditka joined the department bringing our total to 16 full-time faculty. Our energy and commitment to departmental and college goals has fueled a significant expansion in service and program development and delivery. The growth in student numbers has led us to develop and establish a new Bachelor of Science in Public Health (BSPH) that began in Fall 2007. We support the largest undergraduate minor program (outside of the College of Liberal Arts and Sciences); the Interdisciplinary Health Sciences minor currently serves over 160 students each semester. PHS faculty have also been instrumental in delivering the Health Services Research Ph.D. curriculum, delivering about one-half the curriculum the past two years.

The recent transformation of an existing Master of Science in Health Promotion to a Master of Science in Public Health (MSPH) in 2005-2006 reflects rising interests in public health training at both the master's and doctoral level. Our commitment to the MSPH degree and the community support for that shift in focus from health promotion to public health has been strong and unwavering. There is equal support from regional and local organizations for a doctoral program in Public Health. [See Appendix of support letters].

We have achieved rapid progress toward CEPH program accreditation with the hiring of Michael Thompson, DrPH, as the MSPH Coordinator. Dr. Thompson has spearheaded the CEPH accreditation process. Our CEPH application was submitted in June 2006 and we were quickly accepted as a potential applicant. Our formal self-study document was submitted in June 2008 with a site visit scheduled for Fall 2008. The proposed Ph.D. degree would also contribute toward the department's long-term, strategic goal of becoming a CEPH-accredited School of Public Health.

Local and regional outreach

Charlotte is one of the fastest growing cities in the United States (19th largest city surpassing Baltimore) and will have increasing need for public health researchers and practitioners. Demographically, Charlotte has a racial and ethnically diverse population that is far greater than the national norm. The Charlotte metropolitan region has been identified by scholars as one of the United States' twenty-first century immigrant gateway places (Singer, Hardwick, and Brettell, 2008). With a substantial and growing minority population, and with significant health issues (such as rapidly increasing rates of HIV infection), the greater Charlotte-Gastonia-Rock Hill region has many challenges and opportunities for collaboration with UNC Charlotte (see Figure 3). Charlotte has extensive healthcare organizations, public health entities, and health-related not-for-profits to develop partnerships. PHS

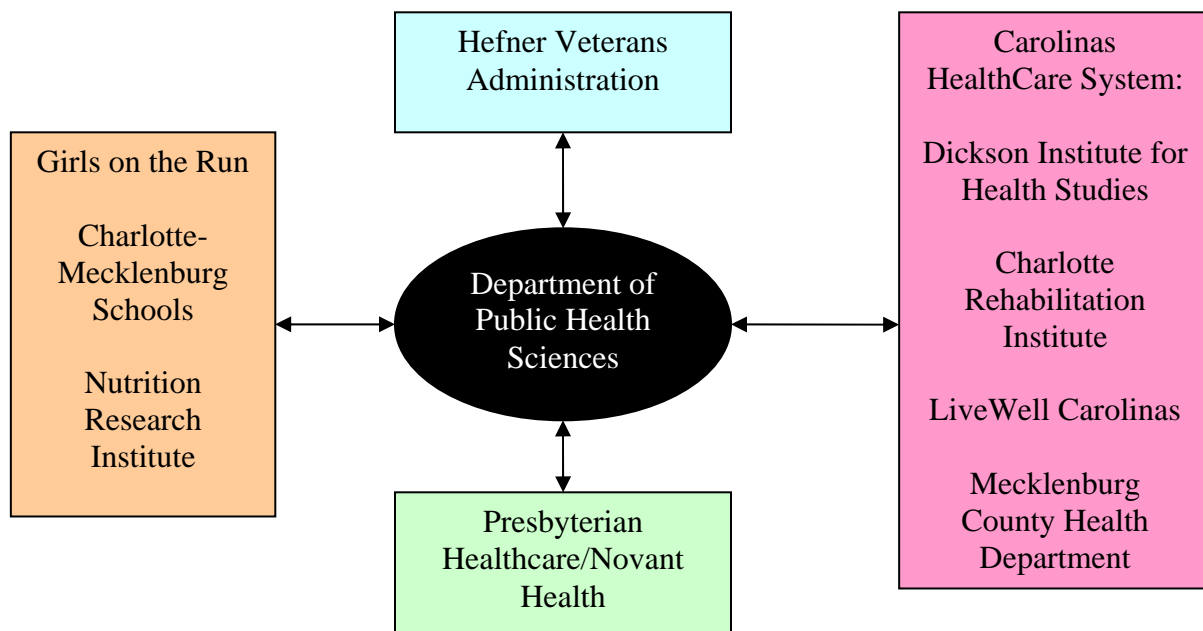
faculty and CHHS administration have made concerted efforts to establish working relationships with many of these organizational entities. The Public Health Advisory Board, the MHA Advisory Board, and the SPH Planning and Steering Committee all include community members interested in expanding public health knowledge, services, and collaboration in the larger Charlotte region.

Hefner Veterans Administration Medical Center (Salisbury, NC) is located 40 miles from UNC Charlotte and VA administrators and researchers are eager to collaborate on research projects that would improve the health care they provide to military veterans. This partnership is becoming even more geographically accessible with the opening of a community-based outpatient clinic in Charlotte. In July 2007, Dr. Huber was invited to speak at the Salisbury VAMC as part of their research series. Dr. Warren-Findlow submitted an NIH grant in spring 2007 including VA researchers as collaborators with the Hefner VA as a primary data collection site.

Mecklenburg County Health Department (administratively a part of the Carolinas HealthCare System) is an integral player in establishing PHS degree programs and delivering the MSPH curriculum. Public Health staff sit on the Advisory Boards of the BSPH and MSPH degree programs, and Public Health staff have acted as part-time faculty delivering curriculum related to community-based public health programs, offering a practitioner-oriented perspective. MSPH students intern at the health department. This agency partnered with the Graduate Public Health Association to sponsor our 2007 and 2008 National Public Health Week events.

Presbyterian Healthcare/Novant Health. Dr. Thompson recently collaborated with the Charlotte Community Health Clinic, a non-profit organization supported by Novant Health, on an NIH/NIDDK grant submission entitled “Finding a cost-effective diabetes prevention strategy for an indigent population.” This grant was a proposal to test the effectiveness of diabetes drugs in the prevention of diabetes in at-risk, Hispanic populations.

Figure 3. PHS Linkages to Regional Health - Related Entities



Carolinas HealthCare System (CHS) is the largest healthcare system in the Carolinas, and one of the largest publicly-owned systems in the nation. CHS is headquartered in Charlotte and has 14 hospital centers within its system, with four of the largest located in Charlotte. CHS also has 11 long-term care facilities, and a physician network of 579 primary care providers. Many of the physicians and residents within CHS are involved in clinical research. Dr. Huber is collaborating with physicians at two clinics on an NIH R21 grant proposal examining fertility and oral contraceptive use.

Dickson Research Institute – Dr. Warren-Findlow currently collaborates with Lauren Hatcher, MS, RD, LDN, on a scale development project examining weight loss outcome expectations with CHS employees enrolled in the LiveWell Carolinas worksite wellness program. Dr. Sherri Laurent, Assistant Vice President of Research and Executive Director, R. Stuart Dickson Institute for Health Studies, Carlines HealthCare System, holds an adjunct professor appointment in the PHS department.

Carolinas Center for Injury Prevention and Control – Dr. Hartos recently collaborated with Janice Williams, Director of the Center, to complete an evaluation of *The Family Guide to Teen Driver Safety*, funded by the Centers for Disease Control and Prevention.

Charlotte Rehabilitation Institute is one of 17 traumatic brain injury research facilities in the U.S. Dr. Mark Hirsch is an NIH funded researcher with the Institute and he is also an adjunct faculty member in the PHS department. MSPH graduate students are interns at the Institute and are using data collected by Dr. Hirsch for their thesis projects.

Additionally PHS faculty are working with a variety of private clinics and not-for-profit groups , including support of student research and internship activities:

- ◆ Planned Parenthood
- ◆ Urban Ministries
- ◆ Erie Teen Health Center
- ◆ Metrolina AIDS
- ◆ North Charlotte District AME Zion church
- ◆ CACHE – Coalition to Achieve Community Health Equity
- ◆ Girls on the Run/Charlotte
- ◆ Teen Health Connection/CHS
- ◆ RAIN (Regional AIDS Interfaith Network)
- ◆ Mecklenburg County Health Dept
- ◆ Charlotte-Mecklenburg Schools
- ◆ City of Charlotte/Human Resources
- ◆ C. W. Williams Community Health Center

The PHS department has worked consistently to make our presence in the region known and to engage in activities that bring public health issues to the public’s attention. This portfolio of activities is increasing in scope and frequency as the department grows. Since 2005 the department has promoted its faculty candidate job talks to the wider public health community, not only to engage the community in the department’s development but also to provide professional development opportunities for the public health work force. The reach of that activity continues to expand.

Our co-sponsorship of the North Carolina Society for Public Health Educators (NCSOPHE) conference in Fall 2006 demonstrated our continued commitment to public health education at the regional level. This opportunity allowed UNC Charlotte to showcase its growing expertise and capacity in the region and to gain invaluable input from the community. Approximately 75 attendees from around the state participated in the day and half conference. Students participated as attendees and volunteers.

Three PHS faculty and one adjunct faculty member presented at the meeting that highlighted health disparities.

In spring 2007, the Department resumed its activities to sponsor National Public Health Week (NPHW), involving faculty from across the university and local government officials to interact with over 75 students, faculty, staff, and community members. Dr. Wynn Mabry spoke on “Responding to Disease Outbreaks in Mecklenburg County” with a panel discussion that included faculty from Civil Engineering and Communication Studies. This interdisciplinary event complemented a series of events organized by the Graduate Public Health Association (GPHA) that more explicitly targeted students. For NPHW in 2008, Dr. Bob Lawrence from John Hopkins University Bloomberg School of Public Health and the Center for a Livable Future spoke to 125 attendees on “Good Nutrition and Global Climate Change: Steps We Can All Take.” The GPHA, in partnership with the Mecklenburg County Health Department, organized three additional events including: a campus cleanup day with 250 volunteers who collected over 200 pounds of trash, a catered lunch and panel discussion with local public health practitioners, and a movie night. As the number of alumni increase, plans are being readied to launch a formalized continuing education program.

National exposure

In addition to regional participation in public health and health-related activities, PHS faculty participate at a national level within a broad spectrum of academic and scholarly professional organizations, demonstrating the multidisciplinary breadth of our faculty members.

Nationally PHS faculty participate in the following organizations:

- ◆ AcademyHealth
- ◆ American Academy of Health Behavior
- ◆ American Cleft Palate and Craniofacial Association
- ◆ American College of Epidemiology (ACE)
- ◆ American Psychological Association (APA)
- ◆ American Public Health Association (APHA)
- ◆ Gerontological Society of America (GSA)
- ◆ International Association of Bioethics
- ◆ National Birth Defects Prevention Network
- ◆ Society for Epidemiological Research (SER)
- ◆ Society for Pediatric & Perinatal Epidemiologic Research (SPER)
- ◆ Society for Behavioral Medicine (SBM)
- ◆ Society for Prevention Research
- ◆ Society for Research in Child Development
- ◆ Transportation Research Board

American Public Health Association (APHA)

APHA is the largest not-for-profit public health association in the U.S. APHA has over 50,000 members composed of academics, researchers, analysts, clinicians, and practitioners. The organization has been in existence for 125 years, and the annual conference is a major venue for public health professionals to present their work and to participate in the organization’s policy decisions. APHA is comprised of 24 sections related to various areas in public health and 7 special interest groups within the organization. APHA has several mechanisms to support students interested in public health: reduced membership fees and conference registration fees, an active student organization, special sessions targeted to student

conference goers, and sponsorship of awards for student papers. PHS faculty frequently present at APHA and have leadership roles within their various sections of interest.

APHA is one of the primary venues used by the department for new faculty recruitment as APHA maintains a large online database of public health jobs. Ultimately APHA will also be a main avenue for recruiting prospective graduate students. Most programs and schools of public health have a significant presence at the annual meeting. We anticipate starting this activity once we receive our CEPH accreditation.

International outreach

The Department of Public Health Sciences encompasses a global perspective of public health, undertaking projects that address the needs of vulnerable populations in the developing world, in transitional economies, and in the U.S. Drs. Arif and Platonova are international faculty (from Pakistan and Russia, respectively), bringing knowledge and experience from those settings to their work focused on the U.S. healthcare system as well as on-going efforts in their home countries.

Dr. Thompson has extensive international experience, having lived and worked abroad (Armenia) for over five years and having engaged in public health profession education projects and research and development projects abroad that include public health curriculum development and assessment work throughout Europe and in Armenia, Lebanon, and Pakistan. He has also conducted extensive research focusing on public health practice in Armenia and surrounding countries. Dr. Thompson has made numerous presentations at international conferences as well as having organized two international conferences. For the past two years, Dr. Thompson has led a group of undergraduate and graduate students to the Netherlands to study comparative health systems.

The PHS Department, through the MSPH program and the MHA program, has a large contingent of international students. Currently the MSPH program is honored to have two Muskie fellows enrolled: one is a female physician from Moldova and the other is a non-physician from Uzbekistan. The Muskie fellowship program provides graduate opportunities to students and professionals from Eurasia in an effort to support economic growth in that region.

Faculty Research: Evidence of scholarship

The breadth of activities undertaken by PHS faculty regionally, nationally, and internationally are also indicative of the department's spectrum of research interests. The PHS faculty research portfolio demonstrates a broad range of relevant public health research with focus on:

- ◆ populations that span the life course (perinatal, children, adolescents, and older adults),
- ◆ minority populations (Hispanics, immigrants, African Americans),
- ◆ health disparity issues (access to care, health outcomes),
- ◆ primary and secondary chronic illness prevention (asthma, depression, heart disease, HIV, obesity),
- ◆ health behaviors (contraceptive use, child abuse and domestic violence, chronic disease self-care, perinatal screening, teen driving practices),
- ◆ methods (epidemiology, qualitative, scale development, secondary analysis of large national datasets, program planning and evaluation) and,

- ◆ the examination of both individual, family, and community level factors in regional, national and international settings.

The congruence between faculty publications and Healthy People 2010 priorities demonstrates the significant short- and long-term opportunities for PHS faculty research and scholarship. The following are a subset of ***recent publications by PHS faculty related to social and behavioral factors in public health:***

Arif, A. A. & Shah, S. M. (2007). Association between personal exposure to volatile organic compounds and asthma among U.S. adult population. *International Archives of Occupational and Environmental Health*, 80(8): 711-719.

Arif, A. A. & Rohrer, J. E. (2006). The relationship between obesity, hyperglycemia symptoms, and health-related quality of life among Hispanic and non-Hispanic white children and adolescents. *BMC Family Practice*, 7:3.

Bandiera, F. C., Pereira, D. B., **Arif, A. A.**, Dodge, B., & Asal, N. (2008). Race/Ethnicity, income, chronic asthma and mental health: A cross-sectional study using the Behavioral Risk Factor Surveillance System. *Psychosomatic Medicine*, 70: 77-84.

Brunner Huber, L. R., & Hogue, C. J. (2007). Contraception for obese women: Challenges, concerns, and recommendations for the future. *Expert Review of Obstetrics and Gynecology*; 2:357-365.

Brunner Huber, L. R. (2007). Validity of self-reported weight and height among women of reproductive age. *Maternal and Child Health Journal*, 11: 137-44.

Brunner Huber, L. R., & Toth, J.L. (2007). Obesity and oral contraceptive failure: Findings from the 2002 National Survey of Family Growth. *American Journal of Epidemiology*, 166:1306-1311.

Fife, R. S., **Brunner Huber, L. R.**, Ebersole, C., Bigatti, S., & Lane, K. A. (*in press*). Assessment of the relationship of demographic and social factors with intimate partner violence among Latinas in Indianapolis. *Journal of Women's Health*.

Cassell, C., Mai, C., & Rickard, R. (2007). Birth defects interstate data exchange: A battle worth fighting? *Birth Defects Research Part A*; 79:806-810.

Cassell, C., Meyer, R. E., & Farel, A. M. (2007). Predictors of referral to the North Carolina Child Service Coordination Program among infants with orofacial clefts. *The Cleft Palate-Craniofacial Journal*, 44(1): 45-51.

Hartos, J. L., & Huff, D. C. (2006). To what extent are rural parents involved and willing to be involved in driver education? *The Chronicle* (published by the American Driver & Traffic Safety Education Association (ADTSEA)), 54(2), 3-7.

Hartos, J. L., & Huff, D. C. (2007). Changing the culture of teen driving: Integrating parent involvement and driver education (chapter II). In E. B. Darlon (Ed.) *Adolescent Behavior Research Advances*. Nova Science Publishers, Inc: Hauppauge, NY.

Harver, A., & Kotses, H. (Eds.) (under contract). *Asthma, health, and society: A public health perspective*. New York: Springer.

Laditka, J.N., Laditka, S.B., Olatosi, B., and Elder, K.T. (2007). The health tradeoff of rural

Residence for impaired older adults: Longer life, more impairment. *Journal of Rural Health*, 23(2), 124-132.

Laditka, S.B., Laditka, J. N., Cornman, C.B., Davis, C.B. & Chandlee, M. J. (*in press*). Disaster Preparedness for Vulnerable Persons Receiving In-Home Long-Term Care in South Carolina. *Prehospital and Disaster Medicine*.

Laditka, S.B., Laditka, J. N., Cornman, C.B., Davis, C.B. & Chandlee, M. J. (*in press*). A Qualitative Study of Administrators' Views about Disaster Preparedness in Home Care and Home Health Agencies in South Carolina. *Prehospital and Disaster Medicine*.

Laditka, S.B., J.N. Laditka, S. Xirasagar, C.B. Cornman, C.B. Davis, and J.V.E. Richter. (2008). Providing Shelter to Nursing Home Evacuees in Disasters: Lessons from Hurricane Katrina. *American Journal of Public Health*, e-pub ahead of print January 2, 2008, doi: 10.2105/AJPH.2006.107748

Platonova, E., Hernandez, S. R., Shewchuk, R. & Leddy, K. (2006). Study of the Relationship between Organizational Culture and Organizational Outcomes Using Hierarchical Linear Modeling Methodology. *Quality Management in Health Care*, 15(3): 200-209.

Platonova, E., Kennedy, K. N., & Shewchuk, R. (*in press*). Understanding patient satisfaction, trust, and loyalty to primary care physicians. *Medical Care Research and Review*.

Portwood, S. G., & Heany, J. F. (2007). Responding to violence against women: Social science contributions to legal solutions. *International Journal of Law and Psychiatry*, 30, 237-247.

Portwood, S. G. (2006). Defining and classifying child abuse and neglect for research purposes: Self-report approaches. In M. Feerick, J. Knutson, P. Trickett & S. Flanzer (Eds.), *Child abuse and neglect: Defining and classifying child abuse and neglect for research purposes* (pp.233-253). Bethesda, MD: National Institute of Child Health and Human Development.

Portwood, S. G. (2006). What we know – and don't know about preventing child maltreatment. *Journal of Aggression, Maltreatment, and Trauma*, 12, 55-80. co-published simultaneously in V. I. Vieth, B. L. Bottoms, & A. R. Perona (Eds.) (2006), *Ending child abuse: New efforts in prevention, investigation, and training*.

Racine, E., Frick, K., Guthrie, J., & Strobino, D. (2008). Individual net-benefit maximization: A model for understanding breastfeeding cessation among low-income women. *Maternal and Child Health Journal*. Published online March 21, 2008. DOI 10.1007/s10995-008-0337-1

Racine, E., Frick, K., Strobino, D., Carpenter, L., Milligan, R., & Pugh, L. (*in press*). How motivation influences breastfeeding duration. *Journal of Human Lactation*.

Schmaling, K. B., & Hernandez, D. V. (2008). Problem-solving treatment for depression among Mexican-Americans in primary care. *Journal of Health Care for the Poor and Underserved*, 19(2): 466-477.

Studnicki, J., Gibson, L., Berndt, D., & **Fisher, J.** (2007). Special healthcare taxing districts: Association with population health status. *American Journal of Preventive Medicine*, 32(2), 116-123.

Studnicki, J., Berndt, D., & Fisher, J. (2007). Using information systems for public health administration In Novick, L. F., Morrow, C. B., & Mays, G. P. (Eds.), *Public Health Administration: Principles for Population-based Management*, 2nd Edition. Jones & Bartlett Publishers.

Thompson, M. E., & Harutyunyan, T. L. (2006). Contraceptive practices in Armenia: Panel evaluation of an Information-Education-Communication campaign. *Social Science & Medicine*, 63(11): 2770-2783.

Thompson, M. E., & Petrosyan, V. (2007). Parallel Processing – ASPHER PEER Assessment and WASC Accreditation in the College of Health Sciences, American University of Armenia. *Internet Journal of Public Health Education*. Posted 9 May 2007

Warren-Findlow, J. (2006). Weathering: Stress and heart disease in African American women living in Chicago. *Qualitative Health Research*, 16(2): 221-237.

Warren-Findlow, J., Huber, L. B., Rouse, M. J., & Harver, A. R. (in press). Women and Asthma. In Harver, A. & Kotses, H. (Eds.), *Asthma, Health, and Society: A Public Health Perspective*. New York: Springer.

Warren-Findlow, J. & Prohaska, T. R. (2008). Families, social support, and self-care among older African American women with chronic illness. *American Journal of Health Promotion*, 22(5): 342-349.

Yap, G., **Platonova, E., & Musa, P.** (2006). Use of information systems in Air Force medical treatment facilities in strategic planning and decision-making. *Journal of Medical Systems*, 30(1): 9-16.

PHS Faculty Research Funding Activities

PHS faculty have been aggressive in seeking internal and external funding to support their research agendas. By utilizing internal funding mechanisms such as the Faculty Research Grant program sponsored by UNC Charlotte to fund pilot projects or to conduct feasibility studies, faculty members are able to use those findings as preliminary studies to develop NIH grants to conduct research on a broader scale. PHS faculty submitted over \$6 million in grant proposals in fiscal year 2008; these submissions provide evidence of our capacity to develop significant levels of research to support doctoral student learning and training.

Selected Funded grants (internal):

2006-2007 “Study on contraceptive knowledge in students”
Principal Investigator: **Larissa R. Brunner Huber**
Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$6000

2006-2007 “Does participation in the Farmer’s Market Nutrition Program increase fruit and vegetable consumption among low income African Americans?”
Principal Investigator: **Elizabeth F. Racine**
Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$6000

2006-2007 “Characterizing the burden of diabetes among an adult uninsured population”
Principal Investigator: **Michael E. Thompson**

Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$6000

2006-2007 “Acculturation, Racial Identity, and Health Behaviors of African Americans in Charlotte”
Principal Investigator: **Jan Warren-Findlow**
Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$6000

2008-2009 “Assessment of Knowledge, Competence, and Job Training among Professional Cleaners”
Principal Investigator: **Ahmed Arif**
Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$6000

2008-2009 “Validation of the weight loss outcomes expectations scale in a worksite weight loss program”
Principal Investigator: **Jan Warren-Findlow**
Funder: University of North Carolina at Charlotte Faculty Research Grant
Amount: \$5973

2008 “Feasibility and effectiveness of the Latino food and fun nutrition curriculum in low income Latina mothers and their children in North Carolina”
Principal Investigator: **Elizabeth F. Racine**
Funder: University of North Carolina at Charlotte
Amount: \$34,900

Funded grants (external):

2004-2008 “Project On TRAC: Improving asthma control in children”
Principal Investigator: **Andrew Harver**
Funder: NIH/NHLBI (5R01HL068706)
Amount: \$1,811,020

2006 “Qualitative Analysis of Community Perspectives”
Principal Investigator: **Elizabeth F. Racine**
Funder: REACH 2010 through Carolinas Healthcare
Amount: \$19,000

2007 “An Outcome Evaluation of the ACT Parents Raising Safe Kids Program”
Principal Investigator: **Sharon G. Portwood**
Funder: Centers for Disease Control and Prevention (CDC)
Amount: \$198,703 (Total 3-year award of \$585,790, pending availability of funds)

2007 “Implementation of a Program of Outcomes Research in Residential Treatment Settings for Children and Youth”
Principal Investigator: **Sharon G. Portwood**
Funder: Duke Endowment
Amount: \$195,672

2007-2009 “North Carolina Community Health Status Assessment Tool”

Principal Investigator: **James Studnicki**
Funder: Kate B Reynolds Charitable Trust
Amount: \$200,000

2007-2009 "North Carolina Community Health Status Assessment Tool"
Principal Investigator: **James Studnicki**
Funder: NC Dept of Health & Human Services
Amount: \$400,000

2008-2010 "Self-Care Practices Among Intergenerational African American Families with Chronic Illness"
Principal Investigator: **Jan Warren-Findlow**
Funder: NIH/NIA (1R03AG030523-01A1)
Amount: \$123,704

The proposed Ph.D. in Public Health Sciences is consistent with UNC Charlotte's mission to become a high-activity, research university by adding another doctoral degree. It is also consistent with the goals of the College of Health and Human Services to develop an accredited Public Health program, and then a subsequent accredited School of Public Health; and to develop further the broad range of health service-related academic and practitioner education programs delivered by the College and the University. The presence of doctoral students to collaborate with faculty on research projects will aid in developing and solidifying faculty research agendas and provide critical research experience for doctoral student researchers.

2. List all other public and private institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program.

North Carolina (NC), and western NC in particular, is currently underserved in terms of public health graduate education. The state currently has only one school of public health (at Chapel Hill) accredited by CEPH and two accredited MPH programs: one at UNC Greensboro and one at East Carolina University through the Brody School of Medicine. As Charlotte is the largest city in NC, and at the center of a rapidly growing region, we can expect that the demand for doctoral level education opportunities will increase in this region. Nationally, Charlotte is now the 19th largest city with 2+ million people in the combined metropolitan statistical area. With our increasing demographic growth, Charlotte will be a major city on the eastern seaboard. While there is an accredited school of public health that is geographically nearby (Arnold School of Public Health, University of South Carolina), the western half of the state needs additional graduate education opportunities that are available and affordable to North Carolinian residents; a doctoral degree in Public Health at UNC Charlotte is an appropriate and relevant addition to the portfolio of available opportunities for advanced training in public health at the University, in the region, and in the state.

We have reviewed in detail how the Ph.D. in Public Health Sciences will benefit not only PHS and the CHHS, but also local community partners. In addition, we have outlined how the proposed program is strategically connected to a range of University goals. The planning committee has also conducted a review of Ph.D. programs in the State of North Carolina. Currently, UNC Chapel Hill and UNC Greensboro have doctoral programs in areas related to our proposed Ph.D. UNC Chapel Hill offers a Ph.D. in Health Behavior and Health Education that aims "to understand the social and behavioral determinants of health problems through our work in health communication, interpersonal and social processes, and community engagement." UNC Greensboro offers a Dr.P.H. in Public Health Education focused on "preparing professional health educators and advancing public health practice and knowledge." Our proposed doctoral program centers on training students in the five core areas of public

health and incorporates the resources of the state's largest city to effectively prepare students to conduct research designed to improve the health of individuals, communities, and the region with emphasis on social and behavioral factors related to the prevention and treatment of disease and disability.

In the development of our program, we reviewed the learning objectives, curricula, and descriptions of both established and new programs in public health that offer a Ph.D. in Public Health Sciences or a closely related degree. In particular, we concentrated on the degree programs offered at the following Southeast regional institutions: UNC Chapel Hill, UNC Greensboro, Emory University, and University of South Carolina.

| Institution | Degree | Area |
|-------------------------------------|----------------|---|
| <i>UNC Chapel Hill</i> | Ph.D. | Health Behavior & Health Education |
| <i>UNC Greensboro</i> | Dr.PH. | Public Health Education |
| <i>Emory University</i> | Ph.D. | Behavioral Sciences & Health Education |
| <i>University of South Carolina</i> | Ph.D. & Dr.PH. | Health Promotion, Education, & Behavior |

3. Estimate the number of students that would be enrolled in the program during the first year of operation: *Full-time* 6 *Part-time* 2

Initially, we anticipate that students will be recruited from North Carolina and other states in the Southeast region. The proposed program will be especially attractive to students currently enrolled in PHS graduate programs, including the Master of Science in Public Health (MSPH) and Master of Health Administration (MHA) programs. Students enrolled in other graduate programs across UNC Charlotte, including nursing, kinesiology, sociology, gerontology, social work, and psychology, also may be interested in public health training. Additionally we predict a number of healthcare professionals in the greater Charlotte area, including physicians completing their medical residencies at Carolinas Medical Center, will be attracted to the program.

Based on data from the Association of Schools of Public Health (Association of Schools of Public Health, 2006) 40 accredited schools of public health currently exist in the United States (12 private and 25 public institutions). A total of 26,995 student applications were submitted to these schools of public health in 2005. From 1995 to 2005, applications to schools of public health have increased by 53.3%. Nearly half of the applications were accepted for admission (54.7%), and of students who ultimately decided to enroll, 25.7% enrolled in doctoral degree programs.

Health Behavior/Health Education was the third highest program area in terms of both new applications (14.5% of applications) and enrollment. In addition, the behavioral sciences areas had the third highest concentration of graduates.

Based on these trends in enrollment at schools of public health across the nation, as well as the projected need for qualified public health researchers, we are confident of enrolling the following number of students in the Ph.D. in Public Health Sciences program at UNC Charlotte:

| Academic Year | Year 1 <i>2010-2011</i> | Year 2 <i>2011-2012</i> | Year 3 <i>2012-2013</i> | Year 4 <i>2013-2014</i> | Year 5 <i>2014-2015</i> |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Total number of new FT/PT students | 6/2 | 8/3 | 12/5 | 16/7 | 20/8 |

4. Estimate the current and projected demand for graduates of the proposed new degree program. Provide documentation about the sources of data used to estimate demand figures.

The increasing need for a dramatically larger public health-trained workforce has been well documented (Gebbie et al., 2003; Turnock, 2006). The Association of Schools of Public Health (ASPH) reports that almost one-quarter of the current public health workforce will be eligible to retire in 2012 (Association of Schools of Public Health (ASPH), 2008). Schools of public health will need to increase their number of graduates three-fold in order to meet the impending deficit and the future public health workforce need of an additional 250,000 workers (ASPH, 2008). State governments and universities have responded to the need with a rapid growth in schools and programs of public health to meet the demand for public health workers; the number of accredited schools of public health has increased 20% in just six short years and more schools are planned (Council on Education for Public Health, 2006). An even larger increase in accredited public health programs and degrees has occurred with over half the accredited programs achieving accreditation since 2000 (33 out of 64 programs in the United States). The growth in public health training programs nationally affirms the critical need for additional doctorally-prepared faculty to teach in those schools and programs. As Dr. Turnock comments in his external review of our proposed program (see #6 and attached letter):

There is clearly a demand for this degree. ... applicants for master's level public health degrees with specializations in behavioral health are also growing at our school of public health and others. This creates a need for faculty and research staff trained at the doctoral level in public health behavioral sciences.

Every public health school and program will need trained behavioral scientists in the discipline of public health. The federally acknowledged need for more researchers to investigate social and behavioral pathways to behavior change leading to effective interventions targeted at primary prevention is critical both nationally and in the state of North Carolina (NC Prevention Partners, 2008). We desperately need additional researchers to develop effective interventions and more public health academics to train practitioners on these intervention strategies. Additionally, the existing and impending deficits in all many areas of the health care workforce [nursing, family practice physicians, and geriatricians for example (Association of Academic Health Centers, 2008)] will place an increased burden on the need for primary and secondary prevention techniques that can be delivered by public health workers.

5. If there are any plans to offer the program away from campus during the first year of operation: briefly describe these plans; indicate any similar programs being offered off-campus in North Carolina by other institutions (public or private); and estimate the number of full and part-time students that would be enrolled in the program during the first year of operation.

The proposed program will not be offered away from campus during the first year of operation.

6. Describe the procedures to be used to plan the proposed program. List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.

A committee comprised of Dr. Jan Warren-Findlow (Assistant Professor, PHS), Dr. Larissa Huber (Assistant Professor, PHS), and Dr. Howell Sasser (Director of Research Epidemiology, Carolinas Medical Center and Adjunct Associate Professor, PHS) was appointed by Dr. Andrew Harver (Chair and Professor, PHS) during Spring 2006 to determine the feasibility of establishing a Ph.D. in Public Health Sciences. This committee reviewed curricula of existing Ph.D. in Public Health programs throughout the region, determined the need for a Ph.D. in public health in the greater Charlotte area, discussed how such a program could best meet the needs of current and future students at UNC Charlotte, and ultimately

developed a document to meet the requirements set forth in UNC Charlotte's Graduate Program Feasibility Planning document. The feasibility document was reviewed and approved by the PHS Chair, Dr. Andrew Harver, the CHHS Dean, Dr. Karen Schmaling, and Dr. Tom Reynolds, Dean of the Graduate School. That document evolved into the current Request for Authorization to Plan.

The Ph.D. Planning Committee is now a subcommittee of the newly established (August 2007) Public Health Programs Governance Committee (PHPGC). The PHPGC oversees the administration, curriculum and delivery of the various public health degree programs in accordance with CEPH accreditation standards. Members of the committee include the BSPH and MSPH Coordinators (Dr. Jerry Pyle and Dr. Michael Thompson), the MHA program director (Dr. Sarah Laditka), and a newly formed School of Public Health Planning Committee (Dr. Jim Laditka).

Contact information is provided below.

Jan Warren-Findlow, Ph.D. jwarren1@uncc.edu 704/687-7908
Assistant Professor, Department of Public Health Sciences
School of Public Health Planning Sub-Committee

Andrew Harver, Ph.D. arharver@uncc.edu 704/687-8680
Professor and Chair, Department of Public Health Sciences

Karen B. Schmaling, Ph.D. kbschmal@uncc.edu 704-687-8640
Professor and Dean, College of Health and Human Services

The feasibility study was sent to three external reviewers who are prominent researchers in public health and who demonstrate extensive public health practice and research backgrounds to provide feedback and substantiate our efforts. Copies of their letters are included in the appendix.

Dr. Robert S. Lawrence, MD, Director, Center for a Livable Future, Professor of Environmental Health Sciences, Professor Health Policy, and Professor of International Health at the Bloomberg School of Public Health, Johns Hopkins University. Dr. Lawrence is a member of the Institute of Medicine (IOM) and served for three years as an epidemic intelligence service officer for the Centers for Disease Control and Prevention, U. S. Public Health Service. He stated that "The argument made for the need for doctoral education in public health to serve the needs of western North Carolina and North Carolina's largest city, Charlotte, is compelling and well documented." He also noted that we made "... a very good case for the ability of the department to mount a strong doctoral program."

Dr. Marcia Ory, PhD, MPH, Regents Professor, Department of Social and Behavioral Health at School of Rural Public Health, Texas A&M University, and Director, Active for Life® National Program Office. Dr. Ory heads the Research Core of the School's CDC Prevention Research Center. She spent twenty years in the federal government as Chief of Social Science Research on Aging in the Behavioral and Social Research Program, National Institute on Aging, National Institutes of Health. She recognizes how this specific program builds on, but is different from, other doctoral programs in the College of Health and Human Services. Dr. Ory commends "Its unique niche is its focus on what the behavioral and social sciences can contribute to a broad ecological perspective for meeting public health research and training needs. Another contribution is the focus on translational research which is very timely these days in the public health field."

Dr. Bernard J. Turnock, MD, MPH, Clinical Professor and Director, Division of Community Health Sciences, the University of Illinois at Chicago School of Public Health. He is the Director of the Illinois Public Health Preparedness Center and the Director of the Center for Public Health Practice. Dr. Turnock

is the former Director of the Illinois Department of Public Health and the author of three well-known textbooks on public health practice and the public health workforce. He commented "... that your plans and proposal are very much on target..."

We also include letters of support from Mr. Michael Kennedy (Mecklenburg County Health Department); Dr. Owen Furuseh (Associate Provost for Metropolitan Studies and Extended Academic Programs); Dr. Robert Wilhelm (Associate Provost for Strategic Research Partnerships & Executive Director, Charlotte Research Institute); and Dr. James Laditka (Director, Health Services Research Doctoral Program).

7. Describe the method of financing the proposed new program (e.g., potential sources of funding) and indicate the extent to which additional state funding may be required.

The anticipated start-up funds for this Ph.D. program are modest and are consistent with the resources that have already been requested for the School of Public Health. We will not require additional resources specific to this degree program over and above what is required to establish the SPH by 2013-2014 (see UNC Charlotte Tomorrow, p. 66). To deliver the proposed Ph.D. program we envision need for two additional fulltime faculty. On the other hand, the SPH will require a minimum faculty complement of 25 full-time faculty across the 5 public health disciplines (15 more faculty will be hired). While additional staff will ultimately be needed, we recently added another staff person and so in the short term our staffing needs are adequate.

Our current physical space in the new College of Health and Human Services building provides over 138,000 square feet of research, laboratory, teaching and office space all outfitted with state-of-the-art information technology. Office space is available for doctoral students. Physical space for faculty and students for this degree is sufficient.

The library will need an increased budget, particularly during the first year of the program, to strengthen its holdings related to public health. The Collection Development Librarian indicates that some additional funds for library holdings would aid in improving our public health resources.

Money for supplies and research costs will be used to equip student offices with computer software, databases, and other relevant materials they will need as they train to become public health researchers. Full-time students who are awarded assistantships will be provided with appropriate stipends. As Dr. Lawrence noted in his letter of support, "...final decisions among several schools offering admission is heavily influenced by the amount of financial support offered." Tuition waivers will be awarded to full-time students.

The successful recruitment of highly motivated students will be crucial for the growth of the proposed Ph.D. program. Therefore, we have allocated a substantial portion of the budget for these activities. Each year, we propose to operate a booth at the annual APHA meeting. During the first three years of the program, we will advertise in the *American Journal of Public Health*, *The Nation's Health*, and other appropriate publications. In addition, we will explore other recruitment efforts such as direct mailings and booths at other public health and related interdisciplinary venues.

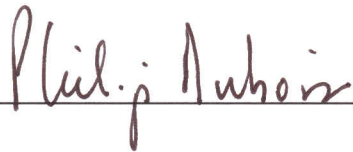
Financing for a Ph.D. program in Public Health Sciences is expected from three sources: new state funds, the continued use and reallocation of current resources, and, most importantly, external grants and contracts. The current success and focus of the College's grant writing efforts complement additional financial support for students that may come from a variety of sources, in addition to the state. For example, the Ruth L. Kirchstein National Research Services Awards (F31) fund pre-doctoral fellowships with emphases in a number of areas, including the promotion of diversity in health-related fields. A

recent search of NIH funding also demonstrated that training grants (T32) related to pre-doctoral training at the interface of the behavioral and biomedical sciences are available. As we progress and achieve CEPH School accreditation, more external funding opportunities will be available for both faculty and students, as accreditation (and school status) is often a primary eligibility requirement for certain funding streams (ASPH, 2006). Other non-governmental dissertation funding opportunities for graduate public health students include: the American Association of University Women (AAUW), the American Lung Association, the Robert Wood Johnson Foundation, the Spencer Foundation, and the Woodrow Wilson National Fellowship Foundation.

The Department of Public Health Sciences is poised and ready to fulfill its role, both in the short-term and in the long-term, to achieve excellence in innovative programming and research in public health.

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

Chancellor

A handwritten signature in dark ink, appearing to read "Philip J. Rubin", is written over a horizontal line. The signature is cursive and somewhat stylized.

B. Literature Cited

- American Academy of Health Behavior Work Group on Doctoral Research Training. (2005). A vision for doctoral research training in health behavior: A position paper from the American Academy of Health Behavior. *American Journal of Health Behavior*, 29(6), 542-556.
- ASPH. (2006). The value of attending a CEPH accredited school of public health. Retrieved July 15, 2008, from www.asph.org/print.cfm?page=725
- Association of Academic Health Centers. (2008). *Out of order, out of time: The state of the nation's health workforce*. Washington, DC.
- Association of Schools of Public Health. (2006). *2005 Annual Data Report*. Washington, DC.
- Association of Schools of Public Health (ASPH). (2008). Confronting the public health workforce crisis: ASPH statement on the public health workforce. Retrieved July 15, 2008, from www.asph.org/document.cfm?page=1038
- Centers for Disease Control and Prevention. (2006). *Advancing the nation's health: A guide to public health research needs, 2006-2015*: U.S. Department of Health and Human Services.
- Council on Education for Public Health. (2006, July 2006). Schools of Public Health and Graduate Public Health Programs Accredited by the Council on Education for Public Health. Retrieved August 9, 2006
- Gebbie, K., Rosenstock, L., Hernandez, L. M., Committee on Educating Public Health Professionals for the 21st Century, Board on Health Promotion and Disease Prevention, & Institute of Medicine (Eds.). (2003). *Who will keep the public healthy? Educating public health professionals for the 21st century*. Washington, D. C.: The National Academies Press.
- Glass, T. A., & McAtee, M. J. (2006). Behavioral science at the crossroads in public health: Extending horizons, envisioning the future. *Social Science & Medicine*, 62, 1650-1671.
- HIV/STD Prevention and Care Branch. (2004). *Health disparities and trends in HIV/STD*: NC Department of Health and Human Services.
- Institute of Medicine. (2003). *Unequal treatment: Confronting racial and ethnic disparities in healthcare*. Washington, DC: The National Academies Press.
- Mabry, P. L., Olster, D. H., Morgan, G. D., & Abrams, D. B. (2008). Interdisciplinarity and systems science to improve population health: A view from the NIH Office of Behavioral and Social Sciences Research. *American Journal of Preventive Medicine*, 35(2S), S211-S224.
- McElroy, A., & Jezewski, M. A. (2000). Cultural variation in the experience of health and illness. In G. L. Albrecht, R. Fitzpatrick & S. C. Scrimshaw (Eds.), *Handbook of social studies in health and medicine* (pp. 191-229). London: Sage Publications, Ltd.
- Mecklenburg County Health Department: Health Disparities Taskforce. (2006). *Eliminating Health Disparities: A Call to Action*. Charlotte, NC.
- Minkler, M., & Wallerstein, N. (2003). *Community-based participatory research for health*. San Francisco: Jossey-Bass.
- MMWR. (2005). HIV transmission among Black women - North Carolina, 2004. *Morbidity and Mortality Weekly*, 54(04), 89-94.
- Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *Journal of the American Medical Association*, 291(10), 1238-1245.
- Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2005). Correction: Actual Causes of Death in the United States, 2000. *JAMA*, 293(3), 293-294.
- NC Prevention Partners. (2008). *North Carolina Prevention Report Card 2008*. Chapel Hill.
- NRC. (2001). *New horizons in health: An integration approach*. Washington, DC: Committee on Future Directions for Behavioral and Social Sciences Research at the NIH, National Academies Press.
- Pear, R. (2005, August 12). Racial and ethnic minorities gaining in nation as a whole. *The New York Times*.

- Prohaska, T. R., Peters, K. E., & Warren, J. S. (2000). Health behavior: From research to community practice. In G. L. Albrecht, R. Fitzpatrick & S. C. Scrimshaw (Eds.), *Handbook of social studies in health and medicine* (pp. 359-373). London: Sage.
- Schneider, M.-J. (2006). *Introduction to Public Health*. Sudbury, MA: Jones and Bartlett Publishers.
- Singer, A. (2008). Twenty-first century gateways, immigrant incorporation in suburban America. In A. Singer, C. Brettell, & S. Hardwick (Eds.), *Suburban immigrant gateways: immigration and incorporation in New U.S. metropolitan destinations*, Brookings Institution, Washington, DC.
- Suro, R. and Singer, A. (2002). *Latino growth in metropolitan America: changing patterns, new locations*, Washington, DC: Center on Urban and Metropolitan Policy, The Brookings Institution and the Pew Hispanic Center.
- Studnicki, J., Fisher, J. W., & Eichelberger, C. N. (2008). NC-CATCH: North Carolina's web-based data portal for community health assessment. *North Carolina Medical Journal*, 69 (2), 122-126.
- Turnock, B. J. (2004). *Public health: What it is and how it works* (3rd ed.). Sudbury, Massachusetts: Jones and Bartlett Publishers.
- Turnock, B. J. (2006). *Public health: Career choices that make a difference*. Sudbury, Massachusetts: Jones and Bartlett Publishers.
- U.S. Census Bureau. (2006). *Nation's Population One-Third Minority*. Retrieved 11/24/06. from www.census.gov/Press-Release/www/releases/archives/population/006808.html.

External Reviews

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Robert S. Lawrence, M.D.
Director, Center for a Livable Future
Professor of Environmental Health Sciences
Professor of Health Policy

April 25, 2008

Jan Warren-Findlow, PhD
Assistant Professor and Chair, PhD Planning Committee
Department of Public Health Sciences
UNC Charlotte College of Health and Human Services
9201 University City Boulevard
Charlotte, NC 28223-0001

Dear Jan:

I have read carefully the document you gave me on April 7 regarding the request to plan a PhD in Public Health Behavioral Sciences to be offered by the College of Health and Human Services.

The argument made for the need for doctoral education in public health to serve the needs of western North Carolina and North Carolina's largest city, Charlotte, is compelling and well documented. Similarly, the description of the faculty resources, their publication record, and the disciplines represented in the Department of Public Health Sciences makes a very good case for the ability of the department to mount a strong doctoral program. Similarly, the experience of faculty within the department having chaired Ph.D. committees or served on Ph.D. committees is broad and deep. This would allow new doctoral students in your department to access faculty members familiar with the process of overseeing successful Ph.D. candidates.

The decision to focus the first Ph.D. program in the Department of Public Health Sciences on Public Health Behavioral Sciences strikes me as very appropriate. Among the five core disciplines of public health used by the Council on Education in Public Health in evaluating programs for certification to offer the MPH degree, the core discipline of social and behavioral sciences fits well with the current strengths of your department. The proposal describes the links with doctoral programs currently in place in the College of Health and Human Services (public policy, health psychology, health services research), but I did not see any reference to departments of social and behavioral sciences in the faculty of arts and sciences. I think that resources in social psychology, behavioral psychology, anthropology, sociology, political science, and economics should be identified and nurtured in preparation for your new program.

The budget outline on page 42 does not seem to match the narrative description of funding for the program in the amounts budgeted for tuition waivers and for assistantships. The narrative

describes tuition waivers for all full and part-time students but does not specify how many assistantships will be awarded. My experience with admitted doctoral students at the Bloomberg School of Public Health is that final decisions among several schools offering admission is heavily influenced by the amount of financial support offered. As a new program competing with existing doctoral programs at UNC Chapel Hill and elsewhere, I would recommend that you be very clear about the tuition waivers and the assistantship stipends.

I wish you well in your efforts to gain approval for this new PhD in Public Health Behavioral Sciences. I strongly support your efforts and believe that you have exceeded the threshold needed to initiate a quality doctoral program at your university.

Sincerely yours,



Robert S. Lawrence

cc: Andrew Harver, Ph.D.



TEXAS A&M

HEALTH SCIENCE CENTER
SCHOOL OF RURAL PUBLIC HEALTH

July 15, 2008

Jan Warren-Findlow, PhD
Assistant Professor
Department of Public Health Sciences
The University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, NC 28223
Voice: 704/687-7908
Fax: 704/687-6122
Email: jwarren1@uncc.edu

Dear Jan:

Thanks for giving me the opportunity to review UNC Charlotte's Proposed PH.D. in Public Health Behavioral Sciences. I am the Faculty Director of the doctoral program in the Department of Social and Behavioral Health at the School of Rural Public Health at Texas A&M Health Science Center. In preparing the guidelines for our own doctoral program which is now approved by CEPH, I reviewed many of existing programs in other Schools of Public Health, which has given me an idea of the different program models being implemented across the country.

In reviewing your document, I see many strengths and would like to share my observations.

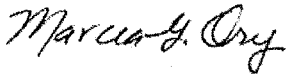
- It is obvious that great care has gone into the preparation of this proposal in reviewing School-wide strategic plans, department focus, proposed curriculum, and available resources for undertaking a new degree program.
- There is a clear sense of how this specific program builds on, but is different from, other doctoral programs in the College of Health and Human Services. Its unique niche is its focus on what the behavioral and social sciences can contribute to a broad ecological perspective for meeting public health research and training needs. Another contribution is the focus on translational research which is very timely these days in the public health field.
- A case is made for why additional public health graduate education is needed in the Western part of the state, and this can lead to a greater overall public health presence in the state. For example, Texas has three certified Schools of Public Health that work collaboratively to meet public health needs of Texans.

- While there are adequate faculty to initiate a doctoral program, it would be desirable to have more senior faculty with more prior experience serving on and chairing doctoral committees. However, as there are several faculty on the cusp of promotion, the faculty can easily handle proposed coursework and grow into more research supervision roles. Caution is needed to be sure that faculty can handle both the expanded undergraduate program as well as the proposed doctoral program.
- I am confident that current public health sciences faculty who are excellent teachers and well-trained researchers and already achieving national recognition will be able to handle these dual roles. My recommendation, however, would be to have even more modest goals for the expansion of the numbers of doctoral students, balancing the need for having a student cohort with ability to supervise and support doctoral students.
- There is evidence of research excellence –and potential—in the grants that have been awarded to PHS faculty. Although funding is tight, the faculty’s areas of expertise are in “hot” research areas, boding well for generating future funding that can support projects important for professional development of graduate students via research apprenticeships.
- The available community partnerships will add value to the degree program, providing specific points of contact for public health research and practice.
- There appears to be an adequate base of students upon which to draw to populate the initial program cohorts. While an initial strategy is to draw on prior graduates, over time, for greater depth and diversity it is recommended to draw on those with educational training elsewhere and some prior experience in public health practice or research. I would think a more realistic goal would be to start off with 4 or 5 students, keep this level for 3 years, and then expand slowly upwards as the program gets more established.
- The proposed curriculum (number of hours) is within the range required elsewhere, although on the high end. What was a bit confusing was to see research type courses listed under both the foundations and methods sections. But combining these two categories is reassuring that students will be well trained in research and statistics. Another way of organizing would be to combine foundations with some of the seminar topics which are important for meeting basic core public health capacities. While many students do take 18 dissertation hours, if the 64 hours is not a School-wide requirement, I would lower this number to 9 to 12.
- Given the emphasis on translational research, I would recommend consideration of the 3 paper dissertation option available in many graduate programs. This form of dissertation often helps jump start student’s publishing careers.
- Unless it is a University-wide rule, it might be desirable to allow for up to 12 transfer classes, with the permission of the doctoral review committee.
- Having just one Qualifying exam is reasonable, as is content area for competency demonstration. This serves as a good test for basic concepts taught in classes. I am not sure though if these all need to be “in class” versus take-home examination. In either case, I would recommend an exam format that taps student’s ability to integrate learning in case example fashion versus recall of specific facts and figures.

- Having a Ph.D. Review Committee is a good quality assurance mechanism, and along with Department review, is important in the development and implementation of a new degree program.

In sum, this is a well developed plan that has a high likelihood of producing well trained students in public health behavioral sciences. My major caution is to consider a slower expansion while the program is starting up. A secondary caution is that faculty have time for both research and teaching, and that the relatively small faculty are not expected to add extensive doctoral education and research supervision to an already heavy load of undergraduate and masters level training.

Sincerely,



Marcia Ory, Ph.D. MPH
Regents Professor

UNIVERSITY OF ILLINOIS
AT CHICAGO

Bernard J. Turnock MD, MPH
Clinical Professor and Director
Division of Community Health Sciences
UIC School of Public Health (MC 923)
1603 West Taylor Street
Chicago, Illinois 60612-4394

May 2, 2008

Jan Warren-Findlow, PhD
Assistant Professor
Dept. of Public Health Sciences
University of North Carolina at Charlotte
CHHS #427B
9201 University City Blvd.
Charlotte, NC 28223

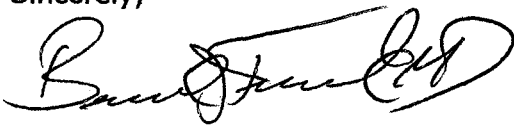
Dear Dr. Warren-Findlow:

Thanks for the opportunity to review and comment on your institution's proposed PhD degree in Public Health Behavioral Sciences Program. As you know, the University of Illinois at Chicago, School of Public Health, offers a similar degree through the Division of Community Health Sciences. We have recently completed a lengthy process that resulted in major revisions to our PhD degree program which will be implemented later this year. We thereby understand and appreciate the effort underway at the University of North Carolina at Charlotte and offer you our best wishes for a successful program.

We believe that your proposal is relevant, feasible, and well-designed. Its relevance is apparent in the increasing number of well qualified applicants we see each year with an interest in Public Health Behavioral Sciences. The level of interest as measured by the number of applicants and the quality of applications is noteworthy. We find it necessary to reject more and more extremely well qualified applicants each year. There clearly is a demand for this degree. Similarly, applicants for master's level public health degrees with specializations in behavioral health are also growing at our school of public health and others. This creates a need for faculty and research staff trained at the doctoral level in public health behavioral sciences. Your proposed curriculum comprehensively addresses the key skills and competencies that will prepare tomorrow's academic and research leaders in key aspects of public health science and behavioral health interventions.

In sum we believe that your plans and proposal are very much on target and that your program will serve your students, institution, and state well.

Sincerely,



Bernard J. Turnock MD, MPH
Clinical Professor and Director

UIC

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Letters of Support



UNC CHARLOTTE

The University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, NC 28223-0001

Metropolitan Studies & Extended Academic Programs
Phone: 704/687-3111
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September 17, 2008

Dr. Andrew Harver, Chair and Professor
Department of Public Health Sciences
UNC Charlotte
9201 University City Boulevard
Charlotte, NC 28223-0001

Dear Dr. Harver:

Thank you for the opportunity to review and comment on the proposal for a Ph.D. in Public Health Sciences prepared by colleagues in the Department of Public Health Sciences at UNC Charlotte. This proposal is well designed and an important new initiative. The need for this program in the Charlotte region and larger state of North Carolina is well documented. I am especially impressed with the research and programmatic foci on the health and wellness issues facing immigrants and traditionally under-served populations.

My colleagues in the UNC Charlotte Urban Institute and the Center for Applied Geographic Information Science (GIScience) will be potential collaborators and partners in this new program. We strongly endorse this proposal and look forward to working together.

Sincerely,

Owen J. Furuseth, Ph.D., AICP
Associate Provost for Metropolitan Studies and Extended Academic Programs



MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Health Director

(704) 432-3199
(704) 432-0217 (Fax)

Tuesday, September 16, 2008

Andrew Harver, PhD
Chair, Department of Public Health Sciences
University of North Carolina Charlotte
9201 University City Boulevard
Charlotte, NC 28223-0001

Dear Dr. Harver:

Thank you for sharing the draft proposal for a new PhD program in Public Health Sciences planned for your department. **The Public Health Advisory Board to the Department of Public Health Sciences is pleased to pledge its full and enthusiastic support for the proposed doctoral degree.**

The timing for this program could not be better. Dramatic demographic changes are occurring in the U.S in general and Western North Carolina specifically: the number of both older adults and minorities are increasing rapidly. With these shifts comes a new host of public and community health challenges. Many of these challenges will be both complex and chronic in nature and require sound ecological and behavioral approaches to address them. Consequently public health will need more trained teachers and researchers, especially given the projected needs of sustaining the efforts of an aging public health workforce.

Based on our successes in guiding the development of the MSPH and BSPH programs, we have every confidence that the emerging PhD program will be academically sound and that the growing cadre of faculty in the department will ensure that this will be a high caliber program with well-trained graduates.

This degree will further complete the department's curriculum and attract students at all levels: bachelor, masters, and doctoral. Our community and its organizations and citizens will greatly benefit from the increased emphasis and training related to public health. We view this program as a natural – and timely – progression in the evolution of the Department and the University.

Sincerely,

Michael P. Kennedy, MGA, MPH, CHES
Public Health Education, Grants, and Special Projects Coordinator
for the
UNC Charlotte Public Health Advisory Board

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UNC CHARLOTTE

College of Health and Human Services
9201 University City Boulevard
Charlotte, NC 28223-0001

September 22, 2008

Andrew Harver, PhD
Chair, Department of Public Health Sciences
University of North Carolina Charlotte
9201 University City Boulevard
Charlotte, NC 28223-0001

Dear Dr. Harver:

Thank you for sharing the draft proposal for a new PhD program in Public Health Sciences planned for your department. Following thoughtful deliberations, the Public Health Programs Governance Committee of the Department of Public Health Sciences is pleased to endorse the proposed doctoral degree in Public Health Sciences.

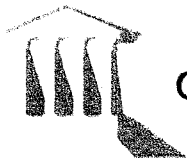
As our Public Health Advisory Board has shared with us, the timing for this program could not be better. Dramatic demographic changes are occurring in the U.S in general and Western North Carolina specifically: the number of both older adults and minorities are increasing rapidly. With these shifts come a new host of public and community health challenges. Many of these challenges will be both complex and chronic in nature and require sound ecological and behavioral approaches to address them. Consequently public health will need more trained teachers and researchers. Furthermore, this proposal is consistent with the recommendations of the recently formed School of Public Health Strategic Planning and Steering Committee and the Chancellor's identification of establishing a school of public health as one of the campus' top priorities for the UNC Tomorrow initiative.

Based on our successes in developing the new MSPH and BSPH programs (and presumptive success in their accreditation) and the successful accreditation of our MHA program, we have every confidence that the emerging PhD program will be academically sound and that the growing cadre of faculty in the department will ensure that this will be a high caliber program with well-trained graduates.

This degree will further complete the department's curriculum and attract students at all levels: bachelors, masters, and doctoral. Our community and its organizations and citizens will greatly benefit from the increased emphasis and training related to public health. We view this program as a natural – and timely – progression in the evolution of the Department and the University.

Sincerely,

James N. Laditka, DA, PhD
Associate Professor and Director, Health Services Research Doctoral Program
Chair, Public Health Programs Governance Committee



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September 26, 2008

Dr. Thomas Reynolds
Associate Vice Chancellor and Dean of the Graduate School
University of North Carolina at Charlotte

Dear Dr. Reynolds,

I strongly support the proposal by the Department of Public Health Sciences (PHS), in the College of Health and Human Services (CHHS), to implement a PhD in Public Health Sciences at UNC Charlotte.

Regional, state, and national needs in Public Health are well documented in the literature and summarized in this proposal. With our growing School of Health and Human Services in the center of the Charlotte region, UNC Charlotte has a unique opportunity and responsibility to address the very dynamic public health needs of the region. As well, the quality faculty members already in place at UNC Charlotte continue to develop a national presence in their fields of expertise.

The Charlotte Research Institute works to connect academic and research results at UNC Charlotte with the greater Charlotte region for economic and quality of life improvements. This new Ph.D. program will add significant and important intellectual capacity. We look forward to its implementation and the skilled researchers that are generated.

Sincerely,

Robert G. Wilhelm

Cc: Dr. Andrew Harver