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## THE UNIVERSITY OF ALABAMA

### Resolution

#### **Granting Initial Approval of and Permission to Submit to the Alabama Commission on Higher Education (ACHE) a Proposal for a Master of Science (M.S.) degree in Rural Community Health in the College of Human Environmental Sciences (CIP Code 51.2208)**

WHEREAS, the College of Human Environmental Sciences at The University of Alabama currently offers a collection of courses in Rural Community Health under the Master of Science in General Studies in Human Environmental Sciences (M.S.H.E.S.) that has had 115 students (Rural Medical Scholars and Rural Community Health Scholars) enrolled since 2005; and

WHEREAS, The Master of Science (M.S.) degree in Rural Community Health will offer a degree program for individuals interested in applying population health principles as they later pursue a health professional degree and career; and

WHEREAS, colleges nationally are offering population health programs; and

WHEREAS, this degree will prepare individuals for leadership positions dealing with rural community health issues as health care providers; and

WHEREAS, this degree builds on the widely recognized skill and expertise of the current faculty and on current course offerings;

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of The University of Alabama that it grants initial approval of and permission to submit to the Alabama Commission on Higher Education (ACHE) a Proposal for a Master of Science (M.S.) degree in Rural Community Health (CIP 51.2208) in the College of Human Environmental Sciences at The University of Alabama.

## **The University of Alabama System Outline for New Program Proposal (Supplement)**

### **1. Executive Summary**

The purpose of this program is to offer a Master of Science degree in Rural Community Health within the General Studies Department of the College of Human Environmental Sciences. Students who currently complete a curriculum plan in Rural Community Health in the General Studies Department receive a Master of Science in General Studies in Human Environmental Sciences, which does not accurately recognize the student's preparation to enter health professions training. The ultimate purpose of the program is to prepare students to be community health leaders in rural Alabama as health care providers. The immediate purposes of the program are to teach 1) principles of rural public health as a basis for community health leadership, 2) characteristics of rural health concerns, and 3) approaches to biomedical science study through biochemistry while 4) providing avenues for students to maintain close rural community ties and identities and 5) to form a supportive peer group.

Much of rural Alabama is a federally-designated Health Professional Shortage Area. The rural health care workforce, particularly physicians, is aging and nearing retirement without adequate replacements. There are also great needs for nurse practitioners, physician assistants, physical therapists, public health practitioners, etc. in rural Alabama. The acute and chronic disease burden in rural areas is greater than in urban areas, increasing as the population ages. Rural medical education and rural community health programs have been demonstrated nationally to be effective in producing rural physicians and other health care practitioners. There are shortages of every kind of health professional in rural Alabama.

The Master's degree in Rural Community Health is not intended to produce graduates who join the workforce immediately, although a few do. It is intended as an avenue for entry into professional education schools. Therefore, job openings are considered for health professionals such as physicians, physician assistants, physical therapist, advanced nurses, etc. In addition to the shortages of all types of health professionals in Alabama, there are shortages in the SREB region and nationally, particularly in underserved areas such as rural areas and inner-city areas. These shortages, plus an aging population and an aging health care workforce, mean that there are multiple job possibilities for any health professional graduate.

There are two groups of students targeted by this program.

Rural Medical Scholars (RMS) who successfully complete the M.S. degree program and obtain a qualifying score on the MCAT (Medical College Admission Test) are guaranteed a place at the University of Alabama School of Medicine (UASOM) as a medical student.

RMS who do not qualify for UASOM and Rural Community Health Scholars (those not eligible to be RMS due to lack of rural Alabama background) have opportunities to attend Doctor of Osteopathy or other medical schools or obtain training as physician assistants, nurses, nurse practitioners, physical therapists, and public health specialists or to seek doctorates in the sciences or health.

**2. Steps taken to determine if other UA System institutions might be interested in collaborating in the program.**

UASOM is based at UAB. Its Medical Education Committee and Admissions Committee, review and evaluate the Rural Medical Scholar program (RMSP) in its entirety, including the MS degree element.

Recruitment of applicants to the M.S. degree program involves visits to other institutions of higher education in Alabama, including contact with career advisors and faculty.

Rural Community Health Scholars (RCHS) enter advanced nursing and physical therapy programs at UAB.

We work closely with a similar program in Huntsville that is administered by UAB.

**3. Desegregation impact statement**

This program works closely with a wide variety of rural community partners, including many based in the Black Belt of Alabama. This year's class of 17 Rural Community Health students includes 10 African Americans. We usually have a high proportion of minority students. Many of the health professional shortage areas of Alabama have high African American population numbers. We make a concerted effort to recruit students who grew up in these areas. We also partner with the African American farming community and Historically Black Colleges and Universities in Alabama to recruit students. Graduates of this program are now working in Black Belt communities.

**4. Summary of consultant's comments (if any)**

N/A

**5. Summary of other campuses' comments (if any)**

N/A

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**6. Other pertinent information as needed (if any)**

- a. RMSP has existed for 20 years and has demonstrated its effectiveness in producing primary care physicians for rural Alabama. The success of RCHS graduates (two-thirds of whom are African-American) to obtain health professional careers has been demonstrated.
- b. A degree appropriately labeled as Rural Community Health will help identify graduates as having a specific set of skills that can open up employment opportunities in community health centers and public health agencies. The current degree provided to these students is in Human Environmental Sciences.
- c. This program provides an avenue into health professions for students who need additional preparation and have difficulty in obtaining regular admissions to these programs.
- d. There is a great need for health professionals overall, with an even greater need in rural areas. A degree in Rural Community Health addresses this particular need.
- e. There is no other program in Alabama that focusses on rural health needs at the Master's degree level.

October 11, 2016

Interim Provost Kevin Whitaker  
The University of Alabama  
Office for Academic Affairs  
254 Rose Administration Building  
Tuscaloosa, AL 35487

Dear Interim Provost Whitaker:

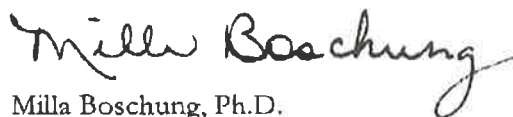
It is with pleasure that I recommend the creation of Master's Degree in Rural Community Health. We have partnered with Rural Community Health in offering this curriculum plan for several years since they are not a degree granting program at The University of Alabama.

The need for this type of degree is great in Alabama. Much of rural Alabama is a federally-designated Health Professional Shortage Area. The rural health care workforce, particularly physicians, is aging and nearing retirement without adequate replacements. The acute and chronic disease burden in rural areas is greater than in urban areas. Traditional urban-based medical schools do not produce sufficient numbers of primary care physicians for rural communities. Rural medical education programs such as RMS have been demonstrated nationally to be effective in producing rural physicians. There are shortages of every kind of health professional in rural Alabama.

The Master's degree in Rural Community Health is not intended to produce graduates who join the workforce immediately; it is intended as an avenue for entry into professional education schools. There are considerable shortages of all types of health professionals in Alabama and the SREB region, particularly in underserved areas such as rural areas and inner-city areas. The same is true nationally. Current shortages plus an aging population and an aging health care workforce mean that there are multiple job possibilities for any health professional graduate.

I endorse this proposal without reservation.

Sincerely,



Milla Boschung, Ph.D.  
Dean

TO: Dr. Milla Boschung, Dean, College of Human Environmental Sciences

FROM: Dr. Richard Friend, Chair of Family, Internal, and Rural Medicine, College of Community Health Sciences

DATE: October 18, 2016

RE: Proposal for Master of Science Degree in Rural Community Health

The faculty members of Family Internal and Rural Medicine (FIRM) have had the opportunity to review the proposal for a Master of Science degree in Rural Community Health and they support the creation of the graduate degree in the College of Human Environmental Sciences. The Department will support the teaching and mentoring responsibilities which are inherent in such a degree in conjunction with other Departments of the College and the University.

*Alabama Commission on Higher Education*

**PROPOSAL FOR A NEW DEGREE PROGRAM – NEW APPLICATION TOOL**

Please check one: ☐ Baccalaureate Program ☒ Graduate Program

**A. General Information**

1. Institution: University of Alabama
2. Institutional Contact Person: Dr. Cathy Pagani  
Title: Associate Dean of Graduate School  
Telephone: 205-348-8283 (office); 205-348-0400 (fax)  
E-mail: cathy@ua.edu
3. Program Identification--  
Field of Study/ Program Title: Rural Community Health  
Degree: MS  
CIP Code: 51.2208
4. Date of Proposal Submission: February 2, 2017
5. Proposed Program Implementation Date: Fall 2018
6. Program Administration:  
Name of College/School: Human Environmental Sciences  
Name of Dean: Milla Boschung  
Name of Department: General Studies  
Name of Chair: Mary Kay Meyer

**B. Program Purpose and Description**

1. In no more than one paragraph describe the purpose of the proposed program. Please also include a brief statement regarding how the program's purpose is related to the University's mission and goals.

The ultimate purpose of the program is to prepare students to be community health leaders in rural Alabama as health care providers. The immediate purposes of the program are to teach 1) principles of rural public health as a basis for community health leadership, 2) characteristics of rural health concerns, and 3) approaches to biomedical science study through biochemistry and other science courses while 4) providing avenues for students to maintain close rural community ties and identities and 5) to form a

supportive peer group. There are two groups of students targeted by this program.

- a. The first group is Rural Medical Scholars (RMS). The RMS Program was established in 1996 by the University of Alabama School of Medicine (UASOM) to recruit students who grew up in rural Alabama who desire to practice primary care medicine in rural Alabama. RMS apply to UASOM, go through a special interview/selection process and enter a RMS 5-year track of study leading to the M.D. degree. For the first year, RMS spend a Master's degree year on the Tuscaloosa campus prior to entering UASOM. Currently this is an M.S. in General Studies in Human Environmental Sciences with a set of courses related to rural community health. This proposal changes that to an M.S. in Rural Community Health. Following this year, RMS then complete two years of pre-clinical study at UASOM in Birmingham. RMS then return to Tuscaloosa for two years of clinical medicine training in the College of Community Health Sciences (CCHS) (UASOM – Tuscaloosa Campus). After completing the M.D. degree, RMS enter residency training in the specialty of their choice.
  - b. The second group is Rural Community Health Scholars (RCHS). RCHS also exhibit a desire to be rural health care providers (not necessarily physicians), but are not eligible for the RMS Program either because they did not grow up in rural Alabama or they have academic (GPA or MCAT) deficiencies or both. Most of these students use the M.S. degree as a bridge to a health professional school (medical, osteopathic, physician assistant, nursing, physical therapy, public health, doctor of philosophy, etc.) by demonstrating their ability to handle graduate-level studies and improving admission test scores. Some RCHS enter the job market after completing the M.S. degree as public health workers or as high school science teachers.
  - c. This program directly contributes to the University of Alabama's mission "To advance the ... social condition of the people of the State ..." by helping prepare health professionals for the underserved rural areas of Alabama.
2. Please provide a description of the specific kinds of employment opportunities, post-graduate professional degree programs, and other graduate programs that will be available to the graduates.
    - a. Rural Medical Scholars who successfully complete the M.S. degree and obtain a qualifying score on the MCAT (Medical College Admission Test) are guaranteed a place at UASOM as a medical student.
    - b. Rural Medical Scholars who do not qualify for UASOM and Rural Community Health Scholars may have opportunities to attend Doctor of Osteopathy or other medical schools or obtain training as physician assistants, nurses, nurse practitioners, physical therapists, public health

specialists or Ph.D.'s in the sciences or health. Employment opportunities include private practice, community health centers, hospitals, public health agencies and universities. Some RCHS enter the job market after completing the MS degree as public health workers or as high school science teachers.

3. Succinctly list at least four (4) but no more than seven (7) of the most prominent ***student learning outcomes*** of the program. These outcomes should lend themselves to subsequent review and assessment of program accomplishments.
  - 1) *Rural Health Concerns*: Students will demonstrate an understanding of health issues in rural communities tied to environment, occupation, culture, race/ethnicity, poverty, educational status, health care access and personal habits and how they differ from urban environments.
  - 2) *Health Policy & Planning*: Students will demonstrate an understanding of local, state and national health policy/planning and how they impact the health of rural populations.
  - 3) *Public Health Science*: Students will demonstrate an understanding of the basic public health sciences of biostatistics and epidemiology.
  - 4) *Biomedical Science*: Students will demonstrate an understanding of the principles of biochemistry and their application to health care.
  - 5) *Behavioral Science*: Students will demonstrate an understanding of basic principles of mental health.
  - 6) *Rural Public Engagement*: Students will learn to communicate with and learn from rural populations, including farmers, cooperative extension agents and rural health care providers.
  - 7) *Independent Research*: Students will demonstrate the ability to conduct independent research on rural health issues.

### **C. Need for the Program**

1. State need. Briefly describe why the program is specifically needed for the State of Alabama. (State need is considered a priority in the review process.)

Much of rural Alabama is a federally-designated Health Professional Shortage Area. The rural health care workforce, particularly physicians, is aging and nearing retirement without adequate replacements. The acute and chronic disease burden in rural areas is greater than in urban areas. Traditional urban-based medical schools do not produce sufficient numbers of primary care physicians for rural communities. Rural medical education programs such as RMS have been demonstrated nationally to be effective in producing rural

physicians. There are shortages of every kind of health professional in rural Alabama.

2. Employment Opportunities. Based on your research on the employment market for graduates of this program, please complete the following table reporting the total projected job openings (including both growth and replacement demands) in your local area, the state, the SREB region, and the nation. These job openings should represent positions that require graduation from a program such as the one proposed.

The Master's degree in Rural Community Health is not intended to produce graduates who join the workforce immediately, although a few do. It is intended as an avenue for entry into professional education schools. Therefore, job openings are considered for health professionals such as those listed above. There are considerable shortages of all types of health professionals in Alabama and the SREB region, particularly in underserved areas such as rural areas and inner-city areas. The same is true nationally. Current shortages plus an aging population and an aging health care workforce mean that there are multiple job possibilities for any health professional graduate. It is difficult to quantify this for all of the different types of health professionals. The table below provides some projections for physicians for Alabama based on estimates from the Alabama Rural Health Association to eliminate shortage designations (first number) to providing optimal care by primary care physicians (second number), assuming producing about 10 per year.

Career and College Readiness/Preparation -- Projected Job Openings

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Local						
State	130 - 400 MD	120 – 390 MD	110 – 380 MD	100 - 370 MD	90 – 360 MD	130 – 400 MD
SREB	1000 MD	1000 MD	1000 MD	1000 MD	1000 MD	5000 MD
Nation	5000 MD	5000 MD	5000 MD	5000 MD	5000 MD	15,000 MD

Please briefly describe your methodology for determining employment opportunities – projected job openings. Be sure to cite any data sources used in formulating these projections. The actual survey instrument, detailed results, and associated data file(s) must be maintained internally by the institution for five years from the implementation date. The survey upon which the proposal is based must be available for ACHE Staff examination upon request for that five

year timeframe. The survey instrument, detailed results, or associated data file(s) should not be included in the proposal.)

Projections for primary care physicians and nurses were obtained from the Alabama Rural Health Association and the Robert Graham Center. Sixty of Alabama's 67 counties are classified as having a shortage of primary care physicians. To eliminate shortage designations and to provide optimal care, Alabama needs an additional 130 to 400 primary care physicians. More than half of all active primary care physicians in Alabama are aged 50 years or more, so more physicians are needed to replace those who will be retiring. More are also needed due to an aging population and population growth. The same is true in the SREB region. Six of the top 10 states facing the biggest physician shortages are SREB states.

From a study by Georgetown University, Center on Education and the Workforce, McCourt School of Public Policy, it is estimated that the economy will create 1.6 million job openings for nurses through 2020 and the U.S. will face a shortfall of 193,000 nursing professionals. For Alabama the nursing shortage is estimated to be about 2000.

The Bureau of Labor Statistics estimated nationally a need for 94,400 physician assistants in 2014 with a projected increase of 30% over the next 10 years. Similarly, there was a need for 170,400 nurse practitioners and advanced nursing graduates in 2014 with a 31% increase projected. There is an even greater need for physical therapists.

3. *Student Demand - Enrollment projection.* Please briefly describe your methodology for determining enrollment projections. If a survey of student interest was conducted, *please briefly describe the survey instrument, number and percentage of respondents, and summary of results.* (The survey instrument, and associated data file(s) need not be included in the proposal. This proposal information should be maintained for ACHE Staff review for five years from the actual implementation date.)

The RMS program has been in existence since 1996 with an average enrollment of 10 students per year. Enrollment is capped by UASOM at 12 currently. Expansion may be possible with new admissions models being explored. RHCS has averaged 8 students per year since 2009. Given the current staffing of the program, it is projected for the next 5 years that total enrollment (RMS plus RCHS) will continue to be capped at 18-20 students per year. This is without active recruitment of RCHS; if the program was more widely advertised, the demand would be greater than current faculty capacity can handle.

#### **D. Specific Rationale (Strengths) for Program**

What is the specific rationale (strengths) for recommending approval of this proposal? List no fewer than three (3) and no more than five (5) potential program strengths.

1. RMSP has existed for 20 years and has demonstrated its effectiveness in producing primary care physicians for rural Alabama. The success of RCHS graduates (two-thirds of whom are African-American) to obtain health professional careers has been demonstrated.
2. A degree appropriately labeled as Rural Community Health will help identify graduates as having a specific set of skills that can open up employment opportunities in community health centers and public health agencies. The current degree provided to these students is in General Studies in Human Environmental Sciences.
3. This program provides an avenue into health professions for students who need additional preparation and have difficulty in obtaining regular admissions to these programs.
4. There is a great need for health professionals overall, with an even greater need in rural areas. A degree in Rural Community Health addresses this particular need.
5. There is no other program in Alabama that focusses on rural health needs at the Master's degree level.

**Please note that letters of support may be included with the proposal.**

### **E. Similar Programs**

Using the ACHE Academic Program inventory found at <http://www.ache.state.al.us/Content/Departments/Instruction/StudentInfo.aspx> List below all programs at the same degree level (by institution) that utilize the same 6-digit CIP code as the one being requested in the program proposal.

Also, list any programs at other CIP codes that may be offering similar instruction.

If there are no similar programs place a "0/none" by 1. in the listing directly below.

Note: Institutions should consult with ACHE Staff during the NISP phase of proposal development to determine what existing programs are considered duplicative of the proposed program.

The following institutions offer similar programs at this level:

1. UAB M.S. in Public Health
2. UAB Master of Public Health

Neither of the programs at UAB have an emphasis on rural community health.

Please add numeration and list additional similar programs, if applicable.

If the program duplicates, closely resembles, or is similar to another program already offered in the State, provide justification for that duplication.

Also, if a graduate program, please identify and list any similar programs at institutions in other SREB states.

University of Arkansas – Little Rock: MPH, Concentration in Rural Public Health Practice (“targets individuals who are already working in the field of public health”)

#### **F. Collaboration With Other Institutions/Agencies**

Does the institution plan on collaborating with other institutions in the delivery of this program?

☒ Yes

No ☐

If yes, please indicate below which institutions and describe the basis of this collaboration.

UASOM, based at UAB, through its Medical Education Committee, reviews and evaluates the RMS program in its entirety, including the MS degree element.

Recruitment of applicants to the program involves visits to other institutions of higher education in Alabama, including contact with career advisors and faculty.

If no, please indicate your reasons why.

## **G. Curriculum**

1. Program Completion Requirements: (Enter a credit hour value for all applicable components, write N/A if not applicable)

Credit hours required in major courses	_____30_____
Credit hours required in minor	_____
Credit hours in institutional general education or core curriculum	_____
Credit hours required in support courses	_____
Credit hours in required or free electives	_____
Credit hours for thesis or dissertation	_____
<b>Total credit hours required for completion</b>	<b>_____30_____</b>

2. Will this program be related to other programs at your institution?

There is no direct relationship with other programs at UA.

If so, which ones and how?

3. Please identify any existing program, option, concentration or track that this program will replace at your institution.

This will replace the MS in General Studies in Human Environmental Sciences for those students following the Rural Community Health curriculum plan. The MS in General Studies in Human Environmental Sciences will continue to exist for other students.

4. Is it likely that this program will reduce enrollments in other graduate programs at your institution? If so, please explain.

These students will no longer be in the MS in General Studies in Human Environmental Sciences, which will still exist.

5. If this is a graduate program, please list any existing undergraduate programs at the institution which are directly or indirectly related to the proposed graduate program. If this is a doctoral proposal, also list related master's programs at your institution.

Many of the RMS/RCHS did undergraduate studies at UA with majors in biology, health studies/public health, chemistry, engineering, general human environmental sciences, business, etc. There is no direct relationship with these undergraduate programs other than recruiting rural Alabama students from them.

6. Please complete the table below indicating the proposed program's courses. Include the course number, and number of credits. (If feasible/useful, please group courses by sub-headings within the table.)

Course Number and Title	Number of Credit Hours	* If New Course
HHE 500 – Rural Environmental & Occupational Health	3	
CHS 522 – Community Clinical Process I or CHS 540 – Rural Community Interaction I	3	
BSC 550 – Biochemistry	3	
HHE 526 – Biostatistics	3	
HHE 542 – Practical Issues in Behavioral Medicine or CHS 530 – Stress Management	3	
HHE 521 – Clinical Epidemiology or Basic Epidemiology	3	
CHS 532 – Community Clinical Process II or CHS 541 – Rural Community Interaction II	3	
CHS 590 – Clinical Correlations in Biochemistry or NHM 561 – Advanced Vitamins and Minerals	3	
CHS 527 – Health Policy & Planning	3	
HHE 598 – Non-thesis Research	3	

7. Enumerate and briefly describe any additional requirements such as preliminary qualifying examination, comprehensive examination, thesis, dissertation, practicum or internship, some of which may carry credit hours included in the list above.

The academic requirement for admission as RMS is an MCAT score of 495 or higher or an ACT score of 24 or higher and an undergraduate GPA of 3.2 or higher. For RCHS the undergraduate GPA must be 3.0 or higher; otherwise a qualifying GRE score is required. The non-thesis research takes the place of a comprehensive exam. Graduate GPA requirements are set by the UA Graduate School.

**Non-thesis Research Description:** HHE 598 (Non-thesis Research) is to be a culminating exercise, expressing knowledge and methods learned during the Rural Medical Scholars/Rural Community Health Scholars/Master's degree program of study. It will provide evidence to program faculty that principles and topics learned throughout the curriculum are expressed in reports of the experience. The experience will be in the form of a research study.

In the Rural Community Health curriculum, we seek to develop in students the knowledge of community health issues and the skills needed to cope with rural Alabama's ongoing health challenges. We provide experiences that help students to observe and practice leadership. HHE 598 will help document that the student has begun to internalize concepts and principles related to rural community health.

Community health issues of rural Alabama are diverse, relating to biology, environment, lifestyle, health care system, socioeconomics, education, demographics, etc. It is anticipated that students develop an appreciation for these issues through Rural Occupational and Environmental Health, Behavioral Medicine/Stress Management, Community Clinical Process/Rural Community Interaction, and Health Policy and Planning, and as examples given in Epidemiology and Biostatistics. These courses contain elements of the methodological processes, both quantitative and qualitative, for understanding and addressing community health issues.

We expect that students will apply aspects of the knowledge and skills that they are learning to complete the requirements of HHE 598. Students are required to study a rural community health issue and bring their study to some logical conclusion, such as a recommendation for further study or intervention. Students might, for example:

- State a rural health issue that their study addresses. This statement should include an explanation of how this topic caught their interest and of their own background relative to this interest.
- Explain what they did to study the issue - Contextual literature review (and interviews) to place the issue in context of broader rural health concerns, to explain essential facts known about the issue, and to express what needs to be known in order to address the issue in rural Alabama; Collection of data (qualitative and/or quantitative) in a rural community to study the issue as it concerns that community, to learn how it operates in that community, and to learn about the resources that are present to influence the issue; Focused literature review (and interviews) to learn how such an issue has been addressed in other locales and how this might inform a local effort.
- Describe how the information collected was sorted through, analyzed, or considered and summarize the key findings.
- Provide a conclusion about the issue in the community and recommendation about how to address it.

- Discuss the ramifications of addressing the problem in the community, if it could be further applied across rural Alabama, and, if so, what would it mean for Alabama's rural health.

During the review of the student experiences, by verbal and/or written report, we would expect to find evidence that students have a concept of overall rural health needs, understand the limits of their study methods and their findings, and appreciate the local realities related to addressing a rural health concern. The report to address this experience is expected to be at minimum 10 double spaced pages of narrative, supported with additional pages for references, tables, graphs, etc. A poster will also be prepared for display by mid-April.

8. Does the program include any options/concentration? If so, please describe the purpose and rationale and list the courses in the option.

The RMS and RCHS curricula vary to some degree. The Community Clinical Process I and II courses, the Clinical Correlations in Biochemistry, Clinical Epidemiology and the Practical Issues in Behavioral Medicine are restricted to RMS, but there are equivalent courses for RCHS.

#### **H. Program Review and Assessment**

In the final analysis, the institution and its governing board are accountable for the quality, utility and productivity of this and all other programs of instruction.

With this in mind, please describe the procedures that will be used in assessing the program's outcomes.

Be sure to include:

1. An assessment process for the student learning outcomes;

- a. Papers/presentations in classes
- b. Discussions in seminars/classes
- c. Non-thesis research project is a "capstone" project to demonstrate integration of information learned during the program.

The assessment results will be reviewed by faculty annually and submitted to UA's Office of Institutional Effectiveness.

2. A follow-up plan to determine accomplishments of graduates such as obtaining relevant employment or being admitted to a masters or doctoral program (graduate or professional).

Graduates of the program are routinely followed as they progress in their careers and information is retained in an Excel spreadsheet.

## **I. Accreditation**

If there is a recognized (USDE or CHEA) or other specialized accreditation agency for this program, please identify the agency and explain why you do or not plan to seek accreditation. If there is no accrediting or similar body for this degree program state as such in your response.

No accrediting body for this MS degree program.

## **J. Instructional Delivery Method**

1. Describe which instructional delivery methods will be utilized in delivering this program.

On-campus classes only.

2. If distance technology is being utilized, indicate an approximate percent of the total program's courses offered that will be provided by distance education \_\_\_\_\_ %

3. If distance education is not being utilized, please explain why not.

One of the purposes of this degree is for students to form a supportive peer group as they go forward to professional school. This would not be possible in a distance education format.

## **K. Resource Requirements**

1. *Faculty.* Do not attach the curriculum vitae of each existing or additional faculty members to this proposal. (The institution must maintain and have current and additional primary and support faculty curriculum vitae available upon ACHE request for as long as the program is active.) *Please do provide a brief summary of Faculty and their qualifications specific to the program proposal.*

This program depends heavily on faculty in the College of Community Health Sciences (UASOM – Tuscaloosa campus). They teach 12 of the 15 courses listed in the curriculum options. These faculty include James Leeper, Ph.D. in preventive medicine/environmental health and biostatistics (University of Iowa), John Higginbotham, Ph.D. in preventive medicine/behavioral epidemiology (University of Texas Medical Branch), Caroline Boxmeyer, Ph.D. in clinical psychology (University of California – San Diego), Lea Yerby, Ph.D. in health education/health promotion (University of Alabama), John Wheat, M.D./M.P.H. with specializations in preventive medicine and internal medicine (University of Alabama School of Medicine (MD), University of North Carolina – Chapel Hill

(MPH)), Jerry McKnight, M.D./M.P.H. (University of Tennessee – Memphis (MD); University of Alabama, Birmingham (MPH – epidemiology)), Pamela Payne Foster, M.D./M.P.H. (Meharry Medical College (MD); Columbia University (MPH)) and Susan Guin, MSN (University of Alabama, Birmingham). CCHS faculty will be offered joint appointments in CHES. Other faculty include those with doctorates in biology (College of Arts and Sciences), nutrition epidemiology in CHES (Yasmin Neggers, Dr.P.H., University of Alabama, Birmingham) and environmental/occupational health (College of Continuing Studies) (Bill Weems, Dr.P.H., University of Alabama, Birmingham).

a) Please provide faculty counts for the proposed program:

Status	Faculty Type	
	Primary	Support
Current- Full Time	10	
Current-Part Time	1	
Additional-Full Time (to be hired)		
Additional-Part Time (to be hired)		

b) Briefly describe the qualifications of new faculty to be hired.

2. Equipment. Will any special equipment be needed specifically for this program?

☐ Yes ☒ No

If “Yes”, please list:

The cost of the new equipment should be included in the table following (Section K.).

3. Facilities. Will any new facilities be required specifically for the program?

☐ Yes ☒ No

If “Yes”, please list. Only new facilities need be listed. Their cost should be included in the table following (Section K.).

4. Library. Are there sufficient library resources to support the program?

☒ Yes ☐ No

Please provide a brief description of the current status of the library collections supporting the proposed program.

The Health Sciences Library in the College of Community Health Sciences along with other UA libraries have access to all library support materials needed by the students. These resources include journals such as the American Journal of Public Health and the Journal of Rural Health. Textbooks are available in the fields of biostatistics, epidemiology, rural health, environmental/occupational health, biochemistry, etc. The libraries have access to the National Library of Medicine and multiple web-based search engines such as PubMed for literature searches.

If "No", please briefly describe how any deficiencies will be remedied; include the cost in the table following (Section K.).

5. Assistantships/Fellowships. Will you offer any assistantships specifically for this program?

☒ Yes      ☐ No

If "Yes", how many assistantships will be offered? Be sure to include the amount in the table following

2 – 3\*

Number of assistantships offered

Be sure to include the cost of assistantships in the table following (Section K.).

\*Current grant funding allows the hiring of 3 Graduate Research Assistants. Continuation of these assistantships is dependent on grant funding

6. Program Budget. The proposal projected that a total  in estimated new funds will be required to support the proposed program.

Since this is a name change for a program that already exists, no new funds are needed for the program. Current funding is sufficient.

A projected total of \$  will be available to support the new program. This is the estimated salaries of faculty involved in teaching the courses.

**\*THE PROGRAM CURRENTLY IS FUNDED AND NO ADDITIONAL FUNDS WILL BE REQUIRED.**

#### **L. New Academic Degree Program Proposal Summary Form**

- In the following "NEW ACADEMIC DEGREE PROGRAM PROPOSAL SUMMARY" table, please provide a realistic estimate of the costs of the program.
- This should only include the additional costs that will be incurred, not current costs.

The funding comes from institutional support of salaries and from the Alabama Family Practice Rural Health Board "AFPRHB" appropriation transfer to the Rural Health Leaders Pipeline (\$400,000 annually) (salaries for some instructors, graduate assistants and administration staff, as well as supplies, travel, etc.). Tuition funding has not been made available for these expenses.

We do not foresee additional financial need for as long as the AFPRHB funding is available. If that funding disappears, there will be a need for replacement funding.

Internal scholarships have been available irregularly to these graduate students. For example in the 2015-2016 academic year, each MS student received \$1,000. The sources for these scholarships were a diverse group of donors.

- Indicate the sources and amounts of funds available for the program's support.
- DO NOT LEAVE ANY PORTION/SOURCES OF THE NEW FUNDS OR FUNDS AVAILABLE BLANK. ENTER "\$0" IF THERE ARE NO NEW FUNDS NEEDED OR NO FUNDS AVAILABLE.
- THERE MUST BE AN ACTUAL DOLLAR AMOUNT PROVIDED FOR TUITION, SINCE THOSE FIGURES REPRESENT PROJECTED ENROLLED STUDENTS.
- **If it is stated that new funds are requested or if it is a reallocation of resources, please explain directly below from what source(s) the funds for the proposed new program, (e.g. faculty, equipment, etc.) will be attained.**
- **If tuition is used to support the program, what start-up revenue source will be used to initiate the program?**

➤  
**Also, include enrollment and completer projections.**

- New enrollment headcounts are defined as **unduplicated** counts across years. For example, if “Student A” would be initially enrolled in the program in year 2, and again is enrolled in the program in years 4 and 5; “Student A” is only counted in the new enrollment headcount in year 2.
- Total enrollment headcounts represent the actual number of students enrolled (both part-time and full time each year. This is a **duplicated** count).

### NEW ACADEMIC DEGREE PROGRAM PROPOSAL SUMMARY

INSTITUTION	University of Alabama
PROGRAM	MS, Rural Community Health

#### ESTIMATED NEW FUNDS REQUIRED TO SUPPORT PROPOSED PROGRAM

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
FACULTY	0	0	0	0	0	00
LIBRARY	0	0	0	0	0	00
FACILITIES	0	0	0	0	0	00
EQUIPMENT	0	0	0	0	0	00
STAFF	0	0	0	0	0	00
ASSISTANTSHIPS	0	0	0	0	0	00
OTHER	0	0	0	0	0	00
TOTAL	0	0	0	0	0	00

#### SOURCES OF FUNDS AVAILABLE FOR PROGRAM SUPPORT

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
INTERNAL REALLOCATIONS	See comments above					
EXTRAMURAL						
TUITION						
TOTAL						

#### ENROLLMENT PROJECTIONS AND DEGREE COMPLETION PROJECTIONS

*Note: "New Enrollment Headcount" is defined as unduplicated counts across years.*

	Year 1	Year 2	Year 3	Year 4	Year 5	5-YEAR AVERAG
FULL TIME HEADCOUNT	17	18	19	20	20	18-19
PART TIME HEADCOUNT	0	0	0	0	0	0
TOTAL HEADCOUNT	17	18	19	20	20	18-19
NEW ENROLLMENT HEADCOUNT	14	15	16	17	17	16
DEGREE COMPLETION PROJECTIONS	13	14	15	16	16	AVERAG 15