Report of the Task Force on the Future of Health-related Programs at UNCW

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January 30, 2008
## Table of Contents

**Executive Summary**  
3

**Part I: A Vision for the Future: Health Education and Preparation as a UNCW Area of Excellence**  
4-13  
- National, State and Regional Context  
- Universities Respond to Health Challenges  
- UNCW’s Response: A Bold Vision for *Destination Health*

**Part II: The Task Force on the Future of Health-related Programs at UNCW**  
14-19  
- Charge to the Task Force  
- The Work of the Task Force  
- Task Force Findings

**Part III: Philosophy, Intent and Guiding Principles**  
20-41  
- College Mission Statement and Objectives  
- Guiding Principles, Intent and Philosophy

**Part IV: The Initial Organizational Structure of the College of Health and Human Services**  
42-57  
- Framing Organizational Principles  
- School and Department Descriptions  
- Organizational Charts

**Part V: Budget Projections 2009-2012**  
58-62  
- Budget Priorities  
- Years One, Two and Three: Budget Priorities

**Part VI: A Collaborative Exploration of Course, Degree and Certificate Options**  
63-68  
- Collaborative Exploration of Joint Courses, Certificate and Degree Options  
- Initial Discussion of Needs and Priorities

**Appendices:**  
70  
- Appendix A: The Center for Healthy Living  
71-97
Appendix B: UNC Meadowmont Wellness Center  98-111
Appendix C: January 19, 2007 Stakeholders’ Survey Data  112-137
Appendix D: Task Force Charge  138-139
Appendix E: November 15, 2007 Stakeholders’ Presentation  140-165
Appendix F: Faculty Questions and Task Force Responses  166-189
Appendix G: October 12 & November 15, 2007 Stakeholders’ Survey Data  190-216
Appendix H: Web Site Reference Page  217
Appendix I: Letters to Faculty Senate  218 A/B
Appendix J: Major Events Timeline  219-223
Appendix K: Transdisciplinary Grid and Annotated Bibliography  224-237
Appendix L: UNCW Strategic Goals  238-241
Appendix M: References and Links  242-247
Appendix N: AIHF Concept and Proposed UNCW Partnership  248-255
The Report of the Task Force on the Future Of Health-related Programs at UNCW

Executive Summary
The mission of the University of North Carolina Wilmington is to educate students in the broadest tradition of the liberal arts, generate, disseminate and apply knowledge and prepare graduates for the realities of community service and professional practice. An analysis of national, state and regional data related to health care has revealed a critical need for a unified effort to address preparation, access, quality and service needs in southeastern North Carolina. The members of the Task Force on the Future of Health-related Programs at UNCW regard the challenge to the university to engage aggressively in seeking solutions to current and future health problems to be central to the university’s core mission and the public trust.

Since receiving its charge from the Provost in March of 2007, the Task Force has conducted a broad inquiry, held a significant number of meetings and open forums to explore current program capacity; project new programs, research and service responses; and has considered an organizational model that would be both meaningful and practical to unify our efforts. The initial charge to include specific academic units and create a structure that would encourage interdisciplinary collaboration while allowing for initial implementation by fall 2009 called for focus and restraint in planning. Yet, the Task Force feels that the standing organizational structures that it has created, the Guiding Principles, Intent and Philosophy and the framing recommendations, if implemented fully, would result in a unique and potentially powerful new model.

The resulting recommendations call for the creation of a new College of Health and Human Services, the inclusion of the School of Nursing, the Department of Health and Applied Human Sciences and the Department of Social Work as the core foundation units addressing twenty-three Guiding Principles and more than twenty-six framing recommendations. In addition the Task Force has proposed an organizational alignment and budget for the new college and explored the potential for the redesign of some existing courses and the creation of new courses, certificate programs, master’s and doctoral degrees.

This effort had followed more than a decade of informal discussion about aligning our health-related programs, talent, energy and resources. Based on a thoughtful and broadly inclusive review process, the Task Force officially forwarded its Report on the Future of Health-related Programs at UNCW to the Chancellor and the Provost on January 30, 2008, and urged timely implementation.
Part I
A Vision for the Future:
Health Education and Preparation as a
UNCW Area of Excellence

National, State and Regional Context

In the past three decades North Carolina in general and the southeastern area of North Carolina in particular have undergone a dramatic transformation in population and economy. That transformation has included the statewide decline of textiles, tobacco, and furniture, once stalwarts of North Carolina’s economy, and the emergence of a “new economy” with health, education, finance, technology, and research as central to the state and region’s economic and social development. No less dramatic than this economic transformation has been the demographic change with a rapidly expanding population growing at both ends of the socioeconomic spectrum and the age distribution shifting dramatically upward. In Wilmington and the surrounding area, this has meant a dramatic influx of higher-income, but aging, immigrants seeking the quality of life so evident here. It also has meant rapid expansion of the economic sectors of health, education, hotels, restaurants, construction, landscaping and residential services. The result is growing demand for health services over the foreseeable future and widely differentiated health needs and consumption ability among the increasingly diverse population of the region.

The UNC Tomorrow Commission identified several major health-related findings in the University of North Carolina Tomorrow Commission Report. A condensed summary follows:

Health services in North Carolina are a major industry and account for some $60 billion or 18% of the total state product, (estimates based on CMS and North Carolina Chamber of Commerce data). The state possesses an extensive and robust health care system with 125 hospitals and more than 18,000 physicians, 80,000 registered nurses, 16,900 social workers (7,400 of these in mental health and medical social services). In the southeast region nearly 20% of the total workforce is employed in health-related services. Yet North Carolina ranked 30th among all states in Health System Performance, 32nd in access, 22nd in quality, 22nd in avoidable hospital use and costs, 32nd in equity and 34th in healthy lives (Commonwealth Fund, 2007). One of the constraints in developing an effective and efficient health care sector is the shortage of health professionals. Compared to other states on a per-population basis, the state is below the national
averages for most health care workers. For example, according to state workforce studies, by the year 2014, North Carolina will need 41,000 more nursing professionals and 3,300 more social workers.

Exacerbating the problems reflected in these low ratings is the fact that the supply of health professionals is not proportionally distributed across our state, and many areas are experiencing acute shortages of health care professionals. Although there is no consensus on the ideal mix and number of health care practitioners for a given population, there is clear evidence that the state has not yet achieved an optimal supply of medical health care and medical resources to match its current population’s health care needs, much less those of the future. UNC Tomorrow survey respondents ranked “providing improved access to health care” as the second most important challenge facing their communities. Fifty-three percent indicated that UNC could have the greatest impact on their community by increasing its resources and efforts to provide health professional education, medical care or health care service supports. Clearly, increasing both the number and geographic distribution of health care professionals would improve access to health care for all North Carolinians.

The dominant trend confronting the state’s health care industry, the health profession, and the University system in North Carolina is the rapid growth of the population and the even higher growth rate among the elderly. North Carolina is now home to more than 8.5 million people and our population is growing almost twice as fast as the US population. Our residents are young-25% are children 18 and under-as well as old--12% are over 65. The over-65 population has grown by more than 50,000 people in the past five years and the oldest group, those over 85, has doubled in the last seven years. Our fast-growing population requires more health care resources and an aging population requires exponentially more.

While Wilmington and the southeastern coast, along with Charlotte, the Triangle, the Triad, and the Asheville areas, have come to characterize the “new” North Carolina of prosperity, opportunity, and cultural dynamism, many areas of NC have been left out of the transformation and are in economic and social disarray. This “second South,” as MDC refers to it, is not in temporary decline but is caught in long-term trends of agricultural labor decline, manufacturing loss, communication technology change, and globalization. Some 10 NC counties are ones of “persistent” poverty over three decades, and three of these counties are in the immediate service region of UNCW.

The disparities of income, education, housing and health indicators within the region served by UNCW are dramatic. For example the Infant Mortality Rate in New Hanover County is 4.7 per thousand, less than half the rate in Robeson and Columbus counties and the Teen Pregnancy Rate in New Hanover is 29.9 compared to the 59.9 per thousand in Robeson and an equally high rate in Columbus. The southeastern NC region has experienced a triple revolution of sorts: An economic transition that has in turn produced the death of the rural, small-town life as many North Carolinians have known it; demographic shifts at both ends of the age and income spectrum with a substantial increase in Hispanic
residents; and the concentration of income, services, and leadership in metro areas, with Wilmington being primary. The Hispanic population of North Carolina in 2005 was 563,160, representing 7% of the total population. **North Carolina’s Hispanic population grew at the fastest rate in the nation between 1991 and 2000, a fivefold increase.** This growing population is young and is expected to grow even faster as a result of the birth rate and continuing immigration, bringing a unique set of health care conditions to the state. Also, **North Carolina had the eighth-highest percentage of total population that was African American of all the states in the nation in 2005.** Because this population is far more likely to live in poverty and less likely to have health insurance, it poses a significant planning, access and service delivery challenge. Infant mortality (15.5 deaths per 1,000), homicide, obesity, cancer, heart disease, cerebro-vascular disease and diabetes rates are consistently higher in this population than among whites. The consequences of these economic and demographic shifts are positive in many aspects, producing levels of consumption and opportunity that make the region so attractive to newcomers. But the expanding centers of opportunity have turned the once “rural” agriculturally dependent counties surrounding them into low density, low-housing-cost “suburbs” with high poverty, low levels of educational achievement, evident health disparities and local governmental structures starved for dollars and leadership for the next generation.

As the population in southeastern North Carolina grows and becomes older, chronic illnesses also will increase. The supply of health care professionals, which is already deficient to meet demand, will become increasingly stressed. In addition to the aging of the general population in the state and the elevated numbers in coastal communities, the population of primary health care providers is also aging. In 2004, 68% of North Carolina physicians in the state workforce were above age 40 and the number of hours worked per week was trending downward. (NC Institute of Medicine) Like the demand for additional physicians, the demand for allied health professionals and nurses is equally strong. Even though the state realized a 46% increase in allied health professionals between 1999 and 2005, the supply is predicted to remain insufficient to meet demand well into the next decade. A widening in the gap between the demand for and the supply of nurses is also predicted across the state and region, resulting from immigration rates, growth in the aging population, aging of the nursing workforce and an under-production in professional programs. **The shortage is expected to exceed 9,000 nurses by 2015** (Task Force on NC Nursing Workforce). The consequences for a university like UNCW, so critically located and connected, are profound and will require reconfiguration of degree programs, research foci, and community and public service linkages. The development of UNCW as a center for health professional education, research, dissemination of knowledge, and professional and service system support is essential to this reconfiguration.

Few issues have dominated the public domestic agenda over the last three decades as have the issues of quality, access and costs of health care. National trend data
indicate that among those likely to vote, health-related issues are among the most important quality-of-life issues that concern Americans. Even issues such as housing, employment and the economy do not exceed the level of national concern over health-related issues among all age groups. The projected impact of health care costs and accessibility of services as baby boomers continue to reach retirement age will dramatically reshape public policy, the national and state percentage of revenue devoted to such costs and our future potential to address other emerging domestic agenda priorities. The recent work of the UNC Tomorrow Commission established by UNC President Erskine Bowles cited earlier further confirms the importance of primary and preventive health care to the citizens of North Carolina. The preparation of health care professionals in numbers sufficient to meet the needs of the state, creative approaches to driving down the costs of health care and the need to create new models that distribute services in a manner that makes such services more accessible rose to the top category of critical priorities. The UNC Tomorrow Report stated among its major findings that “UNC should lead in improving the health and wellness of all people and communities in our state.” Meeting this challenge will involve professional training, research, dissemination and application, and university-based support for effective, cost-efficient, and accessible professional services.

Universities Respond to Health Challenges

In response to pressures in the health care preparation and service markets, universities and other health care providers across the nation have begun to rethink their historic, centralized approaches to the way public higher education programs and providers participate in addressing health preparation and service needs. Further, they have begun to look beyond hospital and campus-based teaching settings to include the rich array of health preparation programs, educational services and partnerships to be found on campuses with or without medical schools. Nationally, many institutions have moved to organization models that combine faculty from previously disparate programs. Examples of new programs that cross the boundaries of professional schools such as nursing, social work, health and human science, business management and administration, public administration, and education are becoming more plentiful in some areas of the nation (National Institute of Health- Health Services Profile, 2006).
During its review of preparation programs, the Task Force considered one or more aspects of the programs at Kent State University, The University of Toledo, University of New Hampshire, Sacramento State University, George Mason University, Purdue University, Michigan University, UT Knoxville, Columbia University, Troy State University, San Diego State University, Oregon State University, University of San Francisco, Duke University, University of Indiana, Kennesaw State University, and six institutions within the UNC system. While the approaches and structures varied widely, a common thread ran through all of them: the need for a more unified academic approach to preparation and services, strengthened by internal and external partnerships. These emerging models have led to some substantive realignment of preparation programs in order to create more efficient and effective academic programs, the emergence of distributed preparation models, and innovative renewal and delivery models including real-time, virtual, and accelerated preparation programs to address accessibility and critical shortages. In addition, some private providers have led the way in moving toward more client-centric, distributed models.

This trend has impacted numerous aspects of operations in most states. North Carolina has been no exception to this compelling momentum for change. Several public universities in the state report that they have engaged to varying degrees in a systemic approach to reinventing preparation and/or service alignments to ensure more integrated, interdisciplinary program delivery efforts. These include Western Carolina University, East Carolina University, University of North Carolina at Chapel Hill, University of North Carolina at Greensboro, University of North Carolina at Charlotte and Winston Salem State University. While such efforts have been underway in some areas, other higher education preparation programs have made more modest adjustments while still others have remained resistant to the realities of this momentum.

**UNCW’s Response: A Bold Vision for Destination Health**

Within the context of these national and state trends, Chancellor Rosemary DePaolo and Provost Paul Hosier challenged the faculty and administrative leadership of the University of North Carolina Wilmington to “align existing programs to help reduce the growing gap between the demand and supply of health care professionals in the region, evaluate and invigorate the university’s ability to address professional renewal needs and prepare the university to plan new preparation and service support models for the future.” Because of the importance of these issues to the quality of life in the region, Chancellor DePaolo also called for “bold action by the university to assist with stimulating a regional discussion about health care trends and issues.” Further, she challenged the region to “develop a collaborative plan of action for the region by 2010.”
In her statement to the initial exploratory team considering the university’s response, the Chancellor placed her call for action in the context of the university’s mission:

The University of North Carolina Wilmington is committed to working with our colleagues in the region and the UNC system to define a leadership role that is appropriate for a Regional Comprehensive I university within a state-wide plan. We must ensure that the university is a part of an aggressive and focused response to the real and immediate challenges we face. Working with our partners we can capitalize on our collective talent and resources to invent new responses to the problems in our area. We can and must produce more health care professionals in Nursing, Social Work and Health and Allied Health Sciences. We must be creative in planning for a wide range of distributed services that meet critical care, educational, preventive and neighborhood health needs. Our area is experiencing unparalleled growth in tourism, the general population, ethnic diversity and the elderly, and the service demands of this diverse population are exploding. The natural beauty of the Atlantic Ocean, the Cape Fear River, and the Intracoastal Waterway, when combined with the regional climate, existing base of health resources, overall costs of living and the natural warmth of the people have made the area a highly sought-after destination. How the leadership in the region responds to the health-related challenges and opportunities impacted by this growth and diversification and how we choose to position the region to take advantage of our natural resources will be a major economic and general quality-of-life force that will shape the future of the region for many decades. This issue is at the very heart of the moral and ethical commitment of a public university to the people of our state and is central to our education, preparation and service mission.

Wilmington and New Hanover County, combined with Brunswick, Pender and Onslow counties, including the beaches of Wrightsville, Carolina, Topsail, and Oak Island, have enormous potential to redefine the concept of Destination Health in the South. The natural beauty, relaxed lifestyles, surrounding resort amenities and continually improving support services make the area a powerful attractor for all ages and populations. Wilmington has become one of the state’s major centers of health service, represented primarily by New Hanover Regional Health Center and its extensive set of services and organizations. Wilmington also has become home to an impressive set of clinical research organizations including PPD and Quintiles, two of the world’s largest clinical management companies. Such growth and regional concentration of health services and knowledge development bring with them a wide range of attendant demands--areas where the gap between demand and supply is wide. The university is at the center of the solution to the problem and we must respond.
This call to action has been echoed by academic deans, chairs and faculty, and many practitioners and has resulted in the emergence of a preliminary concept for a new Destination Health with seven powerful components aligned in a comprehensive approach to address health preparation and services in southeastern North Carolina.

(1) Creating a College of Health and Human Services at UNCW to pull together the preparation, research and service agenda of the various university health-related programs

The creation of the new college is considered to be central to the overall regional effort. Those familiar with higher education understand the inherent difficulties associated with building and sustaining interdisciplinary, educational and professional preparation models. Because UNCW does not have the scale within a single academic unit to deliver the range, quality and complexity necessary to address preparation, renewal, consultative, research and partnership demands, nor does the current model foster efficiency for the leveraging of resources across units, the college can provide a structure that could dramatically increase the probability that these boundaries can be overcome.

(2) Establishing a Southeastern Regional Health Services Consortium to identify annual benchmarks and to guide targeted improvement efforts

The power of this collaborative will be realized through focusing the combined resources, talent and energy of health service agencies ranging from educational and preparation entities, to research, service delivery, and community groups. The focus of the university’s efforts and the collaborative will be inclusive enough to advocate for, assist and support previously unaligned health-related efforts such as parks and recreation; healthy living initiatives such as green spaces, bike trails and public recreation; resorts and tourism; community-based wellness centers; health education; and the renewal of professionals. The collaborative also will work to prepare critical industry professionals for the fast-growing biopharmaceutical industry in the New Hanover county region.
(3) Creating more sophisticated partnerships with practitioners, UNC institutions and medical centers

Such partnerships would stimulate the timely exchange of knowledge, link preparation and practice in a powerful model that encourage reciprocal reform, and engage practitioners across specialties in the daily academic life of the students. This component will take the form of creating “exemplar practice networks” in each of our professional areas and developing a system of support and communication among these practitioners that supports innovative and ethically sound practice. In addition, the new college will partner with providers committed to a distributed, integrated health services model. These designated sites will serve as living laboratories for students and faculty. We are actively pursuing efforts to extend the range of our professional preparation programs to the Ph.D. and M.D. levels through feeder programs and partnerships with schools of medicine in the UNC system. Further, we are exploring the creation of unique public/private partnerships with groups of practitioners and area health and medical centers.

We have developed several concept papers which reveal much about the philosophy of the proposed new college and which illustrate how future partnerships might be structured (See Appendix B, N). We seek integrated preparation and practice models that develop faculty awareness of the conditions of practice, the consequences of decisions and that assist practitioners with accessing how to apply new research in their practices.

(4) Establishing a Health Sciences Academic Quad as a focal point for collaboration in the health sciences

This new quad will serve to energize the teaching and research efforts in the health sciences and human services and bring students, practitioners and scholars together to advance the overall efforts of health-related programs.

(5) Coordinating a regional effort to expand interdisciplinary, applied research and attract more health care professionals to the region

This component will be a top priority. UNCW has already committed to a significant increase in the number of nursing graduates by the year 2010. Preliminary discussions about the potential to create new courses, to engage more students and to make programs more convenient and accessible revealed numerous opportunities to reduce time to degree and to create a wide range of new educational and preparation options. Further, the Department of Health and Applied Human Sciences and the School of Nursing have new centers in the proposal development stage that would strengthen research efforts that cross the boundaries of traditional academic disciplines and generate new knowledge and new models for service delivery and enhancement. The Center for Healthy Living will be the first new health-related center at UNCW.
to establish this approach (See Appendix A). One means of addressing health care shortages is to produce more professionals through community college and university programs; much work needs to be done to connect these preparation programs in the region. Such simple gestures as reviewing data together and taking a unified approach to targets would help. Another means of increasing the number of health professionals in the region is to collaborate with other institutions and agencies and to develop a regional recruitment plan that includes advertisement, incentives, relocation assistance and professional support. Data on the percent of the pool from programs outside of the state system and the impact of coordinated recruitment plans should be part of the Annual State of Health Report called for later in this document.

(6) **Building upon our alumni, UNCW will pursue an effective and extensive system of continuing professional education that would link with the “Exemplar Practice Networks”**

Using innovative web based systems of communication we will create a mechanism of professional support for practitioners that develops excellence in practice and service delivery through continuous link to faculty, knowledge dissemination, research and clinical and service organization best practices.

(7) **Creating community-based preventive and educational services models in the immediate region and assisting with exporting other models throughout southeastern North Carolina**

This component will be a critical aspect of the comprehensive approach (See example in Appendix B); and

(8) **Collecting, synthesizing and publishing important data in an annual Southeast Region State of Health Report**

The report will identify measurable indicators of health and monitoring services and costs, identifying effective practices, policies to improve health care in southeastern North Carolina.
Together, these efforts will help define and shape the region as a *Destination Health* and can have a profound educational, health care, and economic impact. The essential first step to creating this new climate is to establish the new college both to serve as an energizing and stabilizing force and to initiate and sustain these commitments. Many of the ideas that have become the potential foundation for a *Destination Health* were generated or refined during the deliberations of the Task Force on the Future of Health-related Programs at UNCW as the desirability and feasibility of a new college was considered. Just as it is helpful to have the big picture if one hopes to truly understand the logic that led to the proposal to create a new health-related college, it is also informative to understand the specific steps that led to the creation of the task force, its work processes and recommendations.
Part II
Charge and Work Process of the Task Force on the Future of Health-related Programs at UNCW

In the spring of 2006, as the conversations about health issues became more urgent and intense, the Provost reignited the idea of a new college that would bring increased coherence and visibility to our health education, preparation and service efforts. At the request of the Provost, fifteen faculty from three academic units, Nursing, Social Work and Health and Human Sciences, participated in a two-day retreat in early January of 2007 at the university’s Wise Alumni House. The focus of this mini-retreat was to review the history and content of more than a decade of discussions about the university’s role in the health arena broadly defined and, more specifically, to examine the pros and cons of creating a new umbrella structure to align several existing health-related programs of study and professional preparation. Faculty discussed current courses, certificates and degree programs and ways in which enhanced interdisciplinary collaboration might increase program scope and quality. Among the many topics discussed, the survey data collected at this preliminary stakeholders’ retreat revealed a significant degree of agreement that the specific issue of a new college had enough merit to warrant additional exploration of the concept and consideration of the potential for enhanced visibility, efficiency, research opportunities and program quality that such a college might provide. The positive tone, open dialogue and level of interest expressed by the participants and the survey results collected led to a series of follow-up activities (See Appendix C).

Between January 20 and April 5, 2007, more than thirty-eight individuals engaged in one- to two-hour interviews with an investigator regarding the concept of a new college. The results of these interviews were encouraging and revealed a higher degree of receptivity to the idea than initially anticipated.

On March 15, 2007, seventeen faculty, the Dean of the College of Arts and Sciences, the Dean of the School of Nursing and the Provost met to determine next steps. At the end of the three-hour meeting the Provost surveyed the group and asked if those present could endorse the creation of a representative Task Force on the Future of Health-related Programs at UNCW to begin developing a
proposal for a new college. The recommendation was endorsed with many supporting comments and some words of caution but with no objections. A planning and design Task Force on the Future of Health-related Programs at UNCW was immediately established by Dr. Paul Hosier, Vice Chancellor for Academic Affairs and Provost (See Appendix D). The Task Force was given an explicit charge that included the following three requirements:

**Charge to the Task Force**

- The Task Force will determine the core principles and design the essential operational elements needed to give direction and form to a new college that can amplify the talent, resources and power of existing programs.

- The new college will initially consist of the current School of Nursing, Department of Health and Applied Human Sciences and the Department of Social Work. The faculty and curricular resources of these units will be supplemented through formal and informal interdisciplinary partnerships with other academic disciplines.

- The planning cycle will span no more than two years, with the Task Force Report due before the end of February 2008, details of initial staffing addressed in January 2009, and the college opening in the fall of 2009.

This charge resulted from more than a decade of discussions about the importance of health programs to the vitality of the region. These conversations involved academic leaders and administrators and resulted in a growing commitment by the university to establish health, broadly defined, as an Area of Academic Excellence. Further, health education, research and professional services were given added prominence in the university’s Millennial Campus proposal. These actions were part of the impetus for Chancellor DePaolo’s commitment to A Bold Vision for Southeastern North Carolina: Destination Health articulated during this period.
The Work of the Task Force

The Task Force members were nominated by the respective Deans and approved by the Provost. It was agreed by all parties that the Task Force should be of a manageable size, be made up of equal representation from the three academic units and be staffed by a project facilitator and a graduate assistant(s). The members selected for the Task Force included the following:

Dr. Janie Canty-Mitchell, School of Nursing
Dr. Nelson Reid, Department of Social Work
Dr. Candy Ashton, Department of Health and Applied Human Sciences
Dr. Kathleen Ennen, School of Nursing
Dr. Reggie York, Department of Social Work
Dr. Darwin Dennison, Department of Health and Applied Human Sciences
Dr. Kris Walters, School of Nursing
Dr. Donna Hurdle, Department of Social Work
Dr. Terry Kinney, Department of Health and Applied Human Sciences
Dr. Robert E. Tyndall, Project Facilitator
Mr. Stephen L. Firsing III-MPA Graduate Student

During the course of its work, the Task Force members made a commitment to make the effort as open, inclusive and candid as possible. To that end the Task Force held four multi-day planning retreats, 32 regular work sessions, four Stakeholders’ Meetings open to all faculty in the respective departments (114 faculty participated in one of these 2 ½ hour sessions; some may have been repeats. The Power Point presentation and all other materials were made available to all faculty (See Appendix E); the Task Force posted all work products, including documents and questions and answers collected throughout the process (See Appendix F). In addition, they posted results of three surveys (See Appendix G) on an interactive web site maintained from January 19 until the present (See Appendix H); held four briefings for each Dean; held six Provost and six Chancellor briefings and presented to the Cabinet, Senior Academic Council, Quality Planning Council and the Faculty Senate. Task Force members also have offered regular updates at departmental or school faculty meetings and have held more than 26 one-on-one meetings with individuals seeking additional information or wanting to give additional feedback.

Early in the process the Task Force made contact with the Senate President and invited the Senate President to join the Task Force to attend scheduled sessions, to
schedule a standing meeting time, and to schedule regular updates with the Senate Steering Committee and Senate Curriculum Committee. Two letters were sent by the Task Force as a group (See Appendix I), three follow-up e-mails were transmitted, two phone calls placed and one-on-one contacts were made to ensure guidance and clarity. In addition three Faculty Senators were appointed to the Task Force. One or more Task Force members have visited 11 other sites and have conferred with colleagues at other institutions. The project manager also has met individually with four Vice Chancellors upon request, staff in the Provost’s Office, and six members of the Chancellor’s staff one or more times to give individual updates. By all accounts, this range and intensity of interaction and work transparency are unprecedented (See Appendix J).

Findings of the Task Force

The findings of the Task Force to a large extent mirror those of the UNC Tomorrow study groups cited earlier in this report. In addition a review of the literature, an exploration of the rational that led other universities and colleges to move in this direction and a review of circumstances in the region and led to the identification of several compelling driving forces for change at UNCW. A summary of these driving forces follows:

- Southeastern North Carolina is characterized by a wide range of health indicators that demand aggressive action. Much of the needed response cannot come from the university alone, but the university can play a far more significant role in preparing professionals through unique interdisciplinary and accelerated models. A new structure that has the authority to cross discipline boundaries could be a powerful part of the solution. The Task Force recognizes that change is necessary to remain competitive and to better position UNCW as a force in the health care, nursing, wellness and human services arenas. Nursing, health care, wellness and human services have requirements unique to their respective programs, but there also exists a high degree of commonality in goals, course offerings, service commitments and research interests that can be critical to addressing regional needs more creatively.

- The Task Force found that while many signs of positive collaboration exist, there are also high degrees of distrust, segmentation and resource competitiveness that often make candid and productive dialogue difficult. Faculty across disciplines provided many anecdotes about the difficulties encountered when attempting to work across discipline or unit boundaries. A new structure has the potential to break down these barriers, energize the faculty and foster a new level of mutual regard, trust and collaboration.
External funding agencies repeatedly indicated to Task Force members and national trend data verify a preference to fund entities that can connect scholars from multiple disciplines and capitalize on knowledge convergence. In 2006, 1.9 billion dollars of external funding went to the UNC system in the areas of health, social service and biomedical fields. Recent projections predict an increase in these funds over the next five years. The health care industry demands by far the largest percentage of national resources, projected to top 2.8 trillion dollars by 2010. Currently there are more than 13.5 million jobs in health care across 545,000 establishments. There is general agreement among scientists worldwide that Human Biology is to the 21st Century what Physics was to the 20th Century.

The envisioned college has the potential to make health sciences and professions more visible and thus attract more students to wellness, health care, nursing and human services disciplines earlier in their academic lives. The “transdisciplinary model” (See Appendix K) called for by the Task Force can be a powerful advancement in research, program design and delivery and applied scholarship.

There is huge untapped potential for UNCW in the area of Clinical Research. We have made significant strides with the creation of the Clinical Research programs in Nursing, but the effort is still in its infancy. The global increase in investments in clinical research is projected to continue. Wilmington is becoming a significant player in this arena and is an increasingly popular location for biopharmaceutical companies and contract research organizations. This effort should be scaled to the college level and should engage the campus.

The new structure can leverage resources, focus energy and achieve economies of scale and efficiency that benefit students and faculty and more effectively utilize public resources. While new resources will be needed to found the college, the college will be a source of new revenue as well. In the long term the college will grow its current enrollments. Increased scholarship, increased enrollment and graduation rates, increased research grants, new professional renewal revenue and clinical research trials also must be required of the new college.

The public is demanding greater coordination and accountability in all areas and in the health arena in particular as evidenced by the UNC Tomorrow Report. The work force demands for the region, which have been compounded by demographic changes and economic forecasts, project an increase in the number of health care professionals greater than 38%. For nurses and social workers the need will be even greater. UNCW is in a central health care location that affords us unique opportunities to
recruit students, faculty, funding, practitioners, and community partners and to address health care research needs and impact disparities.

- A new college would provide students with additional course and degree options, education in a multi-professional context, easier identification of a wider range of career opportunities, more opportunities for research, the potential of **reduced time to degree and an educational experience that more closely mirrors the world of practice.**

It is the belief of the Task Force members that these driving forces, national, regional and state-wide conditions, the combined trends data, the findings of the UNC tomorrow Commission and the work of the Task Force all support the creation of a new college. **The new college will better facilitate the exchange of knowledge, expand research opportunities, leverage resources more effectively and address the core mission that all of the units have in common.** Each of these disciplines is committed to the application of knowledge regarding health, wellness, human needs and the quality of human life to prepare the highest quality professionals who possess a unique understanding of how to synthesize knowledge and utilize the power of professionals working in teams to address real community problems.

After thoughtful analysis the Task Force on the Future of Health-related Programs at UNCW recommended the creation of a College of Health and Human Services. To further clarify its vision and address its charge to “to define the core principles and operational elements essential to giving form and substance to the new college,” the Task Force generated the XXIII Guiding Principles presented in Part III of this report. We also have attempted to provide the underlying rationale that led to the unanimous endorsement of each principle.
Part III

Philosophy, Intent and Guiding Principles
For the New College

College of Health and Human Services Mission Statement

The College of Health and Human Services intends to be the leading authority in health professional education, policy, service delivery, research and continuing professional support in southeastern North Carolina and a state and national leader in the health services arena. The college will create and maintain the highest quality learning opportunities for students that prepare them to meet public health competencies, experience academic citizenship and apply scholarship. Our students and faculty will work in close partnerships with the community to apply scientific knowledge that serves the public and produces tangible benefits to the community.

Objectives

- Increase the number of high-quality health professionals to serve the region and state
- Be a university of choice in North Carolina for future health service providers in nursing, social work, community health, health education, and human performance and development
- Establish a transdisciplinary preparation, research and health service model
- Create and sustain an environment in which diverse faculty and student teaching/learning teams can thrive
- Promote and demonstrate community engagement, professional linkages, public service and applied scholarship as an integral value
• Foster a passionate commitment to a learning environment that combines discovery, knowledge generation, synthesis and applied scholarship

• Increase faculty and student scholarly productivity as evidenced by publications, research, grants, contracts and charitable gifts

• Strengthen professional and community partnerships that are reciprocal, mutually beneficial and address issues of consequence for the state and region

• Improve and increase professional education activities to address health workforce needs

• Embrace international studies and experiences as a means of acquiring new models and disseminating successful models

• Ensure that a model accountability process is visible and transparent to student and public review and for peer comparisons

Guiding Principles, Intent and Philosophy

The Task Force has attempted to establish a base set of guiding principles and statements of intent and philosophy to “give shape and meaning” to the vision of a new college composed of three core health-related programs. Further, a brief explanatory statement has been provided as a means of elaborating the thinking that led to the establishment of each principle. These are founding principles and while we hope that each will be carefully considered and weighed, it is understood that these constitute a starting point for future discussions and will no doubt be expanded and amended as the college evolves. It is our hope that the engagement of faculty, staff and administrators in these important discussions will serve as the most important foundation that the Task Force will have provided. Critical to the success of the new college will be the continuing engagement of members of the Task Force throughout the initial three years of the implementation process. Beyond their initial planning role, we recommend that the Task Force members be charged with serving as a sounding board for the new Dean, Provost, Chancellor and the faculty during this period to ensure that the Guiding Principles are understood and implemented consistent with the initial intent or are thoughtfully amended.
General Framing Principles

Principle I
The new configuration is dedicated to the study and promotion of health defined as a state of physical, mental, communal and social well being (UNCW Strategic Goal I, IV).

This definition embraces an evident commitment to excellence in faculty expertise and practices, student knowledge and knowledge application, and academic programs and outcomes. Further, the new college will embrace innovation, meaningful collaboration and team building across disciplines, technological sophistication, diversity, and external partnership with professional organizations, service entities, and regional governmental and non-governmental organizations that challenge and improve all of the partners.

Elaboration
The World Health Organization’s definition of health was adopted because of its inclusive scope. The range of programmatic collaboration, research, service and applied learning envisioned by the Task Force embraces the idea of a broad umbrella under which disciplines can create both formal and informal partnerships. The permanent core of disciplines at the center of the college will be linked to numerous internal and external partners. This principle is broader than merely endorsing a general definition in that it also specifies five attendant conditions. It is common in the language of academic unit descriptions in higher education to cover a wide range of topics consistent with prevailing norms within the academy, progressive societal values and social expectations. All too often, however, these statements become little more than a list of platitudes intended to cover the requisite topics and may mean little in terms of a real commitment to action. Further, such statements are sometimes focused more on the perceived needs and values of the institution than on an objective assessment of the needs of the student, the professions or the community.

For theses guiding principles to shape behaviors, actions and values, there must be enough elaboration to explain the intent of each principle and a reasonable degree of clarity regarding what would constitute acceptable evidence that the envisioned learning environment is becoming a reality. Each of the terms used in this principle calls for actions and results that will require the faculty to create a common language with a level of specificity and precision often lacking in program descriptions and outcomes measures. It is not the intent of the Task Force to be overly prescriptive nor that the new college become rule bound, but it is hoped that when terms such as “best practices,” “diversity” or “partnerships … that challenge and improve the performance of all of the partners” are used, these words will be carefully examined and agreements reached regarding what will constitute evidence that the principle is either being respected or needs to be amended. In all instances we urge that the faculty look beyond the surface to the intended outcomes we desire in the learning
context and carefully consider how these will be evidenced. Our attention should be on what could result from effective interdisciplinary planning, innovation, technological sophistication and collaboration with external partners. In other words, we need to continually give vivid examples of why these conditions are desirable.

**Principle II**
The Task Force has attempted to put the scaffolding in place: structures, practices, processes, and values that will define and deliver the reality we seek. Culture creation requires a continuous focus on fostering conditions that support the emergence of common vision and action (UNCW Strategic Goal I, II, VI).

**Elaboration**
The Task Force has proceeded with respect for its initial charge and with the full understanding that the recommendations being advanced are a starting point for the complex work of “culture building” and adding the details that will ultimately define the reality of the new college. The proposed organization, the guiding principles and the standing committees and councils are all essential elements of the scaffolding. This work must be managed skillfully so that the faculty is intimately engaged in this unique opportunity to define program outcomes, to educate themselves and to guide others in the creation of processes, protocols and assessment measures that are consistent with the vision and which are mutually reinforcing. When an organization has such clarity of purpose, process and commitment to a mission greater than itself, then the students will be immersed in a coherent and constant learning environment.

We recommend that these principles be made visible and part of the day-to-day conversations in the life of the new college. This will require frequent interactions among faculty across disciplines that engage them in discussions about values, actions and the consequences of such actions for students. Culture building can have powerful consequences, both positive and negative, but seldom neutral. Students learn what it means to be educated, to be professionals and to value the world of ideas from the large and small actions they experience as they move through the system. The structures, processes and experiences that surround them are powerful factors in shaping these attitudes, values and behaviors.

**Principle III**
Throughout the planning process the Task Force members have stressed our belief that we are bringing together sound, well-established programs that are known for their coherent knowledge bases and that are held in high regard for their commitment to the centrality of teaching, emphasis on
applied knowledge and the forging of strong external linkages (UNCW Strategic Goal I, IV).

Elaboration
It is important to state that the impetus to create a new college did not arise from a belief that the existing programs were not effective within their current spheres of operation and influence. It is equally important, however, to note that the Task Force is convinced that the visibility and influence that could result from the new college is of importance to the university, the region and the professions extending far beyond the status quo. Further, there is substantial opportunity for improvement in the existing operations. An attitude of isolationism or a myopic view of health services will threaten future improvement and limit opportunities. There is much that is laudable in our existing programs but clearly there are areas where gains can be made and improvements are needed.

While much will stay the same for existing programs as the college structure is developed, it would be counter-productive to change the structure without the expectation that new possibilities will be identified and implemented. For example, while teaching is valued, there are few examples of how this value is transmitted to faculty or regularly reinforced. The reward structure to be aligned with this value. Programs of socialization and assistance for new faculty “best teaching practices” are limited and engage faculty and students in discussions learning are few. Similarly, while there is a pervasive commitment to applied knowledge and collaborative research, there are significant untapped opportunities to plan and collaborate across disciplines or to utilize the expertise of practitioners in meaningful ways to improve our preparation programs. Attempts to refine our assessment processes and interdisciplinary teaching and research efforts remain difficult to realize. The reward structure, including RPT, needs to be aligned with the defined and expanded mission of the new college.

Efforts to engage practitioners and the public in a more systemic, cross-disciplinary approach to mutual reform, research and knowledge generation need to be promoted and advanced through the Research and Innovations Council and the Assessment Council of the new college. Creative efforts to generate new resources also must be a fundamental expectation of the new college’s culture.

Principle IV
We have given serious attention to preserving the strengths of the existing entities during the initial formulation of the new college and to strengthening, enhancing, and evolving the collective within a Transdisciplinary Model. Consistent with the UNCW mission and its commitment to liberal arts,
professional education, and regional relevance and impact, the proposed college will build upon excellent faculties and degree programs in the existing School of Nursing and departments of Social Work and Health and Applied Human Sciences to advance the university mission in health-related education, research, and public service (UNCW Strategic Goal I, II, IV).

Elaboration
The Transdisciplinary Model will engage faculty and students across disciplines in a way that will reduce knowledge and practice “silos” that create gaps in understanding of the “whole person” in social and cultural context. The artificial separation of disciplines that has historically characterized some health programs prevents knowledge convergence and results in limitations in health education and service delivery. The professions represented in the new college practice in organizational contexts that are typically multi-disciplinary and increasingly demand cross- and transdisciplinary practices, especially in “best practice” professional settings. In support of this intention, faculty will comprehensively review curriculum, develop new courses and programs, and create field placements and research opportunities in a way that seeks to transcend the usual professional discipline-specific boundaries. Creating and maintaining such a model will require a conscious and sustained effort, including an identification of where transdisciplinary work is most feasible and appropriate and an effort to ensure that the intellectual life of the college supports such work.

Principle V
A review of the general agreements to date reveals no evidence of significant conflicts in the vision that is being articulated by the Task Force members; rather, it indicates a great deal of consensus (UNCW Strategic Goal I, VI).

Elaboration
This principle reflects the general degree of consensus among the Task Force members and the attitudes reflected by a majority of respondents to the Task Force’s surveys and Stakeholders’ Meetings. Clearly, the School of Nursing administration and faculty reflected the widest range of views on the recommendations, as one would expect, given the issues unique to that school. Yet, even when the School of Nursing responses and concerns are considered separately, there is clear support for many of the recommendations with greater than 75% of the faculty specific to the SON, indicating support for the general concept, the need for a more competitive position for the university, the benefits of increased multi-discipline and professional collaboration, the need for a national search for a new dean and support for the structure.

In many cases the total favorable responses from all three units exceeded 90%. One hundred percent of those surveyed on January 19, October 12 and November 15, 2007, indicated that “the university must consider new structures to position it to be competitive in the immediate future.” The Task
Force has repeatedly urged the honest brokering of these issues but also has emphasized the “big picture” and the future implications for the university’s place in health-related discussions and actions. Should we fail to capitalize on this opportunity and the current momentum, the university will have missed a profound opportunity.

**Organizational Principles**

**Principle VI**

The new college will utilize a transparent budget process consistent with the Chancellor’s call. A Base+ Budget Model that maintains a responsible resource base for the units is being considered. Additional resources will stimulate a culture of results, opportunity gathering and entrepreneurial options. We have embraced the creation of a Planning and Resource Council/Committee as an ongoing feature of the college. Resource distribution is viewed as a powerful statement of values. The development of a transparent, rational, goal-aligned and results-based system of resource generation and allocation with continuous reference to peer comparisons is an important commitment of the budgeting model we envision (UNCW Strategic Goal VII).

**Elaboration**

This principle, like many others contained herein, is more meaningful than might be apparent upon a first reading. It simultaneously calls for respecting both school/department and college goals and objectives. While the sub-units are considered to be powerful in both setting direction and managing the day-to-day activities to accomplish these goals, the college will play a significant role in broad goal setting.

The college will develop processes that challenge assumptions and targets, stimulate actions deemed important to student learning, research, the professions and the community and will ensure that the sub-units and college goals address the long-term future of the university. This will be accomplished through an active Planning and Resource Council.

The Base+ Model allows for a high degree of departmental and school autonomy in managing its affairs but sets an expectation that progress will be assessed against both the guiding principles and the peer comparisons called for in the performance model. Essentially, the model allows for actions to be shaped across units with their active participation and leadership. Once formulae have been established and allocations made, unit heads will manage their resources as close to the point of implementation as possible. Finally, the budget process, including initial requests, priority setting, allocations and expenditures, will be known to faculty and visible throughout each cycle.
While this approach is consistent with the UNCW Budget Process that resulted from the Chancellor’s call for budget transparency, the degree of openness for which we are calling often does not happen.

**Principle VII**

*Certain standing organizational structures will be created to give the vision meaning and to reinforce this vision in a pervasive manner as part of the daily routines of life in the college.* These should include a standing Council for Research and Innovation, Planning and Resource Council, Curriculum Committee, Professional Partnerships and Community Engagement Council and the Assessment Committee. The creation of a collaborative and participatory faculty governance structure within this “culture of collaboration” will foster mutual regard and teamwork tied to the college’s objectives and goals (UNCW Strategic Goal I, VI, VII).

**Elaboration**

These standing structures would be unique at UNCW and are deemed essential to the realization of the Task Force’s vision. It is through these structures that the college will establish professional norms, reinforce its Guiding Principles and ensure college-wide ownership in actions and results. *The specific functions performed by a particular structure may change over time, but the structures themselves are an important part of the process and the manner in which these functions are performed is deemed essential to the integrity of the college.* A brief description of each structure and its suggested initial composition follows:

**The CHHS Council for Research and Innovation:** This council will be the point of entry for discussions related to research support strategies including multi-year research foci, grants and the creation of special centers that advance unit or college agendas. In most instances these initiatives will grow out of proposals from faculty with special emphasis on research that engages interdisciplinary faculty teams or faculty and external professional/community partners. Special consideration also will be given to those proposals that demonstrate sustainability and resource generation. *This group is advisory to the dean.* The college will provide catalyst funding to assist select faculty with proposal development, center concept development and college-endorsed grant submissions. These decisions will be based upon a semi-annual list of priorities submitted by the Council on Research and Innovation to the dean and as appropriate by the dean to the Planning and Resource Council.

It is anticipated that the initial effort to establish centers will focus on those that are currently in the pipeline for considerations in HAHS and Nursing. These discussions will be facilitated by the Associate Dean for Research and Innovation and include one senior faculty member from each unit selected by the faculty to serve a three-year appointment; two faculty from outside the college appointed by
the council to one-year terms; and two students. It is anticipated that this group will meet at least quarterly and will coordinate its activities with the Dean of the Graduate School and Research and the Director of Sponsored Programs.

The CHHS Planning and Resource Council: This unit will serve the same basic functions generally associated with an administrative council. Specifically, the council will advise the Dean on the establishment of baseline formulae to be applied in the distribution of base funding to ensure that enrollment factors, accreditation standards and general operations costs are fully supported. This group will be the filtering point for annual budget submissions and will engage in long-range planning considerations. To accomplish this task the council will conduct regular open forums within the college, post its monthly meeting dates so that faculty may observe the deliberations and post quarterly reports of its activities.

The above baseline budget items are intended to stimulate efforts consistent with college goals and objectives, including but not limited to those specified in the Guiding Principles, support for centers, research and grants as prioritized by this council. Further, this council will ensure the alignment of departmental and school, college and UNCW Strategic Goals and will advise the Dean with regard to state and national legislative priorities.

Members of the council shall include the Dean of the College of Health and Human Services, who will chair the council; the Assistant Dean for Business Affairs; the three sub-unit heads; one full-time faculty member from each unit; and two students. The council will generally meet monthly except during the budget submission period, when it will meet as directed by the Dean.

The CHHS Curriculum Committee: The Curriculum Committee ensures that all course, certification and degree proposals that constitute new offerings requiring cross-disciplinary agreements within the college or with units outside the college be reviewed for clarity, coherence, potential for collaboration and the avoidance of duplication. An additional area of emphasis for the committee will be coordination with the Planning and Resource Council to ensure that efforts to support the evolution of a Transdisciplinary Model are supported. This committee interfaces directly with the Faculty Senate Curriculum Committee and the Provost’s office to ensure that submission standards, schedules and formats are addressed with regard to such new and multi-unit submissions.

It is critical that each unit be able to design and submit self-contained academic proposals with a minimum of interference. Therefore, the committee will focus primarily on new and interdisciplinary proposals without establishing an additional review layer for content changes, title changes, description amendments, etc., for existing courses, certificates or degrees unless new resources are required. The committee also will make sure that program
inventories are kept and that annual enrollment trends are presented to the faculty at large to aid in planning discussions.

Members will include the Associate Dean for Academic Programs, who will chair the committee, and two faculty members from each academic unit. The Associate Vice Chancellor for Academic Programs will be invited as an ex-officio participant as needed or requested. Submissions to the committee will require initial sign off by the appropriate sub-unit head(s). The Curriculum Committee will meet monthly or as needed.

The CHHS Professional Partnerships and Community Engagement Council: For the college to realize its goals of a more active and integrated relationship with health professionals and the region and applied scholarship expectations for faculty and students, mechanisms must be formalized to foster, sustain and evaluate such relationships. These relationships may include a dedicated Clinical/Internship and Service Learning Site(s), and a joint Health Professionals Renewal Center - both virtual and traditional. The college will create agreements that define and enhance RPT recognition for faculty participation and leadership in such efforts and written minimal standards for student engagement in service learning. This council will be composed of three faculty selected by the college faculty at large, four floating seats for faculty from departments outside the college and for practitioners, an ex-officio seat for DPSCS and two students who will meet quarterly.

The council will be chaired by the new position created in the college to coordinate professional partnerships and community engagement. The Task Force envisions this council working in close relationship with the Division of Public Service and Continuing Studies.

CHHS Assessment Committee: This committee is charged with assessing goal achievement by the college. Objectives related to enrollment targets, partnerships, revenue generation and new transdisciplinary program targets will fall within the purview of this committee. The assessment of goals and programs specific to an individual unit will be the responsibility of that unit; however, the CHHS Assessment Committee may assist in recommending assessment tools, processes and standards. During the initial years of the new college, the committee should be heavily engaged in the creation of methods of assessing the outcomes of the Guiding Principles and program implementation consistent with the intent of these principles. In many cases these will require qualitative measures or simple statements of evidence required to demonstrate progress. Membership should include three faculty, a representative from the Office of Institutional Research and one from the Office of the Director of Institutional Planning. The committee will be made up of three faculty, the Associate Dean for Academic Programs and two students and will meet quarterly.
Principle VIII
Consistent with the commitment to ensure unit parity, the Task Force recommends that the new college consist of three schools with parity among the units as a founding principle (UNCW Strategic Goal I, VII).

Elaboration
In response to the Provost’s and the Chancellor’s charge that the new college position UNCW for immediate visibility and growth in the areas of producing more health professionals and improving health services in the region, the Task Force has called for program profiles for each of the three units consistent with this charge. Nationally, the trend has been increasingly toward school status for Social Work, Nursing and Health and Applied Human Sciences. Because Nursing is currently a school, the charge will require no change for that unit. Further, we believe that it is essential that the college be owned and invested in by all three units on an equal partner playing field. The Provost has committed to this recommendation with the understanding that meeting this goal may require a two-year window in order to manage the logistics of the naming process and putting the necessary conditions in place. We are committed to a model that ensures equal unit status at the planning and implementation table. Parity in the areas of relationships, unit status, process implementation and applied formulae related to resource management is essential.

Principle IX
The Task Force has committed to a competitive, national search event for the selection of the Dean of the college (UNCW Strategic Goal IV).

Elaboration
This principle speaks to the legitimacy of the search process for the Dean of the new college as well as the qualities desired in a new dean. The search will be of critical importance to the future of the new college and will have great symbolic significance for the faculty. Because the new college is based on a rational model that calls for consistency among values, processes and structures, the search must reflect this commitment and logic. It would be unrealistic to assume that a traditional search committee, without a significant orientation process, could successfully conduct a search for a dean who will have to demonstrate such a wide range of skills. The search committee’s orientation should include a review of the Task Force Report on the Future of Health-related Programs at UNCW. Further, we believe that those selected to be on the search committee should have demonstrated many of the skills and hold many of the values for which we will be searching. Members of the Task Force should be used as a sounding board for testing the content and wording of the announcement and the search process, but once the advertisement is agreed to, then persons should be selected from among the Task Force, faculty in the three units, the university at large, esteemed leader(s) from a peer institution(s) and the professional
community. Further, and just as importantly, a process must be used that gives the new dean the highest probability of success. Among the qualities and demonstrated skills desired in the new dean, the Task Force has placed a high degree of significance on the following:

- A commitment to a Transdisciplinary philosophy
- Demonstrated scholarship
- Visionary leadership
- Team building experience
- Integrity and trust
- Leadership in navigating complex systems
- Demonstrated successful academic leadership experience
- Respect for and valuing of all related disciplines and constituencies
- Networks and a national base of influence
- Proven resource generation experience that is broad in scope

Specific indicators for each of these values and skills will need to be developed during the preparation of the job announcement.

Curricular Principles

Principle X
We intend to create a unique health construct that is organized under health *writ large*. Rather than presenting health as a specific body of knowledge, we envision health as a broad and general ideal that we hold for people and the quality of their lives. This is an inclusive umbrella concept with room for Nursing, HAHS, and Social Work as well as other program elements generally associated with the word *health* (UNCW Strategic Goal I, IV, V).

Elaboration
As has been stated throughout the planning and design process, the initial structure of the college is viewed as formative. A *broad and inclusive definition that allows for the convergence and synthesis of knowledge and research is absolutely essential to the strength and legitimacy of the new college*. The three academic units that will make up the core of the college are a starting point for building a strong base with numerous internal and external partnerships added to grow that base. Processes that invite interaction and collaboration with other departments, schools and colleges are critical to the vigor of the new college. We must take great care to avoid creating new silos. Such fluidity is also a call for a state of mind that maintains a mode of broad collaboration, innovation and an excitement about knowledge generation and the world of ideas. *There are several academic programs that possess knowledge and resources that will be vital to the success of the college*. In most cases it is envisioned that these programs will be tied to the college through strong interdisciplinary agreements that ensure ongoing collaboration, joint program delivery, joint research efforts and access to one another’s’ intellectual capital.
It is anticipated that the departments of Psychology, Communications Studies and Sociology, to name a few examples, will be invited to meet with the Task Force in February to begin a healthy dialogue about future relationships and possibilities for psychology, health communications, the impact of social/socio-economic influencers and the consequences of health preparation models and practices on participation. In addition, the Cameron School of Business, Center for Marine Science and the Watson School of Education are considered to be rich resources for the new college in such areas as the economics of health care and management practices, health education and assistive technologies.

**Principle XI**
The new college reaffirms the institution’s commitment to the centrality of teaching as the core of the academic mission. We embrace teaching as the active synthesis of instruction, applied learning, research and service engagement. The student always must be at the center of this convergence (UNCW Strategic Goal I).

**Elaboration**
While the Boyer Model calling for a unified scholarly life for faculty and students is more than two decades old, it still presents a vision of a dynamic and engaged university that has seldom been realized. The model offers much that is both instructive and consistent with the Task Force’s vision for the new college. The model centers on teaching and the development of students as future scholars. While Boyer’s concepts are applicable to any discipline, they are particularly applicable to health-related programs in that many of them were initially tested against the backdrop of professional nursing. Boyer’s wife was a nurse who argued that much of what was experienced in traditional preparation programs failed to link faculty to the serious business of health care delivery and reform.

The Boyer Model is disarmingly simple in some ways, yet even higher education institutions that have embraced the model have proven highly resistant to change. This model sets a standard for Scholarly Teaching that requires research (Scholarly Discovery) that is designed to enhance the meaning, value and efforts of the university through linkages to “consequential societal problems.” According to Boyer, the preferred focal point for such research is the point where disciplines converge. This approach is much like the tenets of the Transdisciplinary Model supported by the Task Force. Scholarly Integration
invites faculty to fit one’s research into a larger intellectual framework and seek connections across knowledge bases. Scholarship Application moves research into the arena of service by combining theory with practice to assist with important societal problems.

When all of these conditions exist, impact one another and converge, then students are enlightened to comprehend, synthesize and apply knowledge. A college that truly seeks this outcome must structure the learning experience to foster these conditions and the reward structure for faculty to reflect and support these values. In other words, this concept places teaching and the student at the center of everything.

Principle XII
Our instruction and content will adhere to the best practices of peer-sanctioned and research-validated programs (UNCW Strategic Goal I, IV).

Elaboration
One of the initial steps required of the new college if it truly hopes to develop some shared language, common values and core learnings is to reach agreement about what instructional strategies and methods will likely increase the probability of the desired instructional outcomes. Such agreements are essential to a college identity and the ability of faculty to work with reasonable effectiveness across disciplines and units. This is not intended to suggest a high degree of uniformity or a monolithic set of requirements; however, for any institution that is serious about “best instructional and research practices,” the effort must begin with a serious discussion about such practices, the consequences of certain practices in specific circumstances and the means required to help faculty develop, use and sustain these skills appropriately. There are models that can be adopted and peer institutions that can be great resources to the new college. We anticipate an “invitation model” for existing faculty and a planned induction process for new faculty. The college will work closely with the Center for Teaching Excellence.

Principle XIII
A transdisciplinary theme will be encouraged and fostered in course design processes, teaching, curriculum content, research, service, field preparation, organizational structures, reward structures and development. This will require an evolution through awareness, experience and experimentation to an inclusive, umbrella philosophy (UNCW Strategic Goal I, II, IV, VI, VII).

Elaboration
Our vision for the new college is truly one that is more than the sum of its parts. Applying a transdisciplinary model and philosophy to goal setting, problem solving, teaching, research and service will allow us to create such an
environment. In addition, a transdisciplinary philosophy recognizes, as many
funding sources are beginning to see, that no one discipline holds all the answers
to the many issues, opportunities and challenges facing our society.

For clarity, the Task Force is using the following definition for the term
“transdisciplinary”:

_Simplistically, the term ‘transdisciplinary’ implies a holistic focus where
individuals from a variety of disciplines make a commitment to teach,
learn, and work together across discipline boundaries to implement a
unified plan (Sable, Powell, & Aldrich, 1993/94, p. 73)._”

We recognize that the creation of a truly Transdisciplinary Model will
require a sophisticated understanding of the distinction between individuals
working independently together and the systemic integration of planning,
design and delivery efforts. The careful implementation of the processes
associated with the model in a manner that is responsive to faculty interests and
pace will be essential. The manner in which courses and programs are planned,
the ways faculty are recruited, inducted and socialized, RPT and general reward
systems will all be impacted if the effort is to be a serious one. This should be one
of the first orders of business for the newly-created Curriculum Committee.
Specific indicators of progress toward this philosophy should be developed early
in the life of the college (See Appendix K).

**Principle XIV**
The college will have a focused, common core of knowledge that ensures a
cross-disciplinary perspective, a coherent shared knowledge base(s) and a
shared framework of ethics and intellectual values. This may be accomplished
through a learning outcomes/matrix of existing courses and experiences cross
listing and/or new collaborative course development opportunities (UNCW
Strategic Goal I, IV).

**Elaboration**
Curriculum design in higher education is often characterized by curricula that
partition knowledge into discrete, segmented courses, allowing departments to
predict enrollment cycles, manage faculty schedules and align the curriculum
within the semester scheduling requirements. _This design is not altogether
without merit, but when patterns persist over long periods of time, the
curriculum cycles often take on a life of their own independent of the needs
of the students or the profession._ Faculty tend to become too dependent on the
boundaries of the content, the course load and the cycle of offerings as a means of
predicting and managing other aspects of their professional lives. _The Task
Force acknowledges the need for some degree of stability in such matters, but
we have become convinced that over time this design can lead to a
curriculum driven by faulty comfort, cause excessive duplication and result
in programs of study that are no longer current or coherent._
The identification of common learning that transcends course or program boundaries is not only possible but highly desirable. The possibility that the new college can engage in a course and curriculum design process that draws upon the strengths of the total faculty is exciting. If students in the College of Health and Human Services can be exposed to a common core knowledge and interact with faculty across multiple disciplines, see duplication reduced and experience a curriculum that is well articulated, then the students and faculty will inevitably benefit.

Our foray into this area revealed several parallels in the curricula of the three units. We are not suggesting the creation of one set of courses for all students but the identification of existing similarities, discussion on the efficacy of such similarities, and the mapping of an educational plan that ensures that all health programs graduates be exposed to and master essential understandings.

These may include common concepts, program strands, cross-listed offerings, service learning and internship experiences such as ethics, health communications, employing constructive empathy, intellectual values such as discovery techniques, and continuous learning and professional team participation skills.

We are recommending the creation of a learning outcomes matrix for the college that shows where these concepts are taught, where students experience instructional objectives related to the mastery of these concepts, and where opportunities for synthesis and applied scholarship experiences exist.

**Principle XV**

We will produce an inventory of existing areas of excellence and specify some program areas to be developed in the first three years of the life of the college that are most critical to making the vision operational (UNCW Strategic Goal I, IV).

**Elaboration**

In the fall of 2008, the Task Force has called for a meeting with a wide range of external experts to discuss the areas of excellence that are believed to exist at UNCW in the health arena and to solicit their input regarding the sequencing of the college’s efforts to enhance each. *There is already momentum in such areas as Clinical Research, the Center for Healthy Living, Nutrition, Physical Activity and Obesity Prevention and Treatment.* The essential question is, “Which of these areas are most important to the immediate needs of the professions and the public?” From this session we hope to develop a preliminary sequence and timeline and to define operational steps to be discussed with the faculty. We are confident that during these more extensive conversations a number of additional priorities will emerge in such areas as Tourism, Parks and
Recreation, and Physical Education which are a vital part of the overall, comprehensive approach.

**Related Program Principles**

**Principle XVI**
This effort will ensure more than a passing commitment to the region and will be more responsive to social, emotional, developmental, physical and vitality issues. It will require much stronger ties to the professional communities and to collaborative structures than presently exist as a means of amplifying the impact on the region (UNCW Strategic Goal V).

**Elaboration**
Professional departments and schools generally have established some degree of relationships with external sites where students can be placed for short-term exposure to the conditions of practice or internships or clinical trials. The degree to which these relationships are based on clearly articulated instructional objectives for the student, a sequence of common experiences or mutually reinforcing efforts to improve both the world of practice and the world of preparation varies dramatically. In many cases the “professional relationship” is not between the institutions but between individuals. In the absence of site agreements, it is rare that the total set of conditions desired from an initial exposure to the environment of practice through structured observation, participation on professional teams, and knowledge synthesis and knowledge application under conditions of guided practice actually occur. **It is even rarer to find students from interdisciplinary teams working with teams of professionals to address real needs in the work setting.** Examples of faculty interdisciplinary teams working with similar teams of students and practitioners in dedicated site relationships are almost nonexistent.

The Task Force recognizes the logistical demands involved in building interdisciplinary teams of faculty and students to engage practitioner teams in the work setting. Certainly, such interdisciplinary approaches would not be desirable for every course in every school. Yet, the power of such a model is compelling. **The level of teamwork necessary would require a coordinated college-wide effort to guide the discussion about relationships, outcomes and areas where realistic collaboration can occur.** Establishing criteria for faculty, students, practitioners and institutions to work together will require direct conversations about the conditions of practice, expectations, values and standards. It is recognized that many disciplines, e.g. Athletic Training, require clinical placements in settings such as cardiac rehabilitation sites that for liability reasons do not allow the student to have any physical contact with the client. Even in such settings, however, these provide students with interdisciplinary engagement opportunities. These conversations will elevate the thinking of practitioners as well as generate reciprocal conversations about the assumptions and values shaping preparation programs.
The commitment called for in this principle goes beyond placement sites to the creation and sustaining of a professional development model consistent with much of the Boyer approach. It calls for a more focused sustained and visible effort to assist the “community.” Institutions often fail at such relationships because they have not defined these partnerships consistent with mutual interests that flow naturally from common needs and goals. The Division of Public Service and Continuing Studies will be a key partner in implementing certain aspects of this approach.

**Principle XVII**

**Ethical and intellectual accountability will be a pervasive theme and will be part of our compact with students and the community at the departmental/school and college level (UNCW Strategic Goal I, IV).**

**Elaboration**

Students generally learn what is valued within a learning environment or work setting not from what we tell them but from what they experience. **If they are exposed to faculty and practitioners who are engaged and who engage them in discussions about ethics and the intellectual accountability requirements of their profession, then they are more likely to understand and embrace the significance of their decisions. Further, if they experience these individuals struggling with the parameters for determining ethical and effective practices and the consequences of such practice, then they will be far more likely to understand the importance of these decisions for themselves, patients/clients and their profession.** For students to internalize these values they cannot be relegated to two or three segments within a course but must be woven throughout the curriculum, classroom and field experiences. The Task Force recommends that ethics and intellectual accountability become elements of the “common core of learning” referenced in Principle XIV.

**Principle XVIII**

**Diversity of thought and human diversity will be pervasive aspects of the classroom and field experiences, content and social environment and will be expressed as both an ethical and a mission-critical value (UNCW Strategic Goal III).**
Elaboration
There are numerous social, moral and political reasons why a university should aggressively embrace the principle of intellectual and human diversity. Diversity of thought is a core commitment for a liberal arts foundation. The degree to which human diversity is addressed through hiring practices, admission criteria and advancement driven by inclusive representation goals versus invitation, assistance and merit is complex and continues to polarize some in the academy. The new college must establish clear statements embracing diversity within the context of the teaching and learning enterprise. We believe that it is a core value of a public institution to ensure access to students, faculty and staff without regard to race, gender, ethnicity or sexual orientation. A laudable yet passive approach of non-denial of access, however, does not go far enough to ensure that advocacy occurs or that the learning context is intellectually diversified. Advocacy requires action to remove inappropriate barriers, overcome conscious or subconscious bias, construct curricula that reflect differing perspectives, experiences and interpretations and expect and celebrate open and balanced discussions, inquiries and experiences that use the social, emotional, cultural and intellectual knowledge of diverse groups.

It is also incumbent upon a center of knowledge to constructively challenge misinformation, historical distortion, prejudice and ignorance regardless of the source and independent of race, ethnicity, gender, age, disability or sexual orientation or personal political orientation. UNCW is a knowledge center and must require intellectual rigor, advanced with sensitivity and care but nonetheless advanced. Our arguments must be source-based and validated and as independent of emotion and pressure as possible. Specific measures need to be developed by the Planning and Resource Council and the Assessment Committee to address both dimensions of this most important issue of diversity as an essential commitment of the educational enterprise. Their development will require the involvement of the University Human Relations Council and the Associate Provost for Diversity and Inclusion.

Principle XIX
There will be a strong commitment to using the power of technology to expand and enrich the curriculum and the programs’ reach. Web resources, distance education, transdisciplinary modules, and two-way interactive offerings to the Onslow, Brunswick and Bolton sites will be developed (UNCW Strategic Goal I, IV).

Elaboration
There is general agreement on the Task Force that UNCW has not successfully capitalized on the power of information technologies to deliver courses, programs, professional renewal, and community services or to extend the identity of the university regionally and nationally. There have been some exciting exceptions in select programs in Education and Nursing which should be noted, but overall the institution has fallen behind in this arena. Two-way interactive technologies are
far more affordable, accessible and user friendly than they were a decade ago. Market forces require the modern university to engage the student and the public in asynchronously, or on-demand courses. The college Curriculum Committee needs to engage an external consultant (possibly a team leader from a program on campus) to work with faculty who have successfully delivered online courses to assess current capacity at UNCW and in the immediate region, project constellations of courses to be developed leading to degree programs, and plan network access to health expertise such as e-counseling and e-medicine delivered in partnership with select practitioners. Further, the Provost should make expansion a priority. In partnership with the Division of Public Service and Continuing Studies, the new college could establish a Virtual Regional Health Professionals Renewal Center, create partnership sites for online feeder programs with area community colleges and manage a Health TIPS information site for the community where The Southeast Regional State of Our Health Report also would be disseminated. A dedicated connection to the Bolton site for regular training, research and counseling support might strengthen relationships with that site. We must make an early and sustained commitment to utilize these tools of knowledge generation and distribution. Technology use is another area for “core knowledge” consideration for our students that if addressed collaboratively could reduce duplication and save resources.

Principle XX
A strong international perspective in both content and experience will be emphasized as a central aspect of the college. The creation of a college with a strong and visible international commitment will provide international experiences for faculty and students and will create an educational environment that is attractive to international students (UNCW Strategic Goal IV).

Elaboration
As part of the “core learning matrix,” specific instructional objectives related to global health trends, health delivery models and preparation programs will be identified. It is hoped that the Curriculum Committee will initiate this process in the fall of 2010. Ideally, students, faculty and practitioners would be engaged in these discussions.

The Task Force also embraces the Chancellor’s challenge in part by ensuring that prior to the end of the junior year, each eligible student admitted to the CHHS will have obtained a visa and prior to graduation every student will have had an “international experience.” Initially, we are defining “international experience” as either serving as host to a student in health and human services programs from a foreign country for a semester study-abroad experience, participating in a short-term study-abroad experience examining a health care system, preparation program or care delivery site, taking an approved online course originating from a foreign partnership site or a long-term (semester)
emersion experience. These are intended as preliminary examples of what might constitute an international experience. In each case specific objectives and credit values will need to be developed. The final criteria would be worked out with the faulty and the UNCW Office of International Programs.

**Efficiency and Accountability Principles**

**Principle XXI**  
The Task Force embraces a peer comparison approach that holds the college to the highest standards and that fosters competitiveness with peer institutions in targeted areas (UNCW Strategic Goal VII).

**Elaboration**  
The College of Health and Human Services will be called upon to identify up to eight peer sites for purposes of benchmarking a wide range of performance indicators such as student admission criteria, faculty credentials, scholarly productivity, service/applied scholarship partnerships, research and applied services grants, accreditation and state and national board results, and faculty credentials, to name a few. To the degree possible, these sites should be drawn from among the UNCW peer comparison institutions.

The Task Force anticipates that the faculty will be heavily involved in making these determinations along with the Associate Vice Chancellor for Academic Programs, the Provost and the Quality Planning Council. It is also deemed important that the performance indicators include a number of additional, institutionally unique indicators considered to be of specific importance to the faculty and students of the new college.

**Principle XXII**  
There will be explicit statements regarding both the accountability and efficiency of the new college within the context of a steadfast devotion to the highest levels of preparation (UNCW Strategic Goal VII).

**Elaboration**  
Many academic programs tend to become entrenched when not assessed on a regular basis. Efficiency and performance measures are often developed but seldom used in a meaningful way to guide program modifications or practice. For assessment to have meaning it must be approached from multiple perspectives simultaneously. The college will need to structure assessment processes that look inward from the outside to determine relevance, consider student needs in the context of the demands of practice and address the intellectual and ethical standards of the faculty. We would suggest working with the Director of Institutional Planning, the Office of Institutional Research and faculty who specialize in multi-layered assessment and who can develop assessment criteria that include the perspectives of practitioners. We also hope that there would be
significant emphasis placed on indicators that require students to demonstrate the ability to comprehend, synthesize and apply knowledge.

Principle XXIII
The new college will operate within the framework of the UNCW Strategic Plan, UNCW Performance Indicators, and agreed upon national peer-relevant performance indicators, e.g. accreditation standards, etc. (UNCW Strategic Goal I-VII).

Elaboration
Throughout this planning process the Task Force has used the UNCW Strategic Plan as a guide and reference. Health and human services are a clear example of a point at which the university can realize the convergence of its academic, professional preparation, service and quality of life in the region goals. After each of the Guiding Principles the Task Force has noted the specific UNCW Strategic Goal that the Guiding Principle is intended to address. Performance indicators will be developed for each of the Guiding Principles as they move through the implementation phases.
Part IV
The Initial Organizational Structure of the College of Heath and Human Services

The Task Force recognizes that a new organizational structure does not ensure a change in behaviors, the realization of new relationships or the achievement of specific goals. As always, the skills, passion and resilience of leadership combined with the maturity and trust of those engaged in the serious work of the organization will define the outcomes. The structure and processes put in place, however, can significantly increase the probability that certain results will occur. In this case the organizational structure was relatively narrow as defined by the original charge. These limitations were in large part the result of a long history of limited funding at UNCW. As one of the lowest funded universities in the UNC system, UNCW has long been recognized for its ability to achieve significant results with fewer resources than other institutions. Also, the more conservative charge given by the Provost to align existing programs was the result of a desire to launch a new approach expeditiously and efficiently. From the beginning of the planning and design process, it has been understood that the initial structure, principles and resources will establish the baseline needs of the college and that new ideas, experiences and opportunities will drive the evolution of the college. It is the intent of the Task Force that the Guiding Principles will serve as a framework for future discussions about goals, programs, structures and processes.

The new structure will bring together approximately 116 faculty, 1097 students, 15 degree options, 2 certifications programs, and 2 post-masters programs. In addition there are two current online programs and two online programs under development. The School of Nursing and the Watson School of Education are the campus leaders in the development of online programs and can serve as a resource to the college in this effort. These offerings represent a substantial program range to assist the college in achieving a critical mass. Our framing, organizational recommendations for the new structure are as follows:
Framing Organizational Recommendations

- A new College of Health and Human Services will be established with an opening date of August 2009. Henceforth the new college should always be referred to by the formal title of College of Health and Human Services, CHHS, to avoid any confusion with the College of Arts and Sciences.

- The School of Nursing, the Department of Social Work and the Department of Health and Applied Human Sciences will make up the initial academic units within CHHS.

- We recommend that unit parity be realized within two years of the founding of the new college. This will require establishing the Department of Health and Applied Human Sciences and the Department of Social Work as schools. There is ample precedent nationally for establishing these units as schools. Because these units will report to the Dean of the College (CHHS), they will not report at the level of the School of Business or the School of Education, which report directly to the Provost. In the case of the new college (CHHS) the Dean of the College of Health and Human Services will have a seat on the Senior Academic Council.

- The titles assigned to the three unit heads will be determined by the Provost based upon an objective assessment of the level and scope of responsibilities. The Task Force recommends the title of Director. We further recommend that the Provost engage Human Resources in these discussions with an expressed commitment to minimizing any negative impact on the roles, titles and compensation of these positions and their direct reports.

- The resources and signature authority currently assigned to the departments and school that will comprise the CHHS, along with new allocations, will be transferred in full to the new college effective July 1, 2009.

The rationale for this alignment is explained in Part III: Intent, Philosophy and Guiding Principles. Under the new budget process each unit will have direct access to the budget submission process and will have significant operating autonomy. The Task Force has spent many hours discussing these issues and has sought a solution that respects the individuals involved without violating its charge.
School and Departmental Descriptions

The School of Nursing (SON): The SON is dedicated to excellence in teaching, scholarship and service to support the development of health care professionals who are leaders in providing quality health care in a variety of roles and settings to diverse populations. Emphasis is placed on stimulating intellectual curiosity, creativity, and reflective practice through strong collaborative partnerships. SON is the only baccalaureate and higher degree program in nursing education in southeastern North Carolina. The mission and program objectives of SON reflect the faculty’s commitment to the health of southeastern North Carolina (N.C.).

Strategic Goals:
The SON goals align with the seven UNCW goals. SON goals are to:

1. Address state and national mandates to address the nursing shortage by increasing SON enrollments in undergraduate (pre-licensure and RN-BS) and master’s programs (Family Nurse Practitioner and Nurse Educator tracks)

2. Develop critical clinical facilities to accommodate increased nursing enrollments

3. Recruit, develop, and retain faculty from diverse backgrounds and specialty areas

4. Plan master’s degree programs in clinical research (regulatory affairs) and forensic nursing, and a PhD degree in nursing

5. Increase the level of scholarship support and scholarship productivity among faculty, staff, and students

6. Secure endowed distinguished professorships and endow the Scholars Fund
7. Increase grants, contracts, and entrepreneurial activity

8. Increase the number of students from racial/ethnic underrepresented populations

9. Ensure student access to travel, study abroad, and classroom activities that foster participation in a global community

10. Provide faculty opportunities to develop international teaching and research

11. Develop the School of Nursing Alumni Association

12. Engage in larger scale multi-disciplinary applied research and community partnerships that focus on health and wellness issues important to the southeastern North Carolina

13. Strengthen the SON annual giving program

14. Enhance foundation and corporate giving to the SON

15. Establish funding sources to meet the capital needs of a new SON facility.

**Degrees Offered:** The SON offers a Bachelor of Science degree in nursing for pre-licensure and registered nurse students; master’s degrees in nursing with family nurse practitioner and nursing education options. In addition, the SON offers a Bachelor of Science in Clinical Research (non-nursing degree) and post-master’s certification in the family nurse practitioner and nursing education options.

- Bachelor of Science in Nursing
- Bachelor of Science in Clinical Research (non-nursing health science)
- Master of Science in Nursing (MSN)
  - Family Nurse Practitioner Option
  - Nurse Educator Option
- Post Master’s Certificate
  - Family Nurse Practitioner Option
  - Nurse Educator Option

**Faculty 2007:**
- 46 Total Faculty (27 Full-Time and 19 Part-Time)
  - Nursing
    - 25 Full-Time
    - 15 Part-Time
Clinical Research
- 2 Full Time
- 4 Part-Time

Faculty Rank
- 3 Professors
- 4 Associate Professors
- 10 Assistant Professors
- 29 Lecturers (10 Full-Time and 19 Part-Time)

2 EPA Non-Teaching
- 1 Full-Time Director of Student Services
- 1 Full-Time Academic Counselor

Gender
- 3 Males
- 43 Females

Students 2007:
- 200 Enrolled Undergraduate Students (Upper Division Major)
  - 185 Pre-licensure
    - 96 Junior
    - 89 Senior
  - 15 RN-BS
  - 89.7% Female
- 46 Enrolled Graduate Students

Global Outreach: SON faculty and students are engaged in international travel for research, teaching, and practice. Some of the initiatives include:
- Through a partnership with Iwate Prefectural University, lecture series, reciprocal visits and joint research projects.
- Students and faculty practice community health in Arequipa, Peru, Alta Cayma Health Care Center, providing health care to the indigenous people.

Community Outreach Focus: The SON engages in a number of applied teaching, research, and community partnerships that focus on health and wellness issues in southeastern NC. Some of these accomplishments include: (a) doubling the enrollment to 100 undergraduate students per year, with 90% or greater retention rates; (b) increasing campus-community partnerships for health, including agencies such as Head Start, Coastal Area Health Education Center, and New Hanover Regional Health Network; (c) providing respite care for Camp Lejeune military families who have children with special health needs, such as autism, asthma, and developmental delays; (d) continuing education programs in forensic nursing and trauma to trial-child victimization; and (e) establishing an academy (Camp BONES) to prepare underserved and underrepresented youth for nursing and health careers. In 2007, the School of Nursing received two major awards to expand Camp BONES; $400,000 from the North Carolina
GlaxoSmithKline Foundation and $112,000 from the Burroughs-Welcome Foundation. A component of the funding from NC GlaxoSmithKline included collaborations with Winston-Salem State University Division of Nursing to expand the program to underserved adolescents in Forsyth County, North Carolina. Other noteworthy accomplishments included the following:

- Bolton Health and Wellness Center, a community-campus partnership, to provide primary health care for underserved residents of rural eastern Columbus County
- Class of 2007 -- the largest graduating class in SON history with 85 graduates
- More than 1400 alumni, most of whom live and work in North Carolina
- Highest alumni employment rate with 93% of SON graduates employed
- The only SON in the University of North Carolina system to offer a bachelor of science in clinical research to prepare skilled professionals for the rapidly growing pharmaceutical and biotechnology industries
- $30.1 million appropriated by the North Carolina General Assembly for design and construction of a new School of Nursing building
- $80,000 in annual and endowed scholarships awarded
- Strong Nurse Advocate Board, a dedicated and committed group of community leaders and friends of nursing.

Greatest Challenges: The four greatest challenges in the professional arena are shortages in licensed registered nurses, shortages in nursing faculty with doctoral preparation, recruitment and retention of faculty in clinical practice specialties; the shortage of qualified clinical researchers in the U.S.; and the lack of formal educational venues in clinical research. These challenges also have been identified by the UNC System and the State Legislature, as well as nursing and clinical research professionals at national levels. Increasing nursing and clinical research professionals is one of the priorities of UNCW and the School of Nursing.

To address the nursing shortage, the SON doubled its pre-licensure student enrollment to 100 per year. As a corollary to increased student enrollment, faculty full-time equivalents had to be increased to meet State Board of Nursing mandates for 10:1 student/faculty ratios in clinical areas and UNCW’s low student-to-faculty class sizes. The SON is challenged continually to recruit and retain qualified and credentialed faculty who have clinical expertise and nursing specialization in adult and gerontological health, child and family health, women’s health, psychiatric and mental health nursing, nursing education, and community/public health nursing. Salaries in academic institutions are also an issue when recruiting credentialed doctoral-prepared nursing faculty, especially when the SON competes with the health care industry and other UNC nursing programs in North Carolina and the nation. To address the shortage of the clinical researchers with expertise in biopharmaceutical product development, the SON
initiated the BS in clinical research. UNCW is reviewing a SON proposal to plan and implement a master’s degree in clinical research.

**Major Research Initiatives:** Faculty members are involved in research projects centered on: child and family health promotion, health risk behavior change, management of chronic diseases, gerontology, technology in nursing education, and clinical research. Examples of current faculty research projects include the following:

- The influence of family strengthening programs on youth health risk behaviors
- Mental health and quality of life in children with special health care needs
- Testing the impact of personal assistant devices on student clinical outcomes
- Using personal assistant devices to improve adherence to medical regimens in
- Evaluating stress and intimate partner violence in migrant and seasonal workers
- Comparison of cognitive, behavioral, cultural, and health promoting lifestyles in persons with hypertension in Japan and Southeastern North Carolina
- Factors related to obesity in child and adult populations
- Factors impacting breastfeeding rates in mothers following delivery
- The natural history of colposcopically diagnosed low-grade squamous intraepithelial lesions in high risk adolescent women
- The efficacy of spiritually-based education program on hypertension self-management in African Americans living in rural North Carolina
- Assessment of health literacy on health outcomes in uninsured diabetic patients
- The meaning attached to hallucinations among schizophrenia patients
- The influence of completing comprehensive geriatric health assessments on undergraduate student learning and elderly health outcomes.

**Clinical Research:** Currently, the UNCW School of Nursing is the only school in the University of North Carolina system to offer a bachelor of science in clinical research. The B.S. in Clinical Research prepares skilled professionals for the rapidly growing pharmaceutical and biotechnology industries. The Clinical Research Program accepted its first students in the fall of 2004, and has since grown three-fold, with a 100% job placement rate. The majority of the students graduating with the B.S. in Clinical Research degree accept positions with biopharmaceutical companies in North Carolina, and in particular with contract research organizations in Wilmington, N.C. To further meet the demands of the biopharmaceutical industry, an M.S. in Clinical Research is in the review process at UNCW.
The Department of Health and Applied Human Sciences: (HAHS) is a department comprising seven separate programs: Athletic Training, Exercise Science, Gerontology, Community Health Education, Physical Education Teacher Certification, Parks and Recreation Management, and Recreation Therapy. All programs share a commitment to improving health and health-related quality of life concerns for all ages across the lifespan and graduates work in hospitals, clinics, schools, nursing homes, and the community. The department is large and is expected to grow over the next five years. Currently it has one master’s degree in Gerontology and a second is in the planning stages for Recreation Therapy. Although HAHS is one of the larger departments in the university, it takes great pride in treating all of its students in the manner of a small department. Faculty know students personally and go to great lengths to include students in ongoing research and community projects related to classes. In HAHS students learn by doing. Many classes integrate classroom learning with practical experience and several have intense internships that are full time for an entire semester.

Degrees Offered:

**Athletic Training:** Graduates work in professional, collegiate, amateur, and scholastic sport venues to provide preventive injury care to athletes and emergency care to injured athletes as well as follow-up rehabilitative care in athletic training clinics. It has extensive clinical/medical training and requires athletic training facilities.

**Exercise Science (pending GA approval):** Graduates have extensive training in human anatomy and physiology and the study of human movement. Graduates are qualified to conduct precise exercise testing and exercise prescriptions. Many go on to study physical therapy while others choose to gain certification as a fitness consultant and trainer. Students require lecture classes as well as extensive lab time.

**Gerontology:** is the study of the processes of aging. Although aging begins before birth, most people studying gerontology are concerned with changes in middle age and later life. It is concerned with the study of the body, intellectual ability, family relations, employment and retirement, health care, programs for seniors and many other aspects influencing aging. This interdisciplinary program, housed
in HAHS, finds its students working in retirement communities, health care organizations, government agencies, community and human services and many other agencies and organizations concerned with the quality of life of older adults and the aging process.

**Community Health Education (pending GA approval):** Graduates work in school systems and in health care environments to provide health education to a wide variety of populations. They may work in hospitals to teach patients to adopt healthy lifestyle changes or in community settings to bring about lifestyle changes to address such epidemiological issues as teen pregnancy, drug use, violence, obesity, disease prevention, and human sexuality to name a few. The program is heavily involved with nutrition education as one faculty is a registered dietitian and another is a certified nutrition counselor.

**Physical Education Teacher Certification:** Physical education graduates are highly trained in pedagogical methods to teach the "new" physical education, designed to develop lifelong healthy active lifestyles and address obesity and other health issues that result from inactivity. Most obtain employment in school systems as teachers.

**Parks and Recreation Management:** These graduates are trained to design, administer, and program community and agency recreation/leisure opportunities that promote healthy lifestyles and community satisfaction. They may run parks and recreation departments, work in children's programs, become park rangers, or work in the hospitality industry, as a few examples.

**Recreation Therapy:** Graduates are trained to utilize recreation activities as rehabilitation services complement occupational therapy and address the client's adjustment to illness or disability and lifestyle following modalities that personally satisfying activities for the achievement of health-related outcomes. Graduates may work in hospitals, rehabilitation facilities, nursing homes, home health care, school systems (with special education students) community recreation departments, and other settings.

One of the hallmarks of HAHS is student involvement in practical applications. The department sponsors or co-sponsors many community events in which our students gain first-hand experience. Some of these are accessible recreation day, Special Olympics, Camp Special Time, and a host of other events.
Faculty 2007:

- 53 Total Faculty
  - 28 Full-Time
  - 25 Part-Time
- Rank
  - 5 Full Professor
  - 5 Associate Professor
  - 9 Assistant Professor
  - 9 Full-Time Lecturer
  - 25 Part-Time Lecturer
- Gender
  - 24 Male
  - 29 Female

Students 2007:

- 441 Enrolled Undergraduate Students
- 74 Pre-Majors
  - 42 Freshman
  - 50 Sophomore
  - 222 Junior
  - 201 Senior
  - 60.1% Female
  - 127 Conferred
- 5 Enrolled Graduate Students

The Department of Social Work: The Department of Social Work prepares students for the professional practice of social work. The undergraduate program, which leads to the BSW degree, is designed to prepare students for generalist practice in many public and private social agencies. Such agencies include family services programs, schools, hospitals, departments of social services, hospices, nursing homes, health care services, mental health agencies, and other programs and services for children and adults. The BSW program is fully accredited by the Council on Social Work Education. It qualifies social workers for certification as a Certified Social Worker in the state of North Carolina.

The graduate program (MSW) equips students to engage in advanced practice with a concentration on clinical social work. The program includes coursework in advanced social work practice based on professional knowledge and the related aspects of program development and management associated with the delivery of social work services. The foundation content includes human behavior and social environment, research methods, social policy, professional values and ethics, social and cultural diversity, populations at risk, and social and economic justice. Advanced year content includes coursework in advanced clinical research, applied ethics, clinical practice, the organizational and financial context of practice, and
diversity issues in practice. The MSW program is in the final stages of full accreditation by the Council on Social Work Education. It qualifies a social worker to be certified either as a Master Social Worker or a Licensed Clinical Social Worker, the latter being instrumental in the private practice of family counseling and psychotherapy because it qualifies individuals to receive third-party reimbursement for therapy sessions.

The Department of Social Work, through its associated Center for Social Work Research and Practice, has extensive regional involvement in social development programs and projects.

The greatest challenge facing social work education at UNCW is keeping pace with the changing nature of clinical social work practice. The funding and administrative structures for mental health services have changed dramatically in the past five years, with much less emphasis on services delivered by governmental organizations and much more emphasis on services delivered by profit and non-profit agencies. Government organizations now focus on funding of services and contracting with profit and non-profit agencies to deliver the services. This has necessitated more emphasis on grant writing and program development. Evidence-based practice is another major challenge. A key issue facing us is how we can assure funding sources that we are making the best use of the evidence regarding different approaches to treatment. A major practical problem is that our graduate students have more limited opportunity to engage in clinical practice in their internships because of the need for these services to be delivered by persons with clinical licensing (LCSW) in order for services to be reimbursed by insurance companies. In the past, governmental agencies could use student interns for this work, but now these internships are practically non-existent.

The Department of Social Work presently is working with the Watson School of Education in the recruitment of a faculty member to develop the Center for the Study of the African-American Male, an initiative expected to be completed in the 2008-09 academic year. This faculty member would serve in a joint appointment between social work and education.

Goals of the BSW Program

1. To prepare students for strengths-based, solution-focused and client-directed generalist social work practice with individuals, families, groups, organizations, and communities
2. To prepare students to incorporate the strengths and resiliencies of client systems at all levels of social work practice
3. To prepare students to advocate for social and economic justice in their practice with diverse populations
4. To prepare students for ethical practice according to established professional standards
5. To prepare students for critical inquiry in social work practice through research, policy analysis, and ongoing professional development

6. To socialize students to the profession through integration of course work, field experience, and other student activities.

**Goals of the MSW Program**

1. Prepare students for advanced-level clinical practice grounded in clinical social work theory and practice skills as well as knowledge of human behavior in the social environment

2. Prepare students to practice effectively and ethically with a full range of social systems, emphasizing social justice, diversity, and collaboration that recognize the strengths and potentials of individuals, families, and communities

3. Prepare students who understand the dynamic and complex nature of the cultural, social and organizational context of social work practice and the significance of critical awareness of practice efficacy and research

4. Prepare students who value the learning process and demonstrate a commitment to continuing professional education

5. To sensitize students to issues of poverty and social justice, enable them to understand and analyze social policy, and prepare them to advocate for and empower persons who are oppressed or disadvantaged.

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**Emotional Counseling**

**Degrees Offered**
- Bachelor of Social Work (BSW)
- Master of Social Work (MSW)

**Faculty 2007:**

**17 Total Faculty**
- 13 Full-Time
- 4 Part-Time

**Rank for the Full Time Faculty**
- 4 Full Professor
- 3 Associate Professor
- 2 Assistant Professor
- 4 Lecturer
Gender of the Full Time Faculty
o 7 Male
o 6 Female

Students 2007:
• 101 Enrolled Undergraduate Students
  o 1 Freshman
  o 14 Sophomore
  o 38 Junior
  o 51 Senior
• 36 Undergraduate Degrees Conferred (2007)
• 45 Enrolled Graduate Students
• 16 Graduate Degrees Conferred (2007)
Organizational Charts

Programs in Existing Units:

Current Programs

Nursing
- BS – Prelicensure
- RN to BS
- BS Clinical Research
- MSN Nurse Educator
- MSN FNP
- Post Masters Cert Nursing Education
- RN to MSN Option

Health & Applied Human Sciences
- Athletic Training
- Exercise Science
- Gerontology Certificate / MS
- Community Health
- Physical Education - TC
- Recreation Therapy
- Recreation Management

Social Work
- Bachelor of Social Work
- Master of Social Work
- Center for Social Work Research & Practice
The Provost has made an institutional commitment to ensuring parity among the units soon after the college is established.

* The functions in these boxes will be planned with University Advancement, DPSCS and ITSD at which time the number and level of position support will be determined.
Proposed Comprehensive Organizational Structure:

College of Health & Human Services

Proposed Organizational Chart

* The Provost has made an institutional commitment to ensuring parity among the units soon after the college is established.

* The functions in these boxes will be planned with University Advancement, DPSCS and ITSD.
Prior to any new budget allocations or new position allotments, the complete budgets of the three existing units must be calculated from all sources of supporting revenue and transferred in full to the new college. We recommend that the Provost ask the Director of Budgets to complete this task and make a preliminary designation and discuss all transfer arrangements with the appropriate deans, the Division of Business Affairs and the Provost by July 15, 2008. A second review would occur by January 15, 2009, and all transfers should become effective July 1, 2009. While specific budget projections are included in this report they will be subject to several layers of review and prevailing circumstances. The college will generate new resources as enrollment, research awards, contracts and gifts increase.

Individuals who have had experience with establishing new organizational units are aware that the most often-made mistake in establishing such models is to underestimate the baseline resources required to ensure initial success. The Task Force on the Future of Health-related Programs at UNCW has attempted to balance its start-up budget request by ensuring that the essential baseline resources are in place while avoiding making unrealistic and inflated budget requests that would make it impossible to found or sustain the new college. We understand the budget pressures on the university and the competing demands for resources.

While we believe strongly in the potential of the College of Health and Human Services and we are convinced that it is important to the university and the region, we strongly recommend that the university postpone implementation efforts if the essential baseline resources are not available. All too often good ideas fail not because of the quality or importance of the idea but because the essential foundations required to launch and sustain the plan are not made available. **As much as we support the proposals and believe that it is in the university's best interest to establish the College of Health and Human Services, we would strongly recommend tabling the proposal if basic resources are not available.** Because of historical funding inequities, UNCW has been forced to initiate programs with less than adequate resources. To avoid some of these funding pitfalls we would suggest altering the implementation date, staging the funding of positions, etc., if necessary. The charge to this Task Force was unique in that it proceeded from the clear call to “establish a new college and the Guiding Principles and operational elements essential to giving shape and substance to the new college.” A projected three-year budget profile for the new college follows:
Year One Budget Projection
2009/2010

A. Personnel

1. Dean of the College of Health and Human Services = $150,000 + 24% total benefits = $186,000 One half of these funds will need to be available by January 1, 2009 for an early hire for the new dean. ($93,000)

2. Associate Dean for Academic Programs = $108,000 + 24% = $133,920

3. Associate Dean for Research and Innovation = $105,000 +24% = $130,200

4. Business Affairs Officer = $75,000 + 24% = $93,000

5. Student records/advising position, technology position and regional engagement and advancement functions = $50,000 + 24% = $62,000, $45,000 +24% = $55,800, $52,000 +24% = $52,080 (total = $169,880) 3 position equivalents allotments to cover 4 functions

6. Executive Assistant to the Dean = $41,000 + 24% = $50,840

7. Receptionist = $33,00+24% = $40,920

Total personnel = $804,760. If the college is started mid-year, this number could be halved in year one.

B. General Operating

8. Recruitment expenses X 3 national recruitments= $8,000 X 3 searches $2500. = $24,000

9. Office: phone, copying, travel, postage, general supplies, support contracts= $48,000

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

Equipment and Furniture

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

*Continuing equipment budget after year one will = $28,000 not added in to total because of item 10 above.
Consultant Services = $28,000 for academic, research and development

Total General Operating Funds = $152,000

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

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

Total Budget Year One = $1,166,760

Year Two 2010-2011

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

Year Two Budget = $1,325,098

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

This would add the 6% escalator (minus the small equipment and search reduction) and one half of the lab funds to the total budget.
Year Three 2011-2012

Budget=$1,558,098

This projection includes phase two of lab support funds and the match for an Endowed Chair.

Advanced Designation of Resources

If existing positions are used to support the new college, costs can be reduced. The Task Force has encouraged the Provost to designate a portion of annual new appropriations each year since the initial discussions began in 2006. We recommended that approximately $250,000-$275,000 from the 2006/07, 2007/08 and 2008/09 budgets be earmarked for the new college. These funds could, of course, have been used for one-time expenditures during these fiscal years but be earmarked for the college when implemented. If the college becomes a reality, then this would lessen the impact on exiting programs in year one by pre-designating a significant portion of the needed resources in advance of the initial year of operations. The required balance in continuing funds for the founding of the college would then be relatively minimal. If the proposal for the new college is not accepted, then there would be no harm to the institution, and three quarters of a million dollars to none hundred thousand in permanent funding would be available for other priorities.

As is always the case with budget projections, there are numerous opportunities to adjust costs, mix one-time and permanent funding and invite internal applicants to apply for certain positions as a means of controlling costs.

Funding models for university programs in health and human service programs have been transforming gradually to reflect the unique demands and needs of these programs. Funding models are just beginning to recognize the full range of requirements of programs in Nursing, Social Work and Health and Applied Human Sciences. Traditional, large class lecture models still found in many Arts and Sciences models cannot address the clinical learning, vulnerable patients, liability, large number of contact hours in labs or faculty/practitioner contacts required in these disciplines. Whether a funding formulae model a performance model or a combination of the two is employed it is important that a careful impact analysis be conducted that takes unique demands and desired outcomes into account.
Possible Applications Related to the Performance Aspects of the Budget Process

- Once resources are allocated to the academic units comprising CHHS decisions (e.g., salary increases, expending operating funds, part-time instructor compensation rates, priorities for the utilization of any distributed surplus funds, etc. should be made by those with the most knowledge of the performance consequences of the decision. This generally means that those closest to the point of implementation should be entrusted with such decisions whenever possible. Likewise, the unit head should involve those most informed about these consequences when making allocation decisions within the unit.

- To the degree practical allocation decisions should be made or at a minimum influenced, by those who are most likely to face the consequences of the decision, whether the consequences are positive or negative.

- The most favorable mode of resource allocation is the performance mode. In this approach the university/college might create funding formula whereby faculty positions are allotted for each unit based on the production of student credit hours as subjected to a formula that gives more credit to some academic programs than others. The number of FTE positions generated for each graduate student credit hour is significantly greater than this figure for undergraduate student credit hours. If the university is getting a great deal more funds for graduate education than undergraduate, it seems logical to consider rewarding a unit with more resources the more it succeeds in expanding graduate student credit hours. This brings the reward system in line with the realities of the funding of the university and the identified needs of the region.

- Other indicators of performance could be evidence of student educational outcome, course enrollment patterns, research productivity, scholarly productivity of faculty, and grant productivity. The latter indicators will not be easy to quantify and setting priorities among them may be a challenging task.

- Rewards for units for performance might also be based on the standards of similar academic units at peer institutions. For example, instead of comparing academic unit A with academic unit B on the basis of number of publications, perhaps they should be compared on the basis of how they each compare to their peer schools.

- The process should be open and transparent and focused on the core mission and strategic goals of the university and the college.
Part VI
A Collaborative Exploration of Course, Degree and Certificate Options

One of the primary reasons for creating a new college of Health and Human Services at UNCW is to realize new curricular possibilities for students and to meet the needs of the public. The education and preparation of health professionals has become increasingly demanding and these conditions require new curricular responses. The Task Force fully embraces the central role of the faculty in curricular decisions and while it has explored some exciting options the members recognize and support the existing curriculum review and approval processes. The Task Force members brought their knowledge of the health arena and the comments of their colleagues to bear in informal discussions about possibilities for the future that could more easily and effectively be realized in the new structure. These discussions were shaped by forecast from groups like the Picker Institute on the Future of Patient-Centered Health Care, Institute for the Future, and UNC Tomorrow but were primarily driven by knowledge of UNCW’s capabilities and the needs of the region. The Task Force presents these course, degree and certificate options with the following qualifications:

- These priorities emerged during a workshop organized as part of the Task Force’s overall work in response to the Provost charge. The session and follow up conversations were brief and intense when placed in the context of more than 120 hours of meetings.

- These are preliminary suggestions intended to stimulate dialogue and debate among the faculty of the new college at large with particular attention given to leadership from faculty specializing in the areas concerned. It will be the responsibility of the College of Health and Human Services Curriculum Committee to stimulate and facilitate these discussions and to ensure that proposals are processed in accordance with the university’s curriculum review and approval processes.

- The prioritization of potential new courses, certificates, undergraduate and graduate degrees represents a preliminary ranking based on a “forced choice” analysis. Participants were asked to anticipate health scenarios...
ranging from consumer driven responses, a state or national response to “health care refugees” which alters the landscape of programs preparing health care professionals, to the integration and convergence of preparation and delivery systems.

- The engagement of faculty across the college should follow closely after the creation of the new college. The Task Force has recommended the creation of a series of transdisciplinary, scholars' forums during the fall of 2008 and the spring of 2009. to begin discussing next steps in the redesign of existing offerings and the creation of new curricular offerings

- The importance of the transdisciplinary model is that it fosters planning and design of curriculum and deliver that draws upon cross-discipline expertise throughout the design and delivery process rather than negotiating limited cooperation on the backend of the process.

- It is anticipated that this process will start with a handful of initiatives but as the college’s philosophy, structures and processes take hold the frequency of such collaboration will become a natural expectation of the daily routines of the college.

- The college should invest in exploring all opportunities to reach students and to address the needs of practitioners needing renewal offerings. Online offerings, new instructional technologies, service for fee models and virtual renewal centers designed in partnership with practitioners are envisioned. Flexibility, efficiency and accessibility must be an integral part of curricular thinking and planning.

Initial Discussion of Needs and Possibilities

During Phase I of the curriculum discussions Task Force members were asked to engage in a brain storming session during which members made preliminary arguments for the inclusion of items in four categories. The charge was placed in the context of need and opportunity to self-sustaining curricular offerings important to the future viability of the academic units and the college. Priority was given to arguments that called upon strengths across disciplines. It became clear to the Task Force that there is much content commonality and overlap and that all three programs share several common program goals.

Joint Possibilities for Existing Courses and Professional Renewal

A joint course is any course that involves two or more degree programs working together towards the delivery of jointly listed courses. Such courses may be cross-listed, delivered in shared units or modules, and/or co-taught. Faculty will blend expertise, teaching and research strategies to enrich and expand access to existing courses.
Preliminary Inventory of Possibilities for Collaboration: Existing Courses:

Clinical Research
Human Growth and Development
Statistics
Gerontology
  Death and Dying
  End of Life
Nutrition
Health Policy
Anatomy and Physiology
Organization and Administration
Public Health (Community Health)

Health Ethics
Biomechanics
Health assessment
Health education
Pharmacology
Mental Health
Human Behavior
Genetics
Health Communications
Diversity
Health/Wellness

Task Force Priorities for Initial Consideration: Joint Existing Courses

Of the twenty courses considered as potential joint course priorities to put before the faculty at large as a means of stimulating cross discipline discussions six emerged as priorities for initial consideration. These are listed in order of support among the members.

Ethics
Gerontology
Clinical Research
Nutrition
Mental Health
Policy

New Course Creation

Utilizing a similar forced choice process, a discussion of possible new courses that might be created to address needs was facilitated. In addition to the criteria aged to as a means of structuring the Joint Course discussions, the Task Force members were asked to “give special consideration to those courses that are needed to “meet real needs of the professions in the near future and which can be more efficiently and effectively designed, developed and delivered through an interdisciplinary approach.”
New Course Options Considered:

- Communicable Disease
- Health and Spirituality
- Health Disparities
- International Health Trends
- Medical Terminology
- Rural Health
- Health Economics
- Emerging Health Trends & Technology
- Alternative Health Practices
- Physical Rehabilitation
- Assistive Technologies
- Medical Technologies
- Information Management
- Epidemiology
- Vulnerable Populations
- Rural/Urban Context
- Children/Elderly
- Poverty/Homeless
- Health Entrepreneurship
- Disaster Preparedness
- Health Pedagogy
- Chronic Illness
- Cultural Competencies

New Course Priorities for Initial Consideration

Among the twenty course concepts generated during this preliminary discussion, the Task force was able to reach unanimous agreement on five priorities. Again, these are intended as a starting point for discussions. The five items include:

- Vulnerable Populations
  - Health Disparities
  - Cultural Competencies
  - Rural/Regional Health Issues
- International Health Trends
  - Tourism
  - Economic Impact
  - Communicable Diseases
  - Natural Disasters
  - War
- Emerging Health Trends
  - Technology
  - Alternative Practices
  - Entrepreneurship
  - Integration
- Disaster Preparedness
- Health Economics: Impact and Opportunities

Potential New Certificates and Degrees

In addition to the identification of existing courses for joint delivery and new courses that the college may expedite, the Task Force discussed and reached agreement on five possible certificates, three BS or BA degrees and three doctoral
degrees. The ** identifies the recommendation(s) that received unanimous support

**Possible New Certificates**

Clinical Research **
Regulatory Affairs **
  Biopharmaceuticals
Aquatic Therapy
Health Grant Development
Medical Writing **
Child Life
Alternative Health **
Disaster Preparedness **

**BS or BA Degrees**

Ten new masters’ degrees were discussed and each was deemed to address an important need. Six of the proposed degrees were ranked as the highest priorities by the Task Force.

Accelerated BSN Nursing (help address shortage) **
Convert HAHS BA Degrees to BS (underway)
Health Administration **
Public Health **
  MSN
  MSW
Public Health Policy **
Nutrition **
Recreation Therapy **
Exercise Science

**Potential New Doctoral Degrees**

Three degrees were identified as priorities during this initial foray as follows:

* **PhD Health Studies**
  Proposed Tracks
    Nutrition
    Social Work
    Clinical Research
    Nursing
    Exercise Physiology
    Transdisciplinary Health Practices

* **DPN, Doctor of Nursing Practice**

* **PhD Transdisciplinary Health Studies and Practices**
As has been previously noted these suggestions, while considered to be of importance to the overall effort to position UNCW and to address critical preparation and professional practice needs, these are in the early stages of discussions. It is hoped that over the next three to five years these as well as numerous other options will be discussed and that the new college will assume a strong leadership obligation to advance these discussions and be aggressive in meeting regional needs in a manner that is cost effective and which deliver the highest quality.
Conclusion

The Task Force on the Future of Health-related Programs at UNCW has been diligent in responding to its charge and faithful to the values of the academy in executing its duties. Few efforts undertaken at the university have been as loyal to the values of openness and inclusion as has this effort. More than 250 contact hours are represented in the work of the Task Force and its subcommittees. During the process the members have come to understand the importance of this work to UNCW, the legacy of the institution and the region. The people of the state expect and deserve a vigorous response to the health challenges identified and our students will be encouraged and challenged by the seriousness with which the university has engaged this issue. After more than a decade of discussions, we recommend timely action and hope that our collective efforts will be received in the spirit of collegiality and good faith that has characterized our work. Candor and respect have characterized our work and that of the more than 200 faculty, students and administrators who have been involved during this effort. No doubt there will be numerous modifications to the recommendations that will improve and enrich the report. Poverty, chronic illness, an aging and increasingly diverse population, infant mortality, mental illness, obesity and a host of other conditions represent a serious challenge. We are fortunate that southeastern North Carolina has an array of existing resources, quality programs and dedicated academic faculty and practitioners who are combining their talents and resources to respond. The creation of the College of Health and Human Services at the University of North Carolina Wilmington is important and exciting opportunity to galvanize our energy and will.

We extend our gratitude to the faculties of Nursing, Health and Applied Human Services and Social Work for their openness, patience and candor. We have been received with warmth and collegiality by the Cabinet, the Faculty Senate, Senior Academic Council, Quality and Planning Council, and the UNCW Board of Trustees. We are especially indebted to the Provost and his senior staff for bringing this critical issue to the forefront for analysis, discussion and debate. The Chancellor both challenged us and supported our work throughout the data gathering, planning and development process. We recognize that the work has just begun.
Appendices

Appendix A: Center for Healthy Living

Appendix B: UNC Hospitals Meadowmont Wellness Center

Appendix C: January 19, 2007 Stakeholders’ Survey Data

Appendix D: Task Force Charge

Appendix E: November 15, 2007 Stakeholders’ Presentation

Appendix F: Faculty Questions and Task Force’s Responses

Appendix G: October 12 and November 15, 2007 Stakeholders’ Survey Data

Appendix H: Web Site Reference Page

Appendix I: Letters to Faculty Senate

Appendix J: Major Events Timeline

Appendix K: Transdisciplinary Grid and Annotated Bibliography

Appendix L: UNCW Strategic Goals

Appendix M: References and Links

Appendix N: AIHF Concept and Proposed UNCW Partnership
Appendix A: The Center for Healthy Living
Center for Healthy Living: Proposal for a New Center at UNCW

II. Mission Statement

The mission of the Center for Healthy Living is to increase collaborative scholarship and service between the university and community to explore the antecedents and consequences of social and cultural health behaviors and beliefs; design and evaluate interventions to promote healthy living; ameliorate the effects of disability and illness; and provide interdisciplinary learning to improve the health quality of life of Southeastern North Carolina.

III. Proposed Name and Purpose

Name: Center for Healthy Living

UNC system Centers with similar purposes are common in the piedmont and western regions of the state. There is Appalachian State’s Center for Health and Human Services, UNC-Greensboro’s Center for Health of Vulnerable Populations and proposed Center for Aging and Healthy Living, and UNC-Chapel Hill’s Center for Health Promotion and Disease Prevention. Each one uniquely addresses health-related topics focusing on those geographic regions of the state. However, there are no university Centers in southeastern NC that focus on research on important health and quality of life factors. In order to understand the purpose and relevance of such a Center it is first necessary to understand the current health status of individuals in Southeastern NC.

Health outcomes in southeastern NC have traditionally been poor compared to other regions of the state. High blood pressure, cardiovascular disease, stroke, physical and developmental disability, substance abuse, mental
illness, diabetes, and obesity are just a few of the serious health outcomes and risk factors experienced in large numbers by people in Southeastern NC. Over time these health outcomes contribute to significant negative social and economic consequences for this area of the state. Rural, isolated communities have a difficult time addressing these problems on their own given the high rates of poverty, large numbers of uninsured and underinsured individuals, and a lack of important health care resources.

Results from the 2005 NC Behavior Risk Factor Surveillance System reveal some disturbing findings about chronic disease in the southeast region. For instance a history of cardiovascular disease is reported among 9.5% of adults in New Hanover County and 12.6% of adults in Brunswick, Bladen, Columbus and Pender Counties, higher than the state average (8.7%). Diabetes percentages are also higher in these areas (11%) compared to the state average (8.5%). Risk factors for cardiovascular disease include high blood pressure, overweight and obesity. Recent results show that 35% of adults in Brunswick, Bladen, Columbus and Pender Counties experience high blood pressure compared to 29% statewide. Overweight and obesity, which can also contribute to the development of diabetes, stroke and some types of cancer, are also more prevalent in this region. In fact, eastern NC had significantly higher rates of obesity (28.7%) than the piedmont (24.6%) or western (25.8%) regions of the state; and nationally, NC had the 16th highest percentage of obesity.

HIV/AIDS and other sexually transmitted diseases are also prevalent in our region. In 2005 New Hanover County ranked number 7 in the state for the
highest number of HIV/AIDS cases with an average rate of 31.5 cases per 100,000. Robeson, Duplin and Columbus Counties all rank in the top 10 for highest rates of AIDS. Similarly the rates of Chlamydia, gonorrhea, and syphilis also are high compared to the state averages.

Additionally, people with disabilities are burdened with a variety of negative health and social consequences in this region. Across the state 28% of adults report some type of physical, mental or emotional disability. Locally, 25% of adults in New Hanover County and 31% of adults in Brunswick, Bladen, Columbus and Pender Counties report having a disability. These disabilities range from developmental disorders and mental illnesses to serious physical disabilities that require assistive devices.

The risk of developing chronic disease and disability, e.g. stroke, cardiovascular disease, blood pressure, obesity and mobility impairment, increases with age. In the past several years, New Hanover and Brunswick Counties have become a haven for the 55 year old and older population. For instance, 24% of adults in New Hanover and 29% of adults in Brunswick County are 55 years old or older, much higher than the state’s average at 22%.

Health disparities along racial and ethnic lines also complicate the risks associated with a disease. For instance, African Americans experience a variety of negative health conditions at higher rates than other subgroups of the population including: HIV/AIDS, high blood pressure, cardiovascular disease, stroke, infant mortality, diabetes, obesity, and substance abuse, and American Indians experience the highest rates of disability, history of stroke, and alcohol abuse in
the state compared to other ethnic groups. This disparity is of particular concern for the Southeastern NC counties where these groups make up a significant portion of the population.

As evidenced through the description of the health status of the region, a Center for Healthy Living that involves researchers at UNCW and regional partners may offer a unique understanding of the underlying causes, prevention strategies, consequences and treatments of chronic diseases in Southeastern NC.

IV. Relevance of Center for Healthy Living at UNCW

The mission of the Center for Healthy Living aligns strongly with the mission of UNCW. The university is: *dedicated to learning through the integration of teaching and mentoring with research and service...... The ultimate goal is excellence in teaching, scholarship, research, artistic achievement, and service.* The mission of the Center incorporates research, scholarship, and education to improve health outcomes in the Cape Fear region. The recent passage of Millennial Campus designation by the Board of Trustees opens the door for entrepreneurial endeavors through the discovery and copyright of evidence-based best practices.

The University of North Carolina Wilmington is in a unique position to address these striking health needs. The University is endowed with excellent faculty and researchers with expertise in this regard. For example, within the Department of Health and Applied Human Sciences Dr. Darwin Dennison provides expertise in nutrition research, Dr. Robert Boyce and Dr. Wayland Tseh in exercise physiology, Dr. Ellie Covan and Elizabeth Fugate-Whitlock in
gerontology, Dr. Terry Kinney, Dr. Judy Kinney and Dr. Candy Ashton in disability studies, Dr. Michelle D’Abundo in community health and Dr. Kerry Whipple in tobacco cessation. The Psychology Department offers experts in disability-related research (Dr. Ruth Hurst), child health and welfare (Dr. Simone Nguyen), substance abuse research (Dr. Nora Noel) and depression (Dr. Carrie Clements). Dr. Leslie Hossfeld in the Department of Sociology is skilled in evaluating how social factors contribute to health outcomes. In the School of Nursing, Dr. Kathy Ennen offers expertise in stroke and cardiovascular disease prevention, and Dr. Judy Jarosinski in mental health topics just to name a few. For a sample of relevant publications please see Appendix A.

V. Vision Statement

The vision of the Center for Healthy Living is to create an interdisciplinary partnership to be the region’s leader in conducting research and disseminating findings on prevention and intervention strategies to improve health outcomes and quality of life in the Cape Fear Region.

VI. and VII. Five Year Goals and Evaluation Plan

Year 1 Goals (and Evaluative Questions)

1. Establish an administrative structure
   a. Create an organizational structure (Has the organizational structure been created?)
   b. Identify departments and faculty to be represented on the Governing and Advisory Boards (What is the representation of departments on the Governing and Advisory Boards?)
   c. Involve the Governing Board in establishment of operational procedures (Has the Governing Board met and established operational procedures? Have minutes been kept?)
   d. Appoint staff to assist with the Center (What staff work with the Center? What is their background, roles and responsibilities?)
   e. Identify space and other necessary resources (Is space available and adequate for staff/faculty to fulfill mission of Center?)
f. Match faculty associates with appropriate funding sources and available sources of research subjects e.g. community agencies (Identify faculty and affiliations? What is the level of satisfaction with this service?)

2. Determine annual programmatic focus
   a. Review results from community health assessments (Have the local health assessments been reviewed?)
   b. Review Healthy People 2010 Goals (Have the Healthy People 2010 goals been reviewed?)
   c. Identify 3-5 research focus areas based on analysis of objectives a and b and agency funding priorities (Has the Advisory Board met and identified research focus areas based on a review of the data?)

3. Recruit and involve interdisciplinary faculty associates
   a. Provide education about the Center to faculty in various departments (How many and in what manner have educational sessions been provided?)
   b. Establish communication links with each college/school (Has Center staff met with Deans of various schools/departments to determine interest level among faculty?)
   c. Establish an on-line newsletter (Has an on-line newsletter been developed and distributed? What is the satisfaction and utilization of such a newsletter?)
   d. Create an electronic forum for interdisciplinary faculty discussions to help determine research topics (Has an electronic forum been developed and distributed? How has it been utilized? How satisfied are faculty with this service?)

Year 2 Goals

1. Develop procedures for a regional Behavior Risk Factor Surveillance System for measurement purposes
   a. Review current national surveillance systems e.g. NHANES, BRFSS (Have surveillance systems for monitoring health been reviewed? Which ones?)
   b. Review funding requirements and procedures of other peer regions who are currently conducting local health assessments (Have similar programs been contacted and their guidelines reviewed?)
   c. Select or develop a survey instrument appropriate for local needs (Has a survey instrument been selected or developed?)
   d. Seek local funding support (What activities have occurred to seek support from local and county officials?)
   e. Pilot test and determine psychometric stability (Has a pilot test been conducted? What are the results?)

2. Train researchers, students and community providers to develop and conduct health research programs
   a. Offer workshops to community agencies on determining best practice interventions (Have workshops been created and offered to local agencies?)
b. Offer educational opportunities to UNCW students via Directed Independent Studies, practica, internships and thesis research opportunities (Have DIS and practicum work been developed for students affiliated with the Center?)

c. Collaborate with ORSSP to offer training to interested faculty (Has the Center met with ORSSP to identify training for interested faculty? Developed a training curriculum to provide faculty?)

3. Submit research and/or demonstration grant proposals to support the Center
   a. Search current funding databases (What funding databases have been reviewed and how often?)
   b. Attend relevant funding seminars e.g. NIH (What funding seminars have been attended by faculty/staff?)
   c. Cultivate relationships with potential funders e.g. foundations (What contacts have been made with local and regional foundations to discuss potential support? Has material been developed to describe the purpose of the Center for funders?)
   d. Generate a minimum of 5 proposals for submission totaling at least 50 percent of the overall budget (Were 5 proposals submitted and to whom?)

Year 3 – 5 Goals
1. Assess local health risks and behaviors through an identified survey instrument (Was a local health risk assessment done in the community?)
2. Disseminate research findings to the research and practitioner communities
   a. Work with the Center for Support of Undergraduate Research and Fellowships to disseminate student research (Have staff met with CSURF to discuss research dissemination? Have students presented related research at annual CSURF show cases?)
   b. Encourage and support affiliated faculty/staff to disseminate research findings through manuscript submission and presentations. (Was research submitted to peer reviewed journals? Which journals?)
3. Translate research findings into improvement of practice in health care
   a. Work with the proposed Center for Regional Engagement to conduct workshops for area health professionals and policy advocates (Was a workshop developed for local health professionals to translate relevant research?)
   b. Work with the Coastal Area Health Education Centers to provide education and outreach to health professionals (Did the Center and Coastal AHEC collaborate to offer education and outreach to health professionals?)
4. Create significant progress towards financial sustainability
a. By the end of year 5 the Center will generate 75% of total operating expenses of the Center (What funding has been generated by the Center and by whom?)
b. Contribute to economic sustainability of the Center by publishing intellectual property generated by faculty associates.

VIII. Relationship with the External Community

In order to research the antecedents and consequences of chronic diseases and risk factors it is necessary to conduct research in the community. For this reason, community leaders will be represented on the Advisory Board of the Center’s organizational structure (described below). Community leaders representing area hospitals, health clinics, and the Coastal Area Health Education Center as well as other health and human service agencies will be needed to help evaluate regional health issues and to advise on the conduct of research to gain better understanding of prevention and intervention strategies. The Advisory Board will meet quarterly to provide input to the overall Center goals. Periodic community satisfaction surveys will assess the success of these partnerships. The results of these surveys will help make formative and summative improvements. Also, when necessary, Memorandum of Understandings will be utilized to clearly establish roles and responsibilities between community partners and the Center.

IX, X, and XI. Proposed Organizational Structure

A steering committee was formed to review and evaluate other UNC Centers to determine an ideal structure for a Center at UNCW. The committee decided to model the organizational structure after UNC - Chapel Hill’s Center for Health Promotion and Disease Prevention. This Center has been in existence
for 20 years with an annual operating budget of 9 million dollars and provides a good model for how a Center could be organized.

The Center for Healthy Living would report directly to the Dean of Graduate School and Research. This reporting system will help promote and encourage interdisciplinary research (e.g. faculty and graduate students) among the different departments/schools. An internal Governing Board would include the Dean and Associate Dean of Graduate Studies and Research, the Vice Chancellor for Public Service and Continuing Studies, and Chairs of participating departments. This board will meet regularly to determine research and operational priorities and goals. An Advisory Board made up of interdisciplinary faculty from different departments and schools as well as leaders from various community agencies will also provide input and advice for Center objectives.

The Executive Director of the Center for Healthy Living will be a tenured faculty member (.5 FTE contributed by UNCW). A competitive internal search with an appointment period of five years will be conducted for this position. In addition to executive oversight this position would be responsible for securing additional financial support for the Center. The Deputy Director will oversee administrative operations. An Assistant Director, Administrative Assistant, several Graduate Assistants (GA), and Undergraduate Interns will also help facilitate research and activities for faculty research projects. Faculty that participate in research through the Center will be called Faculty Associates and will write research grants through the Center to encourage multi-disciplinary research. See Appendix B for an organizational chart.
XII. Budget Estimates for Year One

UNCW has a substantial start on the foundation for a Center for Healthy Living. The university has received two grants from Cape Fear Memorial Foundation and Kate B. Reynolds Foundation totaling $511,000 (representing 2006-2009) to implement a community Obesity Prevention Initiative (OPI) with Cape Fear Healthy Carolinians. A portion of these funds were dedicated to hire a full-time Coordinator and a Health Educator, and a part-time Office Assistant. With the help of these start-up grants, the OPI staff continues to: facilitate interdisciplinary meetings for the development of a Center for Healthy Living, communicate with faculty in over seven different departments, disseminate available funding opportunities to interested faculty members, and facilitate research and evaluation projects based on community need. These existing financial and human resources lay a strong foundation for the development of a university Center of this nature.

The Obesity Prevention staff has already submitted four external proposals for a total of $484,800. The Center is requesting a total of $391,874 in start-up funding from UNCW over the course of five years. UNCW would provide significant funding starting in Year 2 and the amount the university would contribute will decrease each year. It is anticipated that at the end of five years the Center will be self sustaining financially with the exception of the Executive Director. See Appendix C for a detailed budget. Also, see Appendix D for pending and potential grant opportunities and Appendix E for a list of research dollars brought in by potential faculty associates of the Center.
XIII. Space and Resource Needs

Currently, the administrative staff of the Obesity Prevention Initiative is housed in Public Service at New Centre Drive and may stay in this space for at least 2-3 years. Eventually, it will be ideal to have staff associated with the Center located on-campus for easy communication with faculty members. The new School of Nursing building may offer this type of space in the future. Several offices, GA cubicles, and access to conference rooms would be required.

XIV. Website Maintenance

The Deputy Director and Assistant Director will assemble the content to be uploaded onto the website. Information to be included will be: mission and vision statements, organizational structure, current research, list of faculty associates and a meeting schedule. The Administrative Assistant affiliated with the Center will be responsible for maintaining the website.

References

NC Nutrition and Physical Activity Surveillance System found at:


http://www.ncdhhs.gov/mhddsas/statspublications/reports/annualreport04-05total.pdf

Youth Risk Behavior Survey. Conducted 2005 by New Hanover County Schools Safe Schools grant. Results compiled by UNCW.
NC State Demographics 2005 accessed at: http://demog.state.nc.us/

List of Appendices

Appendix A: Published Research Related to Health and Well-being p. 13
Appendix B: Organizational Chart for Center for Healthy Living p. 21
Appendix C: Budget Justifications p. 22
Appendix D: Center for Healthy Living Funding Opportunities (pending & potential) p. 25
Appendix E: Associated Faculty Career Funding p. 26

Appendix A

Research Related to Health and Well-being
Compiled March 2007
In Alphabetical Order by Department, then Researcher Name

Health and Applied Human Science


Psychology


**School of Nursing**


Social Work


Research in Progress

Kinney, T, Kinney, J, Clements, C. Relationship of depression and suicidal ideation to physical activity and psychosocial characteristics of college students.

Elliott, S., Thornton, C, Boyce, R., Ganim, R.,* & Combs, S. Does recess pack equipment improve rates of physical activity among school-aged children?


Hossfeld, L, Hendricks, W.*, Escobar, N. Effects of a Lay Health Advisor program regarding nutrition and physical activity among immigrant Latinos.

Appendix B

Organizational Chart for Center for Healthy Living

Dean CHHS

- Advisory Board
  Interdisciplinary Faculty group and community leaders

- Executive Director
  (.5 FTE UNCW funded)

- Governing Board
  Steering committee made up of Chairs of participating departments

Deputy Director
  (1.0 FTE grant funded)

- Assistant Director
  (1.0 FTE grant funded)

- Graduate Assistants

- Undergraduate interns

- Administrative Assistant
  (1.0 FTE grant funded)

*indicates student researchers
Appendix C

Budget Justifications

Once the Center is approved, the Obesity Prevention Initiative can be administratively moved from the Department of Health and Applied Human Sciences to the Center for Healthy Living. Financial support of this initiative can be leveraged by UNCW funding to achieve maximum impact with minimal investment until the Center can become self sustaining. The following budget justification just takes into account expenses to operate the Center (staff and operating costs). It is expected that grant revenue will be much greater than what is reported in the following charts. This does not take into account research money generated to support faculty associates, graduate assistants and program costs.

* Cape Fear Memorial Foundation funding cycle is April 2006 – April 2009; Kate B. Reynolds funding cycle is July 2006 – July 2008.

July 1, 2007 - June 30, 2008 (Year 1)
Year 1 will be a transitional year for the Center for Healthy Living. Funding will be provided through the Obesity Prevention grants and UNCW will dedicate 10% effort (for 3 FTE positions) on the development of the Center’s Year 1 goals.

<table>
<thead>
<tr>
<th>Item</th>
<th>KBR</th>
<th>CFMF</th>
<th>UNCW</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinator, Health Educator, Admin Assist.</td>
<td>$44,253.00</td>
<td>$50,868.00</td>
<td>$10,569.00</td>
<td>$105,690.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>$11,505.78</td>
<td>$13,225.68</td>
<td>$2,747.94</td>
<td>$27,479.40</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>$4,200.00</td>
<td>$1,000.00</td>
<td>$1,200.00</td>
<td>$6,400.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$3,600.00</td>
<td>$1,322.00</td>
<td>$1,200.00</td>
<td>$6,122.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$6,997.00</td>
<td>$4,800.00</td>
<td>$1,200.00</td>
<td>$12,997.00</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$7,150.00</td>
<td>$7,150.00</td>
<td></td>
<td>$14,300.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$77,705.78</strong></td>
<td><strong>$71,215.68</strong></td>
<td><strong>$16,916.94</strong></td>
<td><strong>$165,838.40</strong></td>
</tr>
</tbody>
</table>

July 1, 2008 - June 30, 2009 (Year 2)
Year 2 will be the first year that the Center requests significant funding from UNCW. Funding will be used to support the Executive Director (.5 FTE), Assistant Director (1.0 FTE), and Administrative Assistant (.75 FTE). These positions will help accomplish year 2 goals and will also spend significant time preparing grants and helping develop research proposals to support Center functions. The Deputy Director position will still be funded by the Cape Fear Memorial Foundation grant through April 2009 (80% funded). Therefore the additional money for a full year (an additional 3 months of salary) is included in the UNCW share. Cape Fear Memorial Foundation provided three years of funding for the Obesity Prevention project but will require a cost match of at least $75,000 in the third year. We hope that the university will provide that match. It is
also possible that by year 2 some grant funding will be obtained to supplement UNCW’s share of the financial responsibility.

<table>
<thead>
<tr>
<th>Item</th>
<th>CFMF</th>
<th>UNCW (range)</th>
<th>F/A Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director (.5 FTE $46,700)</td>
<td>40,900</td>
<td>90,800-120,800</td>
<td>0-30,000</td>
<td>131,700-191,700</td>
</tr>
<tr>
<td>Deputy Director (1.0 FTE $50,000)</td>
<td>11,264</td>
<td>24,238-32,038</td>
<td>0-6,000</td>
<td>35,502-43,302</td>
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<tr>
<td>Assistant Director (1.0 FTE $40,000)</td>
<td>7,000</td>
<td>7000</td>
<td>0-3,000</td>
<td>10,000-10,000</td>
</tr>
<tr>
<td>Administrative Assistant (.75 FTE $25,000)</td>
<td>6,000-12,000</td>
<td>0-6,000</td>
<td>6,000-18,000</td>
<td></td>
</tr>
<tr>
<td>Graduate Students</td>
<td>3,000-6,000</td>
<td>0-3,000</td>
<td>3,000-9,000</td>
<td></td>
</tr>
<tr>
<td>Benefits</td>
<td>4,000-8,000</td>
<td>0-4,000</td>
<td>4,000-12,000</td>
<td></td>
</tr>
<tr>
<td>Purchased Services</td>
<td>3,000-6,000</td>
<td>0-3,000</td>
<td>3,000-9,000</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$59,164</td>
<td>138,038-191,838</td>
<td>0-46,000</td>
<td>197,202-$297,002</td>
</tr>
</tbody>
</table>

**July 1, 2009 - June 30, 2010 (Year 3)**

In Year 3, UNCW will fund the Executive Director position at .5 FTE ($48,568) and fund Graduate Assistants ($7,000). Other staff members will be completely funded by grants and through indirect costs from grants generated through the Center proposals. Benefits are 26% of each person’s salary totaled. Funding for supplies, travel, capital outlay and graduate assistants will be split between grants and the university. Note: all salaries are increased by 4% each year.

<table>
<thead>
<tr>
<th>Item</th>
<th>UNCW</th>
<th>F/A Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director (.5 FTE $48,568)</td>
<td>$48,568.00</td>
<td>119,600.00</td>
<td>$168,168.00</td>
</tr>
<tr>
<td>Deputy Director (1.0 FTE $52,000)</td>
<td>$7,000.00</td>
<td>7,000.00</td>
<td>$14,000.00</td>
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<tr>
<td>Assistant Director (1.0 FTE $41,600)</td>
<td>$13,257.68</td>
<td>31,726.00</td>
<td>$44,983.68</td>
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<td>Administrative Assistant (.75 FTE $26,000)</td>
<td>3,000.00</td>
<td>4,000.00</td>
<td>$7,000.00</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>3,000.00</td>
<td>2,000.00</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>6,000.00</td>
<td>2,000.00</td>
<td>$8,000.00</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>3,000.00</td>
<td>1,000.00</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>Travel</td>
<td>83,825.68</td>
<td>167,326.00</td>
<td>$251,151.68</td>
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</tbody>
</table>

**July 1, 2010 - June 30, 2011 (Year 4)**

In Year 4, UNCW will pay for the Executive Director .5 FTE position along with benefits. The university will also continue to share some of the costs of supplies and incidentals though less than in year 3. Other grants will be paying the full costs of the Deputy Director (1.0 FTE), Assistant Director (1.0 FTE), and the Administrative Assistant (.75 FTE). Indirect costs from grants generated through the Center will also pay for other expenses. Potential grant opportunities that might support the Center are located in Appendix D.
<table>
<thead>
<tr>
<th>Item</th>
<th>UNCW</th>
<th>F/A Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director (.5 FTE $50,511)</td>
<td>$50,511.00</td>
<td>$124,384.00</td>
<td>$174,895.00</td>
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<tr>
<td>Deputy Director (1.0 FTE $54,080)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Director (1.0 FTE $43,264)</td>
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<td></td>
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<tr>
<td>Administrative Assistant (.75 FTE $27,040)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total Salary</td>
<td>$50,511.00</td>
<td>$124,384.00</td>
<td>$174,895.00</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>$7,000.00</td>
<td>$7,000.00</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>$13,762.86</td>
<td>$32,969.84</td>
<td>$46,732.70</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>$1,000.00</td>
<td>$9,000.00</td>
<td>$10,000.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,000.00</td>
<td>$2,000.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>$3,000.00</td>
<td>$6,000.00</td>
<td>$9,000.00</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>$3,000.00</td>
<td>$1,000.00</td>
<td>$4,000.00</td>
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<tr>
<td>Total</td>
<td>$79,273.86</td>
<td>$182,353.84</td>
<td>$261,627.70</td>
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</tbody>
</table>

**July 1, 2011 - June 30, 2012 (Year 5)**

By Year 5, the goal is for the university to pay for the Executive Director’s salary (.5 FTE) and benefits as well as graduate assistants only. All other positions and incidentals will be covered by the Center this year. Each salary increases by 4% each year.

<table>
<thead>
<tr>
<th>Item</th>
<th>UNCW</th>
<th>F/A Other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director (.5 FTE $52,531)</td>
<td>$52,531.00</td>
<td>$129,360.00</td>
<td>$181,891.00</td>
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<tr>
<td>Deputy Director (1.0 FTE $56,243)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assistant Director (1.0 FTE $44,995)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant (.75 FTE $28,122)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub-total Salary</td>
<td>$52,531.00</td>
<td>$129,360.00</td>
<td>$181,891.00</td>
</tr>
<tr>
<td>Graduate Students</td>
<td>$7,000.00</td>
<td>$7,000.00</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>Benefits</td>
<td>$14,288.06</td>
<td>$34,263.60</td>
<td>$48,551.66</td>
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<tr>
<td>Purchased Services</td>
<td>0.00</td>
<td>$10,500.00</td>
<td>$10,500.00</td>
</tr>
<tr>
<td>Travel</td>
<td>0.00</td>
<td>$3,000.00</td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Supplies</td>
<td>0.00</td>
<td>$9,500.00</td>
<td>$9,500.00</td>
</tr>
<tr>
<td>Capital Outlay</td>
<td>0.00</td>
<td>$4,500.00</td>
<td>$4,500.00</td>
</tr>
<tr>
<td>Total</td>
<td>73,819.06</td>
<td>$198,123.60</td>
<td>$271,942.66</td>
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</table>

**Summary of UNCW investment**

<table>
<thead>
<tr>
<th>Year</th>
<th>UNCW Amount</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>$16,917</td>
<td></td>
</tr>
<tr>
<td>Year 2</td>
<td>$138,038 - $191,838</td>
<td>Depending on grant activity – UNCW investment could be less</td>
</tr>
<tr>
<td>Year 3</td>
<td>$83,825.68</td>
<td>Includes continuing support of Executive Director and Graduate Students</td>
</tr>
<tr>
<td>Year 4</td>
<td>$79,273.86</td>
<td>Includes continuing support of Executive Director and Graduate Students</td>
</tr>
<tr>
<td>Year 5</td>
<td>$73,819.06</td>
<td>Includes continuing support of Executive Director and Graduate Students</td>
</tr>
<tr>
<td>Total</td>
<td>$391,873.60</td>
<td></td>
</tr>
</tbody>
</table>
Note: In our discussions with UNC-Chapel Hill and National Institutes of Health it was determined that, at a minimum a University must commit approximately 25% of operating budget to be competitive for major grants.

Appendix D

Center for Healthy Living Funding Opportunities

<table>
<thead>
<tr>
<th>Pending Grants</th>
<th>Date Submitted</th>
<th>Amount</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>PepsiCo Foundation</td>
<td>March 21, 2007</td>
<td>$94,800</td>
<td>Nutrition on a Mission! a theatrical presentation on nutrition and physical activity for second and third graders</td>
</tr>
<tr>
<td>U.S. Department of Education, Rehabilitation Services Administration</td>
<td>May 22, 2007</td>
<td>$390,000</td>
<td>Recreational programs for individuals with disabilities: Project Sail</td>
</tr>
</tbody>
</table>

Total $484,800

<table>
<thead>
<tr>
<th>Potential Grants</th>
<th>DUE DATE</th>
<th>Amount</th>
<th>Project/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaxo Smith Kline Foundation</td>
<td>October 1, 2007</td>
<td>Up to $1 million</td>
<td>Seed money to start Center for Healthy Living</td>
</tr>
<tr>
<td>National Institutes of Health</td>
<td>Several dates</td>
<td>various</td>
<td>Examples: Structural Interventions, Alcohol Use and Risk of HIV/AIDS; Parenting Capacities &amp; Health Outcomes in Youth &amp; Adolescents; Health Disparities among Minority &amp; underserved women</td>
</tr>
<tr>
<td>U.S. Department of Education</td>
<td>Various</td>
<td>$500,000</td>
<td>Improve results for children with disabilities</td>
</tr>
<tr>
<td>Robert Wood Johnson</td>
<td>Several dates</td>
<td>$200,000 - $2 million</td>
<td>Recent announcement $500 million to fight childhood obesity</td>
</tr>
<tr>
<td>Corning Foundation</td>
<td>Continuous</td>
<td>Various</td>
<td>Focus on health and education</td>
</tr>
<tr>
<td>W.K. Kellogg Foundation</td>
<td>Continuous</td>
<td>Up to several million</td>
<td>Grants to improve individual and community health</td>
</tr>
</tbody>
</table>
### Gerber Foundation
May and November
Various
Grants for research to improve infant and child health

---

**Appendix E**

**Associated Faculty Career Funding**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candy Ashton, PhD.</td>
<td>HAHS</td>
<td>$1.24 million</td>
</tr>
<tr>
<td>Robert Boyce, PhD.</td>
<td>HAHS</td>
<td>$125,000</td>
</tr>
<tr>
<td>Darwin Dennison, PhD.</td>
<td>HAHS</td>
<td>$3.73 million</td>
</tr>
<tr>
<td>Jane Fox, EdD, APRN, CS, PNP</td>
<td>SON</td>
<td>$800,000</td>
</tr>
<tr>
<td>Terry Kinney, PhD.</td>
<td>HAHS</td>
<td>$5.4 million</td>
</tr>
<tr>
<td>Nora Noel, PhD.</td>
<td>Psychology</td>
<td>$4.66 million</td>
</tr>
</tbody>
</table>

**Total Funding generated = $16.0 Million**
Appendix B: UNC Meadowmont Center

- Owned and operated by UNC Health Care
- Opened in November 2002
- 52,000 square feet
- We serve Chapel Hill, Durham, and the surrounding communities in North Carolina
We typically maintain 4,500-4,700 “permanent” members, depending on seasonal trends.

We also serve students, monthly members, and Cardiac Rehab and Physical Therapy patients.

39% of our members are UNC Health Care employees.

Our average member is just under 48 years old.

Our membership is 58% female and 42% male.
Key stats – continued

- Average 24,000 to 29,000 check-ins per month
- Typically members visit on average two to three times per week
- Monthly retention rate is 98% plus
- Currently have a five month wait list

Financial Success

- Margin for the past two fiscal years has been 10.8% (FY 05-06) and 14.3% (FY04-05)
- Retention has been ~75% for the past two years and looks even better this year
- “Rolling Enrollment” program helps manage utilization while meeting our financial goals
- Our financial success was crucial in building UNC Health Care support for a new 60,000 square foot facility, to open in early 2008
Clinical Services

- Cardiac Rehab
  - Served more than 200 individuals last year, with 4,100+ visits
  - Consistently achieves positive outcomes in physiologic measures, including waist circumference and MET levels
  - Earned AACVPR Certification this year
  - Bridge Program supports a variety of needs outside of Cardiac Rehab

Clinical Services

- Nutritional Services
  - 17 nutritionally-based group programs and 150+ individual counseling sessions during the last year

- Massage Therapy
  - 1,443 total massage therapy sessions with 830 individuals last year
Clinical Services

- Physical Therapy
  - This busy UNCH outpatient PT clinic shares space, equipment, and a pool with UNC Wellness Center members
  - Thriving warm water therapy program
  - GOLF program combines PT and personal training expertise and tools
  - PT patients get “fast-track” access to UNC Wellness Center membership after completing their PT program

Wellness & Fitness Programs

- Personal Training
  - More than 580 individuals used our personal trainers last year
  - 8,050+ training sessions
  - Special needs, sport-specific, general wellness, rehabilitation, and functional training
  - Our trainers lead group programs for triathlon, running, skiing, adventure racing, tennis, and more
Wellness & Fitness Programs

- Group Fitness
  - We offer over 100 classes each week
  - The Group Fitness program averages 1,625 participants per week or 85,000 for the year
  - Most classes are structured to accommodate a wide range of ages and abilities

Wellness & Fitness Programs

- Weigh To Wellness
  - A high-touch, intensive lifestyle change and weight loss program
  - More than 40 people participated last year, accounting for more than 500 visits
  - Generated over $8,000 in revenues last year
  - PRICELESS impact on lives
Wellness & Fitness Programs

- Health Education Highlights
  - Wellness Expo in conjunction with charity 5k
  - PACE for arthritis sufferers
  - Living Plus program featuring UNC Health Care physicians
  - More than 70 different programs last year

Community Outreach

- ARC
  - Our work with the ARC of Orange County provides their members with healing, engaging activities

- Scholarships
  - OCF Scholarship fund helps people in financial and medical need
  - Allows participation in clinical and wellness programs that would otherwise be unaffordable
Community Outreach

- MS150
  - This year 80 Team UNC Wellness cyclists raised over $46,000. Last year 73 cyclists raised $32,000.

- Heart Walk
  - This year 80 walkers raised over $8,000. Last year 60 walkers raised $10,500.

Community Outreach

- Steppin’ Out
  - More than 30 scheduled activities during April
  - 200 walkers, 7.3 million steps, over $1,000 to a local program fighting childhood obesity

- Host for Girls on the Run, Arthritis Walk, UNC Wellness Triathlon (supports OCF scholarships), Women Only Triathlon, UNC Health Care studies, and more.
The Future

- More clinical programs
  - Smoking Cessation
  - Cancer
  - Diabetes
- Increased integration with UNC Health Care (referrals, programs)
- Our New Facility!
Origins of Model

- Development of integrated delivery system
- Response to growth of managed care
- Outcomes based, data driven health and wellness programs
- Hospital based medical fitness model

Origin of Model

- Managed care growth slowed
- New outreach, marketing opportunity
- Focus on healthy adults; create an experience unlike clinical operation
- Platform to deliver community health education
Goals

- Primary goal at this time is successful implementation of second facility
- Continued positive earnings returned to UNC Hospitals
- Develop broader strategic plan for growth
- Bring national recognition and prominence to UNC Hospitals and UNC Health Care System

Organizational Structure

- Wholly owned and operated by UNC Hospitals
- Cost center within hospital
- Operating and Capital budget funded by hospital
- UNC Hospitals employees
- Operation reports to UNC Hospitals administration
## Organization
- UNC Hospitals - state entity
- Separate agency from UNC-CH and UNC-CH School of Medicine
- Enterprise fund, retain earnings
- Self-funded capital project
- UNC Hospitals board approved business case and ROI

## Operational Funding
- Annual operating budget process
- Routine capital funds allocated based on hospital prioritization process
- Staffing funded through operating budget via hospital annual process
- Initial project capitalization from hospital retained earnings
**Plans for Future**

- Open second facility in Cary
- Have one management contract, considering others
- Consulting practice
- Right size and smart growth

**Partnership Opportunities**

- Consulting services
- Turn-key branded or private label operation
- Co-branding of model and operation
- Accreditation
- Limitations
- Other University partners
Partnership Caveats

- New Hanover Regional Medical Center
  - Important training and outreach location for UNC-CH SOM and UNCHCS
- Respect existing clinical relationships
- We are from Chapel Hill and we are here to help...
- You know your community market, we know the health care market

Advice

- Location, location, location...
- Engage community, evaluate and know target audience
- Focus and emphasis on improving health status, know data
- Choose partners for right reason
- Resist temptation to replicate campus recreation off-campus
- Create a community; don’t market a gym
Appendix C: January 19, 2007
Stakeholders’ Survey Data
An Exploration of Issues and Options Related to the Future Alignment of Health, Wellness, Human Services and Allied Disciplines and Fields of Study

Wise House January 19, 2007

Stakeholders’ Meeting Responses

I am:

1. a non-tenured faculty member
2. a tenured Associate Professor
3. a tenured Full Professor
I have been:

1. a practitioner in my field within the past 5 years
2. I am still a practitioner and faculty member
3. my experience has been exclusively in academia

I have been at UNCW:

1. 5 years or fewer
2. 6 to 10 years
3. 11 to 16 years
4. 17 to 20 years
I have had:

1. good experiences with collaboratively administered programs (33%)
2. mixed experiences with collaboratively administered programs (25% each)
3. no experience with collaboratively administered programs (25%)
4. bad experiences with collaboratively administered programs (17%)

Category II
General Concerns and Opportunities

Answers Represent Degree of Agreement or Importance to the Responder
Collegiality and interdisciplinary collaboration with other programs already exist to a high degree in my department.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

The university’s leadership should challenge us to think about how our programs can best meet our students and community’s future needs and best position UNCW for that future.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
We should acknowledge and take advantage of the numerous natural alliances and core academic underpinnings which already connect our programs.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

UNCW’s leaders need to demonstrate more (not less) guts and risk taking to stimulate candid conversations about the future and the related necessary actions.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
If we are truly a teaching school, then we must consistently link our pedagogical base to what we and our students do. This extends to infrastructure decisions as well.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

This discussion about some new, overarching structure at UNCW to unite programs in the health sciences, human services, wellness and nursing is:

1. New to me in the past 6 months
2. Not new to me (within the past two years)
3. Goes back years
My department has:

1. A good situation at present regarding faculty and resources
2. Just enough faculty and resources to deliver our current programs
3. Not enough faculty or resources to deliver our current programs
4. Far too few faculty and resources

There is a significant difference between “full participant/observer engagement” and performing specific, limited tasks in internships which often focus on select skills and credentialing requirements.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
We do need a more robust infrastructure to facilitate interdisciplinary collaboration addressing such issues as how we can share credit hours, make joint appointments easier, streamline processes for course development, etc.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

This new approach (if there is to be one) must be broadly conceived and go beyond a strictly conceived “medical or clinical” model.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Before we go too far beyond the general structure discussions, we must do an analysis of data about internal resources, commitment and markets.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

If we create this “new structure” that has the traction it needs, then it must be conceptualized so that it allows for the direct involvement of a wide range of programs in the College, School of Education and the School of Business.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
One of the most critical challenges in all of this will be aligning and amplifying our talents, energy and resources without dissolving them.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

This effort will have a strong impact on the students and faculty we can recruit, the quality of our professional lives and the professional futures of our graduates.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Agree
We cannot focus on the immediate future and our current “turf.” We are required as professionals to think broadly and to anticipate and project a future 10 to 20 years out.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

This discussion is exciting to me and while I have concerns, I think it presents us with a number of important and unique opportunities.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I don’t see how any of this allows us to do anything that we cannot already do if we wanted to.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Category III
Concerns and Challenges
The new faculty in our department are particularly concerned about how this discussion might eventually impact their futures and their opportunities for career success.

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important
5. Not an Important Issue

I have seen this type of effort turn into an amalgamation of disparate programs at other places with no clearly defined common threads and no real day-to-day realities that collegiality is fostered.

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important
5. Not an Important Issue
The relative size of a sub-unit has to be a major factor when considering representation in planning.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

The relative size of a sub-unit must always be considered when considering the resource base and new resources.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Whatever we do, we do not have the luxury of eroding the identity or foundations of our current departments that are in many ways still forming

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important Issue
5. Not an Important Issue

Leadership is always the key. I have serious concerns about how such leadership issues will be decided in a manner that ensures openness, invites collaboration and respects the full range of program needs.

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important
5. Not an Important Issue
I am not sure that we have the “horses” among our current faculty and leadership to pull this off. In fact, I am not even sure that we have the saddles.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

This effort needs to be approached in stages by perhaps moving from a smaller, less formal structure to a more complex and formal structure. However, if this is done I would urge setting specific timelines as targets or it will never get out of the box.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Whatever we do, let’s not be a mini-ECU in this arena or a satellite program. We need our own niche, our own identity and to cast our own shadow.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I think the way the design and space assignment issues in the new building were handled have served to polarize us in some ways.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I understand that the new building is now planned for the School of Nursing.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I am concerned that the School of Nursing will lose some resources and the autonomy needed to respond to practice standards and accreditation requirements.

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important
5. Not an Important Issue
I am concerned that Nursing will swallow us and reshape our programs along a medical or clinical model.

1. Highly Important Issue
2. Important Issue
3. Not Sure
4. Moderately Important
5. Not an Important Issue

The local governance of this structure must be inclusive and represent each department at the table. Having said this, it must also have a strong leader whom we support and who has the authority to move us through grid-lock.

Part I
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
The local governance of this structure must be inclusive and represent each department at the table. Having said this, it must also have a strong leader whom we support and who has the authority to move us through grid-lock.

Part II
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

The leader of this effort will be much like an orchestra conductor. The conductor is seldom liked by the talented musician. It is the classic struggle between dueling egos and sense of place. The faculty (the artist) sees the conductor (administrator) as a tactician. Yet, when the really good conductor comes along, there is an unspoken moment of recognition and a new level of harmony and energy and they can feel it and are moved by it, and it is them.

1. I get it and it feels right
2. I am not sure what this means but I like it
3. What?
4. I don't see the connection for me
While I have concerns, I am not ruling out the positive potential of a well-constructed and well-led effort.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Potential Names for New College

Please Respond Acceptable (A) or Unacceptable (B) to the following forced-choice naming options. Your answer(s) is intended to show degree of acceptance if a choice had to be made. You can have several in each category.
College of Health and Applied Human Sciences

1. Acceptable 69%
2. Unacceptable 31%

College of Allied Health Sciences

1. Acceptable 38%
2. Unacceptable 62%
College of Health Sciences or Human Services

1. Acceptable
2. Unacceptable

College of Nursing and Health Sciences

1. Acceptable
2. Unacceptable
College of Health Sciences and Nursing

1. Acceptable
2. Unacceptable

85%
15%

College of Health Services and Allied Human Services

1. Acceptable
2. Unacceptable

85%
Next Steps

• Review the results (unedited) of this session with the deans and Provost
• Identify a sub-group to talk about unique and powerful program strands that need to be pursued (independent of a particular structure) to better position UNCW for the future.
• Plan a timeline for decision making with deans and chairs
• Identify a content specialist with experience in a highly successful collaborative, interdisciplinary environment to facilitate a follow up discussion.
• Define the characteristics and processes that will lead to the best result in each area discussed today and assemble a planning team to validate those descriptors.
• Schedule a status report meeting with chairs in mid-February to talk about processes and next steps
Appendix D: Charge to the Task Force
Task Force on the Future of Health-related Programs

Task Force Charge: March 14, 2007

On March 15th, 2007, a “Planning and Implementation Task Force on the Future of Health-related Programs at UNCW” was charged by the Chancellor and the Provost with “determining the core principles and designing the operational elements needed to give direction and form to a new college. The college would combine the resources, talent and energy of designated health-related programs at UNCW in a manner that will best serve the institution and the region into the future. Specifically, the model should initially focus on linking our Nursing, Health and Applied Human Science and Social Work programs. The Task Force work should be concluded in time to allow for a target date for the opening of the new college to be planned for the fall of 2009.”

- The Task Force will determine the core principles and design the essential operational elements needed to give direction and form to a new college that can amplify the talent, resources and power of existing programs.

- The new college will initially consist of the current School of Nursing, Department of Health and Applied Human Sciences and the Department of Social Work. The faculty and curricular resources of these units will be supplemented through formal and informal interdisciplinary partnerships with other academic disciplines.

- The planning cycle will span no more than two years, with the Task Force Report due before the end of February 2008, details of initial staffing addressed in January 2009, and the college opening in the fall of 2009.
Appendix E: Stakeholders’ Meeting Announcement and Presentation
November 15, 2007
Invitation to Attend a Stakeholders' Meeting

The Task Force on the Future of Health Programs at UNCW will be holding two additional stakeholders’ meetings in an effort to update you on our work to date and to seek your comments and counsel. Throughout the process the Task Force members have sought to keep their colleagues informed and to solicit ideas and feedback. Departmental meetings, one-on-one sessions, stakeholders’ meetings on January 19 and March 15 and small group discussions have occurred. With the beginning of the new semester, additional departmental meetings, an information web site, idea hotline and three sessions for stakeholders will further the effort to engage a broader array of participants.

If you would like to participate in one of the upcoming stakeholders’ sessions, you will need to choose from one of the two dates below by sending an e-mail response noting your e-mail address, department and Option I or Option II to slf4659@uncw.edu by October 7, 2007. Because we want these sessions to be informal and afford you an opportunity for interaction, we have limited attendance for each session to the first 50 individuals who respond. After these slots are filled, we will need to assign people to sessions. It is important that you arrive 15 minutes before the start time so that we can make full use of the time available. Based on the responses we receive, we will plan future sessions. Thank you.

Option I: Date: October 12, 2007
Time: 10:00-12:30
Location: Madeline Suite (next to Wagner Hall)

Agenda:

Welcome and Process Review—Kathleen Ennen 10:00-10:15
Driving Forces and the Context for Change—Kris Walters 10:15-10:30
Comments from Audience 10:30-10:50
Emerging Intent and Philosophy—Donna Hurdle 10:50-11:05
Comments from Audience 11:05-11:25
Break 11:25-11:35
Initial Thoughts on Organization—Terry Kinney 11:35-11:50
Comments from Audience 11:50-12:10
Audience Response to Questionnaire-Darwin Dennison 12-10-12:30

Thank you – Kathleen Ennen

• Light refreshments will be available

Option II: Date: November 15, 2007
Time: 2:00-4:30
Location: Madeline Suite (next to Wagner Hall)

Agenda:

Welcome and Process Review—Janie Canty-Mitchell 2:00-2:15
Driving Forces and the Context for Change—Nelson Reid 2:15-2:30
Comments from Audience 2:30-2:50
Emerging Intent and Philosophy—Donna Hurdle 2:50-3:05
Comments from Audience 3:05-3:25
Break 3:25-3:35
Initial Thoughts on Organization—Terry Kinney 3:35-3:50
Comments from Audience 3:50-4:10
Audience Response to Questionnaire—Darwin Dennison 4:10-4:30
Thank you— Janie Canty-Mitchell

• Light refreshments will be available

9-24-07

Provost’s Task Force on The Future of Health-related Programs at UNCW:

Invitation to Attend a Stakeholders' Meeting

The Task Force on the Future of Health Programs at UNCW will be holding two additional Stakeholders’ Meetings in an effort to update you on our work to date and to seek your comments and counsel. Throughout the process the Task Force members have sought to keep their colleagues informed and to solicit ideas and feedback.
Departmental meetings, one on one sessions and small group discussions have occurred. With the beginning of the new semester, additional sessions, an informational web site, idea hotline and these Stakeholders’ Meetings, we will further the effort to engage a broader array of participants in this process.

If you would like to participate in the November 15th, 2007 Stakeholders’ Meeting, you will need to send an e-mail response noting your e-mail address and department to: slf4659@uncw.edu.

Because we want this session to be informal and afford you an opportunity for interaction, we ask that you RSVP before November 5th, 2007 at 10 p.m., as there is limited seating for this event. It is important that you arrive 15 minutes before the start time so that we can make full use of the time available. Additional information about the Provost’s Charge and Task Force can be found at: www.uncw.edu/local/health. Thank you.

November 15th, 2007
Time: 2:00 – 5:00 p.m.
Location: Madeline Suite (next to Wagner Hall)

Agenda:

Welcome and Process Review—Janie Canty-Mitchell 2:00-2:15
Driving Forces and the Context of Change—Nelson Reid 2:15-2:30
Clicker Response Questions (Darwin Dennison) and Discussion 2:30-2:50
Emerging Intent and Philosophy—Donna Hurdle 2:50-3:05
Clicker Response Questions (Darwin Dennison) and Discussion 3:05-3:25
Break 3:25-3:35
Initial thoughts on Organization—Terry Kinney 3:35-3:50
Clicker Response Questions (Darwin Dennison) and Discussion 3:50-4:10
Final Questions and Comments from Task Force and Audience 4:10-5:00
Thank you—Janie Canty-Mitchell

- Light refreshments will be available throughout the session

__________________________________________________________________
On March 15, 2007 a “Planning and Implementation Task Force on the Future of Health Related Programs at UNCW” was charged by the Chancellor and Provost with "determining the core principles and designing the operational elements needed to give direction and form to a new college.

The college would combine the resources, talent and energy of designated health related programs at UNCW in a manner that will best serve the institution and the region into the future.

Initially the model should focus on linking our Nursing, Health and Applied Human Science and Social Work programs.”
Charge to the Task Force & Progression of Work

Dr. Kathleen Ennen
Dr. Janie Canty-Mitchell

Process & Timeline

- **January 19-20, 2007** — 15 faculty from the three units attended a two-day retreat to discuss the potential creation of a New College.

- **January 20-April 5** — 38 one hour interviews with individual faculty, administrators, Chancellor, Provost and deans were conducted to assess receptiveness to the charge.

- **March 15** — Provost, deans, and 15 faculty representatives from the three units met and were asked if they could support the effort if significant input as to design, functions and process were assured — the charge was endorsed.
On March 15, 2007 a “Planning and Implementation Task Force on the Future of Health Related Programs at UNCW” was charged by the Chancellor and Provost with “determining the core principles and designing the operational elements needed to give direction and form to a new college.

The college would combine the resources, talent and energy of designated health related programs at UNCW in a manner that will best serve the institution and the region into the future.

Initially the model should focus on linking our Nursing, Health and Applied Human Science and Social Work programs.”

This initiative was in response to long standing discussions among faculty and academic leaders related to the need to create a new structure to more effectively integrate the knowledge bases, program delivery, outreach and research of select academic programs.

The members of the Task Force were nominated by academic chairs and deans.
Task Force Members

- Dr. Janie Canty-Mitchell, School of Nursing
- Dr. Nelson Reid, Department of Social Work
- Dr. Candy Ashton, Department of Health and Applied Human Sciences
- Dr. Kathleen Ennen, School of Nursing
- Dr. Reggie York, Department of Social Work
- Dr. Darwin Dennison, Department of Health and Human Sciences
- Dr. Kris Walters, School of Nursing
- Dr. Donna Hurdle, Department of Social Work
- Dr. Terry Kinney, Department of Health and Applied Human Sciences
- Dr. Robert Tyndall, Staff to the Task Force
- Stephen L. Firsing III, Graduate Assistant—M.P.A.
- Melissa Lyons, Graduate Assistant—M.S.W.

Process & Timeline Cont.

May 1—October 1, 2007

1. The Task Force held three mini-retreats.
2. 20 meetings of the whole or sub-committees have taken place.
3. The Task Force is now meeting every Tuesday from 9:00-11:00 am.
4. There have been four Provost briefings; the next one is scheduled for November 27th.
There have been four Chancellor briefings with the last one on November 2nd.
6. Each dean has been briefed three times and has been copied on materials as they have been developed. The next deans’ briefing is scheduled for November 27th.
7. Three stakeholders’ sessions have been scheduled thus far on October 12th, November 15th and January 22nd.
8. The preliminary draft of the recommendations will be available on or about November 28th.
9. The final report from the Task Force will be presented to the Provost on February 28th, 2008 (tentative).
10. Dean search will begin in spring of 2008.
11. New College to open in fall 2009.
Opportunities for Input

- Task force members have solicited feedback from faculty.
- Funding has been provided for one-on-one and small group lunches.
- A web site has been set-up with information being posted almost daily at: http://www.uncw.edu/local/health

Opportunities for Input Cont.

- Stakeholders' sessions and follow-up are in progress.
- Dr. Dennison will collect additional survey responses today.
- The graduate students are assisting the Task Force with needed research.
- E-mails from faculty can be sent to Task Force members or project staff: slf4659@uncw.edu
Opportunities for Input Cont.

- This is an iterative and transparent process that will require constant revision.
- We seek your support, assistance and continuing input.

Today’s Agenda
(Nov. 15th 2007)

Comments from the Chancellor 2:00-2:05
Comments from the Provost 2:05-2:10
Driving Forces and the Context of Change—Nelson Reid 2:25-2:40
Clicker Response Questions (Darwin Dennison) and Discussion 2:40-3:10
Emerging Intent and Philosophy—Candy Ashton 3:10-3:25
Clicker Response Questions (Darwin Dennison) and Discussion 3:25-3:55
Break 3:55-4:05
Initial thoughts on Organization—Terry Kinney 4:05-4:20
Clicker Response Questions (Darwin Dennison) and Discussion 4:20-4:50
Final Questions and Comments from Task Force and Audience 4:50-5:10
* All Presenters

Thank you—Janie Canty-Mitchell

* Light refreshments will be available throughout the session
Driving Forces for the New College at UNCW

Dr. Kris A. Walters
Dr. Nelson Reid

Why a New College?

- Needs of the region and the professions we serve.
- Availability of external funding.
- Change as necessary to remain competitive and position UNCW as a university that recognizes and addresses health care, nursing, wellness, and human services needs.
- Increase visibility for potential funding and to attract students to wellness, health care, nursing, and human services disciplines sooner.
- To meet increased requirements for accountability from several sources including public expectations and legislative benchmarks.
- UNCW possesses the capacity.
Public Needs

- Nursing, health care, wellness and human services are identified as critical immediate and future needs locally, regionally, & globally.

- Public demands as evidenced by:
  - Work force studies – 36% average growth by 2014
  - Changing demographics
  - Economic projections for Southeastern N.C.
  - Shortage of health care professionals

- UNCW is in a central health care location surrounded by geographic areas with emerging needs—thus the New College would:
  - Help develop Wilmington as a health & human services center
  - Assist with identifying and addressing current disparities
  - Attract health care & human services professionals, groups, & faculty

Availability of Funding

- Funding sources are placing increased emphasis on inter-disciplinary and inter-agency collaboration in the funding of services.

- Funding already available &/or accessible:
  - External Funding
    - In 2006, 1.9 billion dollars of external funding for UNC System went to health, social service, & biomedical areas; no significant change projected for this type of funding
  - Clinical research potential
    - Global increase in clinical research projected to continue
    - Availability of publicly & privately funded clinical research
    - Wilmington becoming popular location for biopharmaceutical companies & contract research organizations
Remaining Current & Competitive

- Our competition is ahead of us:
  - Many UNC institutions & non-N.C. universities are moving toward an identifiable health entity.

- UNCW needs to recognize the changes in health care, wellness, nursing, & human services educational organizations & formats to remain competitive & attractive to students & funding sources.

Visibility

- Increased visibility of a New College may attract more students earlier to particular areas of study.

- There is an increase in the public’s view that universities are accountable for facilitating the education and training needed to meet the changes in society.
Accountability

- Public expectations and legislative benchmarks
- Student outcomes assessment (SACS accreditation)
- Individual program accreditations
- Increased productivity goals and documentation

6 of 7

Capacity

- Several UNCW programs possess one common focus…the application of knowledge regarding health, wellness, human needs, & quality of life.
- New College will better facilitate the exchange & collaboration of education & research in health care, nursing, wellness & human services areas.

7 of 7
Initially, the new college will bring together three academic units (HAHS, Nursing, Social Work) with a common concern for the health and quality of life of individuals and communities.

Health is defined as “a state of complete physical, mental and social well-being, and not merely the absence of disease” [WHO].
UNCW GOALS

- A new college focusing on health and wellness will provide a vehicle for UNCW to:
  - Prepare health & human service professionals for the 21st century.
  - Provide outreach services to the community to address health disparities.
  - Research interventions and “best practices” to enhance citizen health.
  - Develop health policy to create vital SE NC communities.

- The strength and vitality of the three well-established academic units will be preserved and enhanced in the new structure.

- Innovation, collaboration, technological sophistication, and external partnership will be key guiding principles.
The college will develop new structures and mechanisms for inter-disciplinary teaching and internships that will prepare students for 21st century practice.

Opportunities and incentives for collaborative and community-based faculty research and service will be created.

PEW COMMISSION

Competencies for 21st Century Health Professions:
- Work in interdisciplinary teams
- Provide evidence-based care
- Practice preventive health care
- Improve access to health care for those with unmet health needs
- Provide culturally sensitive care
- Partner with communities in health care decisions
Building on the WHO definition of health, the college will embrace a construct of health based on: physical, psychological, social, spiritual, and community domains.

College units (HAHS, nursing, social work) & other UNCW entities will collaborate in their teaching, research, and service roles.

To foster inter-disciplinary practice in students, the faculty must model this approach and the structure and practices of the college should reflect it.

Common core content will be identified across units to reflect a shared knowledge base and commitment to ethics and values.
A collaborative and transdisciplinary theme is proposed for the new college.

“Transdisciplinary” approaches are based on a holistic focus in which faculty transfer information, knowledge, and skills across disciplinary boundaries to create a common conceptual framework.

Transdisciplinary mechanisms may include:

- Cross-listing existing courses
- Creating new core courses co-taught by faculty from different departments
- Developing student internship teams across departments to address health needs
- Community-based research by faculty teams from different departments
New College Timeline, Leadership, and Organization

Dr. Terry Kinney
Dr. Reggie York
Dr. Janie Canty-Mitchell

Questions for Task Force

- What should be the *guiding principles* underlying new organizational structure?
- What is the ideal and realizable *organizational structure* for a new college?
- What are the *leadership* qualities, attributes, credentials, and experiences needed in the new college dean?
- What is the *timeline* for implementing the new organizational structure?
Guiding Principles

- Preserve the strengths of the three units within the new college.
- Strengthen and enhance the collective.

Guiding Principles

- Utilize, where possible, the transdisciplinary model which would evolve over time.
- Establish the foundations for "HEALTH" to become a UNCW area of excellence.
Rationale for Organizational Structure

- Review of literature on academic health centers.
- Review of other college organizational structures.
- Need to organize human resources, budget, and administrative efforts (Assistant Dean).
- Need to organize transdisciplinary research and academic efforts (Associate Deans).
- Parity among the academic units.

Organizational structure calls for strong leaders of the three Schools within the college who would:

- Guide the evolution of the new college consistent with the “guiding principles.”
- Control personnel and base operating budgets.
Organizational structure calls for strong leaders of the three Schools within the college who would:

- Control lapsed position dollars consistent with the prevailing university plan.
- Develop the curriculum consistent with:
  - Faculty vision & expertise
  - Curricular best practices
  - Accreditation standards
  - Licensure/certification
  - Close collaboration with Academic Affairs

Proposed Traits for the New College Dean

- Transformational philosophy
- Visionary leadership
- Team building experience
- Integrity and trust
- Leadership in navigating complex systems
- Demonstrated successful academic leadership
- Respect for and valuing of all related disciplines and constituencies
Dean Search Process

- There would be a national, competitive search.
- The search chair would likely be another sitting Dean at UNCW or former Dean at another highly respected institution.
- The committee would have equal representation from the three schools and others named by the Provost.
- Commitment to find the most qualified person possible.

Timeline

- November 2007
- UNCW Quality Planning Council
- Faculty Senate
- UNCW Cabinet
- UNCW BOT
- UNC BOG
- New Dean Search
- Start of new college
- Here and now
- 12/07
- 12/07
- 12/07
- 4/08
- 6/08 – 9/08
- 3/08-1/09?
- 8/09
Appendix F: Faculty Questions and Task Force Responses
Stakeholders’ Meetings

Comments and Responses: October 12 and November 15 Meetings

The responses provided by the Task Force reflect the understandings that have grown out of our many hours of conversations with faculty and administrators. Each response is our best attempt at representing what we believe to be the prevailing understandings and agreements at this time. This is not the end of our conversations but rather the beginning of a series of much more intense and significant engagements. We have a unique opportunity to position our institution, elevate the voice of UNCW in the HEALTH arena and provide a new array of academic and professional opportunities to our faculty and students. Our recommendations and our responses herein are rooted in our initial charge from the Provost. Thus, we are acting with the recognition that we were not operating from a clean slate but have been charged with putting the principles and operational elements in place to create this new college with attention not only to innovation but to practical limitations and existing realities. Once established and creatively led, the college will flourish and evolve.

1. I like the model much better now that I have heard the actual details and I think it could work if we build in the safeguards mentioned at the end of the stakeholder meeting. Can we be sure that this will be done?

Response: The standing committees and councils that were mentioned at the Stakeholders’ Meetings are part of a broader effort to ensure that the plan is implemented as consistently with the Guiding Principles as is possible. These committees and councils included the following:

- CHHS Planning & Resource Council
- CHHS Research & Innovations Committee
- CHHS Curriculum Committee
- CHHS Regional & Professional Engagement Council
- CHHS Performance Accountability & Assessment Committee

The membership on these standing structures should be predominantly faculty who have been oriented to the core philosophy of the new college and who are charged with assessing the day-to-day life of the college against the backdrop of values and ideas advanced by the Task Force. In addition, the Provost has expressed his support throughout the planning phase and has committed to a national search for a leader who can implement the expressed vision. When taken together, these documents, committees/councils and commitments should help to ensure a higher degree of consistency in implementation.
2. What is the difference between a school and a college?

Response: In the simplest terms, these entities are generally differentiated on the basis of size, program scope and overall complexity. A “school” may consist of one very complex discipline or a combination of disciplines aligned to address the educational and preparation needs of a particular professional group and is often made up of departments. A “college” reflects an array of disciplines that may address the professional education and preparation needs of a broad liberal education or the needs of professionals in related fields who require both a degree of specialization and generalization that can best be addressed through interdisciplinary studies. *These units are generally broader in scope than a school and are made up of multiple departments or a combination of departments and schools.*

There are numerous models and definitions in existence and it is clear that universities have exercised a high degree of discretion in defining such units. The Task Force has defined a “school” as follows: “An academic teaching unit which is part of a university with a standard of admission which requires not less than the equivalent of two years of successful work in a college leading to a professional degree. This unit generally comprises one highly complex department or two or more departments representing related fields. This is often a comprehensive professional academic instructional unit with related fields of study, instruction and research. Faculty may be drawn from several departments, disciplines, or professional specialties.” This definition was drawn in large part from the *Association of Schools Colleges and Universities, Glossary of Academic Terminology*.

3. How will public health be integrated into the new organizational structure?

Response: Public Health is a vital part of any comprehensive College of Health and Human Services. Because the Task Force has adopted a definition of HEALTH *writ large*, it commits the university to a definition of health that extends far beyond historical perceptions of health as the absence of disease or infirmity. Our health construct embraces physical, mental, and social well being and thus requires attention to the many sub-fields associated with Public Health to include but not be limited to occupational health, behavioral health, epidemiology, environmental and social determinants of health, health services, health inequality, and biostatistics to name but a few examples. Without public health education, health awareness and action by individuals and populations which promote healthy behaviors, neither the goals of the Task Force nor, more importantly, the goals of our academic units can be realized.
4. Having attended a School of Public Health, I can attest to the fact that this model works well. Each department is able to retain its current approach and grow its regional, national and global identity.

Response: The Strategic Goals of the university reference specific commitments to regional service, a national identity and a wide range of international experiences for our faculty and students. As part of the Task Force’s research, we were able to talk with or review information from several institutions that reported the same experiences you have cited. Clearly, access to additional resources, a higher campus profile and the collective networks of a college can be instrumental in achieving the types of objectives that you have noted.

5. I find it difficult to collaborate across disciplines in our current structure. The new college sounds wonderful!

Response: While individuals can work out agreements with colleagues in other departments on a one-to-one basis, and this approach will no doubt continue, it is far more powerful and sustainable to have an institutional commitment to such collaborative relationships. The college can create conditions that encourage and invite collaboration on a scale and with a degree of durability that is often not available to one or two faculty acting independently. The college can work with faculty to identify priority targets for collaboration in teaching, grant development, research and course design and delivery and make catalyst resources available. The proposed CHHS Planning and Resource Council, the CHHS Curriculum Committee and the CHHS Research and Innovation Committee can have a significant impact on fostering and sustaining collaboration.

6. The Chancellor did a great job of setting the stage and the tone. I appreciated the relaxed pace and opportunity to talk.

Response: The Task Force members are faculty who hold their colleagues in high regard and respect their views and opinions. It has been important to the members that there be time to listen and reflect and that all input be received in good faith. Naturally, it is not always possible to agree with every comment or support all recommendations but each has been given serious consideration by the Task Force within the context of the established Guiding Principles. Chancellor DePaolo has been an advocate for a new and defining vision for health
programs at UNCW and her enthusiasm and openness to new ideas were evident.

7. How will the new organization address mental health with the Department of Psychology missing? Its presence could really strengthen this idea.

Response: Among the areas of HEALTH that have experienced an explosion in diagnosis and treatment, mental health is among the critical indicators of our national health and the health of countries around the globe. The Task Force has adopted the World Health Organization's definition of mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community. The School of Nursing and the Department of Social Work already have strengths and programs in this area that embrace the WHO definition of mental health. Clearly any comprehensive approach to HEALTH must include a strong emphasis on mental health and must access a number of related disciplines such as Psychology. The Task Force has identified a tentative list of new courses, certificates and degrees to serve as a starting point for discussions among the faculty in the new college and to help us map the next set of relationships that must be built. The Department of Psychology is one of the units at the top of that priority list and we hope to engage the Dean of the College of Arts and Sciences, the department chair and faculty in meaningful discussions about collaborative efforts beginning in the spring of 2008. We agree that this relationship is critical to strengthening the viability of the new college and its agenda.

8. The name of the center needs to be changed from Director of the Center for Healthy Living to Director of the Center for Healthful Living. Healthful Living is a much more common term in the field. Health Promotion is also a more common term than Wellness.

Response: This item will be referred to the chair of the Center planning group for further consideration. If you will send us your name and contact information, we will have Terry Kinney call you to discuss this on behalf of the Task Force. We are exploring a number of exciting partnerships with private health providers and other universities that we believe can in the long term be tied in with this center and the new college.
9. In the new organizational structure you should include an Assistant Dean of Student Affairs or Student Services.

Response: This is an important recommendation that was discussed early in our deliberations but we did not finish that discussion. We were trying to make our personnel recommendations as lean and affordable as possible so as to not burden other areas by draining too many resources. We discussed your recommendation at our November 29 TASK Force meeting and have added the capability to address student services functions to our proposal. While we have included a request to ensure this capacity, we have not defined the specific title or level of the position in favor of a more flexible approach that allows the new Dean and the CHHS Planning and Resource Council to monitor how the demand grows and in which areas as the college evolves. This should allow for more precise matching of the position resources to the needs.

10. If the new college has only one dean and two associate deans, do we risk losing highly-qualified people who may not take kindly to a lesser position?

Response: This is an issue that falls outside the responsibility of the Task Force and will be determined by the Provost and/or Chancellor. The Task Force feels confident that the majority of the existing positions will be unaffected by the initial creation of the new college and that the titles and salaries will remain comparable, if not the same. It is our intent that some of the existing positions also be considered for college-level assignments if they so choose with perhaps broader scope and responsibility. It is important, however, that we balance our concern for individuals and our feelings for them with our obligation to look at the overall implications for new opportunities for our students and faculty and the possibilities that will exist if we can work together. We are urging that all decisions be made in a humane and considerate manner and that every effort be made to work out the new arrangements as amicably as possible but with full attention to the desired end result. The university has experienced numerous reorganizations as a natural consequence of growth or changing goals and has managed these changes in a manner that has been respectful and considerate. In the final analysis this is about the future.

11. I think you need a principle that speaks directly to the commitment to teaching and students.
Response: We have established several principles that relate to or imply such a commitment, but as you point out there is not an explicit statement. This omission will be addressed at our November 29 meeting. How would you react to the following? “The new college embraces the university’s commitment to the centrality of teaching as the core of the academic mission of UNCW and views the quality of the student’s classroom and classroom-related experiences as the ultimate test of this commitment.” This view does not devalue the wide range of “other” experiences that are so important to the quality of faculty and student life, but it does place the teaching and learning experience in a preeminent position.

12. I am concerned that it felt like one of the presenters was preaching to Nursing rather than listening to us.

Response: Without knowing the particular situation, it is difficult to address this statement directly but I hope you will accept the sincerity of our general response. As a fellow faculty member, you have no doubt experienced the difficulties associated with trying to summarize a significant amount of information in a short period of time and the degree to which this may be complicated when addressing individuals from a wide range of backgrounds, professional perspectives and experiences. I hope you will accept our apologies for the creation of any impression that you were being preached to. We are passionate about the subject and this may have been misread. Your responses are valued. The Task Force structured the afternoon so that two of the three hours were set aside to collect responses and invite open discussion. Please note that we have received many complimentary comments as well.

13. Is there any consideration for the inclusion of a Department of Integrated Technology and an Advancement position?

Response: These are both very good suggestions. We have talked about a position to address technology and fund raising but did not fully develop this discussion. It might be possible to ask for two half positions, one housed in Advancement and one in ITSD, but dedicated to the college’s needs in these two areas. We have included these functions in our position request but have not attempted to specify the titles, levels or location of these positions, preferring instead to let these evolve as the college takes shape.
14. Some of the Task Force members’ responses to participant questions seemed at times defensive and argumentative.

Response: Again, this was no doubt unintentional and is difficult to respond to in general terms. It is not unusual for some to hear brief, direct and limited responses which are the result of time constraints in a tone different from what was intended. You will note that some who attended the same meeting said the following about the experience: “open,” “great job of setting the stage and tone,” “well paced and inviting,” “good ideas, well presented,” “words were selected with care....” We point this out to illustrate how difficult it is to strike just the right balance. Please know that it was our intent to be open, candid and responsive.

15. Thanks to the Task Force members for all of your time on this. I can tell it has taken a lot of work and energy.

Response: Thank you for this kind comment. Few efforts at the university have received more time and attention than this initiative. The Task Force already has invested more than 300 hours in meetings, interviews and research-related to this project.

16. I am concerned about how much the recommendations made by the Task Force might be changed by administrators higher up and if the faculty will have a chance to comment on any changes.

Response: While it is never possible to guarantee that a set of recommendations will move through the approval and implementation process without any changes, the Task Force has paid a great deal of attention both to obtaining buy-in from senior officials and through establishing principles that chart the course for implementation. The standing committees and councils proposed provide a degree of checks and balances and ensure that each area can see, know and participate in discussions that shape day-to-day decisions. As the model evolves and adjustments are made, these principles and structures, coupled with the commitments from the Provost, are to be viewed as institutional commitments rather than individual or temporary agreements, much the way a charter is intended to create cohesion and coherence in the actions of an organization. This will, of course, require faculty participation and some degree of vigilance. The Provost may veto recommendations but new alternatives must be vetted by representatives of the faculty involved.
17. I am concerned that the new college may occur shortly before I go up for tenure and how my process might be affected by this.

Response: It is anticipated that the new college will not alter the school or departmental level reappointment, promotion and tenure processes. There will be ample discussion and faculty engagement in any redrafting of standards and expectations if changes are agreed to at some future date. The school is seen as the unit of origin, the point of review and amendment for the scholarly production, teaching, research and service requirements in similar manner to the way individual departments in the College of Arts and Sciences engage in the process today. Each unit has dominion over these expectations as deemed appropriate to the discipline(s). Please review UNCW RPT Policies and Procedures for additional information.

18. What is the possibility of a unit breaking out of this new college in the future if a unit grows and desires to become a college in its own right?

Response: In the history of the university the decision to establish schools and colleges has been driven by five conditions. These include 1) the academic factors prevailing at the time that make a compelling argument for distributing or consolidating disciplines; 2) the response to demand-driven needs of society which call for a different response; 3) opportunity factors such as funding or legislative mandate which make such actions timely; 4) capacity of the proposed academic unit(s) to respond competitively; and 5) the significance of the proposal in addressing the priorities defined in the Strategic Goals and Mission Statement of the institution. There is no automatic formula, as all of these factors may not mature simultaneously; but the institution must believe that the factors, when considered as a group, have weight and momentum. Thus, there is nothing that would prevent a unit from breaking away at a future date if these conditions and/or others deemed essential at that time are adequately addressed.

19. The search committee for the new dean should be determined democratically and not administratively appointed.

Response: In the case of this college the Provost, who is charged with appointing the search committee, has indicated that he plans to ask each unit to nominate up to four names from which he will choose two members of the committee. This will result in the appointment of six search committee members with up to five others being appointed at large, based upon the skills and experience required to address the task of selecting a dean. While this is not wholly democratic, it does
ensure that the majority of the committee will be determined by the units while addressing skills such as budget management, fund raising, recruitment networks, data management, etc. Does this seem reasonable?

20. We need more meetings with all three faculty groups to bond before the organization is determined.

Response: The Task Force is in full agreement with the spirit of this suggestion. Generally, meaningful bonding occurs when people come together to engage in work that they consider important. While it may not be possible to delay the approval of the basic organization decisions, the Task Force will recommend that a series of informal discussions and social opportunities be set up for the faculties to get to know one another, discuss issues and identify common interests. The first of these events is already being planned for March 2008.

21. Where would new centers unique to a particular unit be housed in the organizational structure?

Response: We cannot give a single, definitive answer to this question at this time because the purpose, goals and scale of a center may impact this decision. We are recommending that the Dean of the Graduate School, the Provost, the new dean and the leaders of the school units address these decision-making rules early in the implementation process. Hopefully, several of these centers will find a home in the new college working in partnership with the Associate Dean for Research and Sponsored Programs. We are convinced that the creation of the new college will position UNCW to be more competitive in both establishing centers and securing funding.

22. This reorganization is absolutely necessary in order to apply for funding that will drive research needs and make UNCW a competitive force for innovation and “idea birthing.”

Response: We are in full agreement with your assessment. We understand that there are obstacles to overcome and legitimate issues that must be addressed, but our discussions and investigations have yielded a similar conclusion.
23. As a faculty member I would like written assurance that my tenure and promotion requirements will stay the same under this new college as I agreed to when I signed my contract.

Response: Naturally, the generation of such a document is outside the authority of the Task Force but we do understand your concern and have the Provost’s commitment to leave these issues at the school/department levels as currently described. These units can, of course, amend these expectations through appropriate academic processes but the possibility of a sudden or unreasonable change will remain a highly unlikely circumstance and faculty are almost always given lead time and a reasonable transition period (see 17 above).

24. Please add “something with a student focus” to the qualities of a new dean of the college.

Purpose: We realize based on comments from the sessions that we need to be explicit in this regard. Would something like: “Demonstrates Knowledge of and Ability to Plan and Respond to Student Academic, Social, Emotional, Diversity, Health, Service and Economic Concerns and Needs” be in the ballpark? A statement(s) will be added. Please send us your suggestions.

25. With the proposed new schools it appears that the School of Nursing will be the only school restructured with regard to leadership. (?)

Response: You are correct that one position in the School of Nursing will have a different reporting line and we do not take this lightly. It does not automatically follow, however, that the day-to-day life of administrators, faculty or students will be negatively impacted by this change. Issues related to standards, instruction, accreditation, recruitment, RPT, course load, teaching assignments, etc., will continue to be made in large part at the unit level. In other words, the school academic officer will provide a high degree of leadership. Increased visibility for the Health agenda overall, a stronger collective voice, opportunities to bridge units to create new course and program models, sharing collaborative networks, and aligning a critical mass of faculty to support grants and centers could all be positively impacted. It is important that justifiable pride in certain areas not translate into isolation or false perceptions of quality and status. Such thinking can lead to a “we already do every thing just right and everyone else is out of touch” mentality that may sometimes be experienced at other institutions. Again, the Task Force was given a very specific charge that included the three units within a college structure and we have
great confidence that the Provost and others can work this out without losing the current level of passion.

26. I have some concern about how budgets will be developed and resources allocated.

Response: The budget process in the new college will be consistent with the University Budget Process Guidelines developed and approved November 30, 2006. The process is outlined in great detail and is accessible through the UNCW Homepage. It is a multi-Year budget cycle linked to the University Strategic Plan. The process is a highly transparent one as mandated by Chancellor DePaolo and is used by all units on campus. Bob Russell, the UNCW Budget Director, provides regular overviews of the budget process for administrators, faculty and students upon request. More specific to the new college, the Task Force has recommended that units retain all sources of current allocations and position allotments as Base Budgets when the new college is established. In addition we have recommended a Base + Model that also provides flexible funds to the college to stimulate those activities and opportunities called for in the Task Force Guiding Principles. While the new dean will have budget leadership responsibilities commensurate with the role, the schools will have a significant degree of autonomy over resource management within agreed upon formulae and conditions of parity. The proposed Planning and Resource Council will help to ensure unit engagement in college decisions about budget priorities and above-baseline funding.

27. How will tenure issues be handled within the new entity? Will each unit continue to make tenure and promotion recommendations or will this be handled by the new entity?

Response: Please see Responses 17 and 23 above. Let us know if they do not adequately address your question. Thank you.

28. In future presentations please start with the current structure and new structure, and then explain.

Response: We have decided to move this up in the presentation as you have suggested. More than one participant echoed your reaction.
29. There were many good ideas presented and the words in the documents seemed to have been selected with care. Good job—thank you.

Response: We appreciate your kind remarks and encouragement.

30. As I sat through the presentations today, I wondered about the potential future linkages to psychology—it fits into the philosophy (quality of life—mental health—growth and development). It is an evident gap. Biology is another department with potential future linkages.

Response: Please see Response 7 above. The internal collaboration we mentioned is not intended to be exclusive. Collaborative relationships with units not in the college will be essential. Let us know if this addresses your question.

31. How will the new structure link with other related departments at UNCW? Where would curriculum planning, hiring, budgeting take place—at the new college level or within each school?

Response: Our hope is that the new structure will expand the options available to the units so that resources are used creatively and are leveraged to the degree possible. It would be somewhat pointless to commit to no changes in the way we do business, but this should be based on agreed-upon outcomes and being more effective. As relationships and trust levels grow, it is hoped that such opportunities also will increase. See items 17, 23, 25 and 26 above to get a better understanding of the practical ways in which we have attempted to address the issues you have raised. We also have proposed standing research, curriculum and public engagement committees to address cross-unit issues and to help prioritize competing proposals.

32. How does the definition of “New Configuration” encompass nursing and the mission and philosophy that we have adopted based on professional standards, national mandates and state mandates?

Response: The School of Nursing mission, philosophy, professional standards and responses to state and national mandates will remain intact. The SON mission is in line with the new college mission and UNCW’s mission. Naturally, these issues will continue to be debated internally and externally as is the case with most healthy and progressive organizations, but Nursing faculty will remain the experts.
about Nursing and not only will be allowed to continue to address this important issues but will be expected to do so. The new configuration embodies much that defines nursing, from delivering health care and assisting with healthy living.

33. I am assuming that our current rank and tenure status will not be affected by the new college—right?

Response: This is correct. Your rank and tenure are institutional commitments and transcend organizational boundaries. Please see 17 and 23 above.

34. It strikes me that UNCW is just doing what many others did several years ago. The unique part might be your principles and committees but we are behind the curve overall. How will you make sure this doesn’t get drawn out to years before we move forward?

Response: You have raised an important issue. Unless this effort moves forward in a timely manner, it will inevitably lose momentum. As we talked, we realized as you have, that this discussion has been going on in one form or another for more than a decade. This sort of structurally imbedded and fostered collaboration is not unique and while more than a few attempts have not been successful, there are many that have been. In most cases the key differentiating factors were vision, imagination, creativity, basic capacity, strong leadership and a long-term commitment to cultural transformation. There is no logical reason why this model can’t be another natural step for UNCW.

35. What is the impact of the “scaffolding” structures, practices, processes and values) on the delivery of the nursing programs and the outcomes we need to achieve? (Outcomes such as professional licensure and approval by the NCBON.)

Response: Each unit has requirements and expectations and standards that are unique and important. We do not intend, nor do we see, anything inherent in the Guiding Principles that is incompatible with Nursing’s delivering programs or achieving outcomes that address requirements or standards. To the contrary, this new entity might give Nursing additional opportunities and options with which to address such matters. Ultimately, it will continue to be the responsibility of each unit and the college to
address standards, ensure best practices, improve performance levels, and address UNCW’s Strategic Plan.

36. Does the transdisciplinary model support professional nursing practice by allocating the unique resources needed to maintain its programs? What are conflicts in the vision of the task force that will impact nursing?

Response: “Transdisciplinary” refers to a philosophy which implies a holistic focus where individuals from a variety of disciplines make a commitment and have access to the organizational resources to promote teaching, learning, and working together across discipline boundaries to implement a unified plan. The faculty will determine the pace, degree, intensity and particulars of where this philosophy is fostered, how rapidly it evolves and how pervasive it becomes.

37. How does this “New College” structure benefit the SON? What will we achieve by this reorganization that isn’t being accomplished under the current structure?

Response: Please see Responses 5, 21, 22, 25 and 26 above for examples. The School of Nursing will be engaged in identifying and discussing the details of how this new structure could benefit the students and faculty. We see all manner of opportunities that could be realized with a pro-active approach but the details will need to come from you. The Task Force representatives have helped us generate numerous course options, research possibilities and creative partnerships. The recommended new college structure facilitates interaction among students from the various disciplines, providing a more realistic example of the health care environment in the real world. The structure of the New College also provides a unified structure based on collaboration that is more attractive to funding sources. With your collective intelligence, skills and experiences there are those in the SON who could be leaders in this effort.

38. How will the Planning and Resource Council/Committee function to preserve the current and future needs of managing the programs in the School of Nursing? The SON expects some degree of autonomy considering the uniqueness of the discipline.

Response: The Guiding Principles reinforce the point you make here and call for a high degree of unit flexibility and self-determination. Nowhere is this emphasized more than in the area of program
development and curricular matters. Take another look at the Principles and see if we need to state this in stronger language. Each unit has unique curricular, research and applied scholarship needs and standards that must be addressed.

39. What are the criteria for establishing other schools aside from parity, and what impact does that have on resource allocation?

Response: The University has never really collected these and has generally relied on the UNC system approval process to set the norm. In addition to the prevailing criteria established by GA, the Task Force has collected the items reflected in Response 18 through interviews with the Provost at UNCW and two other institutions and GA.

Response 18 restated:
In the history of the university the decision to establish schools and colleges has been driven by five conditions. These include 1) the academic factors prevailing at the time that make a compelling argument for distributing or consolidating disciplines; 2) the response to demand-driven needs of society which call for a different response; 3) opportunity factors such as funding or legislative mandate which make such actions timely; 4) capacity of the proposed academic unit(s) to respond competitively; and 5) the significance of the proposal in addressing the priorities defined in the Strategic Goals and Mission Statement of the institution. There is no automatic formula, as all of these factors may not mature simultaneously, but the institution must believe that the factors when considered as a group have weight and momentum. Thus, there is nothing that would prevent a unit from breaking away at a future date if these conditions and/or others deemed essential at that time are adequately addressed.

40. What would be the credentials of a new Dean for the college and would individual schools have autonomy to manage resources, curriculum, promoting and tenure, etc.?

Response: You will find the beginning discussion items that we have identified on the Task Force web site. It also was in your packets under the Organization presentation. We will address the specific credentials in the next few weeks. We want this role to be described in terms that are broad enough to attract a diverse field but specific enough to have credibility and currency with all three units and the university community.
We have established some of the qualities and areas of demonstrated leadership and skill and will be attaching indicators of evidence to assist in the development of the position announcement. A sample of these follows:

- Abiding respect for the student as the center of our activities
- A transformational philosophy
- Visionary leadership
- Team building experience
- Integrity and trust
- Leadership in navigating complex systems
- Demonstrated successful academic leadership
- Respect for and valuing of all related disciplines and constituencies

We hope to have the credentials determined by the end of January and will add them and an expanded version of these qualities and skills to the job announcement draft.

41. The structure of the New College would include another level and the SON dean would not answer directly to the Provost but to another dean. What are the advantages of changing the current relationship? How does this impact the SON programs?

Response: Ultimately, this issue will be determined by the skill of the individual leading the School of Nursing. We are confident that the importance placed upon the Nursing profession by UNCW, the resources made available to the program by the current Provost and Chancellor, and the commitment to support best practices are not dependent upon the reporting line. The ability to make needs known and to present evidence to justify requests will remain, along with the institutional commitment made by the Provost to maintain the current resources to the degree that the conditions warranting the initial allocations do not change. The School of Nursing will remain a school with significant operational autonomy. The current budget process does not give the Provost or any one officer the authority to allocate resources based upon one-on-one conversations. Resource allocation is a multi-layered process involving the Budget Office, a number of committees, the Cabinet and the Provost. This is true for all units on campus. It may be entirely possible for the new dean and the dean of Nursing, as well as other unit heads in the college, to work out earmarks and designated appropriations as needed to address significant concerns. The Provost has committed to ensuring that accreditation and state and national requirements are addressed. He has made similar commitments to the other two partners.
42. Where does the definition of illness fit under the construct of health and how do resource allocations figure into the needs of nursing to educate students about illness management?

Response: The answer is really a question that is best answered by the faculty in the three programs, if possible. How are you defining illness now and where does it fit in your resource allocation priorities? The current resources allocated to Nursing will continue to exist and the basic decisions about where to utilize those resources will be made within the unit. There may be opportunities to attract additional resources or to partner for efficiency if you choose to do so. The college will not benefit from micro-managing at the level of developing “your language” or substituting its judgment for yours in most programmatic and curricular areas.

43. How are specific professional standards of nursing preserved in transdisciplinary course design processes, teaching, curriculum content, research, service, field preparation, organizational structures, reward structures and development? Can nursing be assumed under an umbrella philosophy?

Response: At some level we are all subsumed under an umbrella philosophy or at least elements of some sort of a philosophy. If not, we would be ignoring research-based theory, knowledge development and best practices. This would be particularly self-defeating in an institution of higher education. The range of opportunities to participate in the joint development of modules, share aspects of field experiences, discuss ethics, consider communications with those in pain, share knowledge about health disparities, learn from trusted practitioners about the business side of health, address diversity, etc., or cross-list existing courses, or even invent new courses remains to be seen. This has to be developed together. We have no prescribed format or degree of implementation in mind, just a commitment to work on this together. All the transdisciplinary philosophy represents is a belief that knowledge integration matters and smart, creative people can find ways to amplify that knowledge and create opportunities. This approach appears to be the watchword of modern medicine and what many of our graduates will experience.

44. How does nursing preserve the foundational basic studies required by accrediting bodies in a “core content”?
Response: The concepts of “foundational basic studies” and a “core content” do not appear to be incompatible. The core content referred to in the Task Force presentations assumes that while there are differences across programs, there are also some commonalities. The degree to which “core content” can be identified by the faculty, the expression it takes in either existing courses or experiences or on agreements for cross-listing courses, creating new courses, etc., will evolve over time. The principle simply embraces the notion that there are opportunities here to be explored and that we should be open to them. There may be foundational basic studies common to more than one program or at least opportunities to co-teach, co-develop materials, co-design online offerings or plan aspects of clinical experiences and share curricular modules.

45. Nursing has strong ties with the community now, what new ties are being referred to?

Response: The Guiding Principles are not referenced to specific issues in the School of Nursing, Social Work or Health and Applied Human Science. They are broad principles intended to create a framework for the entire college. In some cases one unit may have great strengths in a particular area, while another unit may prove to be a resource in another area. Inclusion of a principle was not based on the assumption that these conditions do not exist anywhere at this time but are an affirmation that they should exist. As you have no doubt learned through your experiences, “strong ties” is subject to interpretation and one’s goals. Having had the opportunity to talk with representatives of several agencies as part of this process, we have learned that there is room for improvement in some areas and that while most of our partners describe their relationships with us and our students as cordial, some feel that we need to be more goal-specific. Some have a relationship with a person but not with the unit in any systematic or systemic sense. Inclusion in a college should not threaten the good work you or the other units are doing or any existing relationships or prevent the emergence of new and stronger ones in some areas. We hope that the college structure can be used to challenge all of us to reach higher and to allow us perhaps to learn from your work and expand the scope and quality of such relationships overall.

46. The history of the School of Nursing involves the development of the undergraduate, RN-Access, graduate and clinical research programs. The list of strong professional ties to the community includes over 60 agencies.
Response: The School of Nursing is to be commended for its strong professional ties to the community, including over 60 agencies. This is especially noteworthy given its relatively small faculty numbers. One of the unique features of many professional schools and departments is a strong commitment to partnering with the community. These partnerships are most often associated with meeting clinical and educational objectives. In nursing, community partnerships also are needed to meet required hours for advanced practice continuing certification. These partnerships will continue as needed to meet educational, practical, and service requirements for nursing professionals. The guiding principles are intended to create a framework for the entire college, including nursing, social work, and health and applied human sciences. The new college will build upon each unit’s strong community ties but also will foster new community partnerships that promote new models of interdisciplinary and/or transdisciplinary teaching, research and service. The need to develop more unified partnerships to promote the public’s health, prevent and treat diseases in human populations, and deliver much-needed health services is guided by state and regional health statistics, community groups, state and federal policymaking bodies, governmental and private funding agencies and UNC Tomorrow. UNCW can be among the trendsetters in creating a new model of health in higher education settings. We need nursing and all of the health units to accomplish these visionary and trendsetting future goals.

47. What are the considerations when it comes to budgeting for the new organizational structure? How will the new organizational structure be funded?

Response: The Provost and Chancellor have committed to making this a priority budget request in keeping with the UNCW Strategic Plan, if the recommendation comes forward appropriately. This would mean a multi-year commitment of new resources from both permanent and one-time sources. This approach would avoid taking resources from others to accomplish the initial creation of a lean structure and would distribute costs over several years and across funding categories. In cases where efficiencies can be identified and justified, however, we would urge that these be explored and that this charge be built into the role of the CHHS Planning and Resource Council.
48. Are there other options in the organizational structure to be considered that would foster transdisciplinary collaboration and research instead of creating a new college?

Response: We are confident that there are numerous options. In every case these conditions would result as much from commitment and leadership as from structure. We cannot find any evidence, however, that suggests that this approach would not be more likely to take hold in an environment that has natural relationships occurring as part of the daily life of faculty and students. In other words, when we ask the question another way, “Under what conditions is a transdisciplinary environment most likely to emerge?” we get evidence that supports the principle without suggesting that it cannot ever exist under any other circumstances. We focused more on those conditions that are most likely to increase the probability that we would get the result we wanted. This is much the same argument that one could argue (playing “devil’s advocate”) by asking, “Couldn’t the SON be accredited and have standards as a department? So what caused folks to argue to make it a school when it had only one tenured faculty member, no graduate programs and 19 undergraduate students?”

The answer those present at the time gave was “scale, planning for the future, synergy and aligning related skill sets to increase opportunities and effectiveness.” This is very similar thinking to that which is currently advocating the creation of the new college.

49. One of our biggest concerns is space for students and faculty. The delay in progress of the new School of Nursing Building intensifies the suspicions that the space will have to be shared with other programs if we are united with other health sciences schools/departments. These resources are essential if we are to sustain and grow our programs.

Response: The Task Force has had no involvement in discussions about academic space. We have not been asked formally or informally to comment on this or any other space issue. It is of concern that these two completely separate issues may be perceived as linked or that one drives the other. The initial plan for the building as it was submitted to the Legislature called for a shared-use building with Nursing, Social Work and HAHS. This was recorded in the OC-25 and was approved by the Board of Trustees and the Board of Governors as mixed use. It was our understanding that this was reconsidered as the university and GA have mandated increases in graduates in Nursing, which effectively will require some increases in projected space needs. We have not been privy to the projected amount of space the new projections require. In the past year the other units have not been asked to participate in any discussions about the new facility. We are
in full agreement that the appropriate academic space needed to support the full range of program requirements is a goal that UNCW must continue working toward. This has been particularly challenging as UNCW grows and become more complex. In spite of all the recent efforts space remains as a critical university issue. The Task Force members share your concerns and excitement about the new building. We want Nursing, HAHS and Social Work to have the space each needs now and into the foreseeable future as the units meet growth projections. Again, this topic is of great interest to the Task Force but has neither been a part of our charge nor our discussions.

50. The School of Nursing is currently funded at the highest level in the UNC funding formula. Changes in the funding designation will seriously impair our ability to deliver courses and maintain the outcomes we desire. How will the funding for the various schools/departments be determined?

Response: The UNC Funding Formula is driven by academic program classifications and not organizational unit titles. The Carnegie Classification System and the UNC Funding Formula will remain intact and programs in Nursing will still generate and receive higher levels of funding. The Task Force is recommending that units carry with them their current funding levels from all sources (with the exception of any unique one-time allocations) and that the college have resources above this collective baseline to stimulate collaborative activities and new initiatives.

52. The input from sister Schools of Nursing in the region regarding this proposal is important to faculty. Has the Task Force attempted to get any input and if the School of Nursing seeks this information, will it be considered as serious data for the reorganization or viewed as self-serving?

Response: During the course of its reviews, the Task Force has talked with numerous people from more than thirteen institutions, including four in the state. Further, we have talked with Provosts and conducted numerous online inquiries. The three representatives from Nursing who serve on the Task Force have done an excellent job of trying to collect information and share their perspectives. We hope to host a small group of university Deans of Schools of Nursing in January to help us think through how to ensure the ongoing success of Nursing within the new college. We welcome information from any source that is collected objectively and is constructive.
53. From the presentations thus far, it appears that the final organization for the health sciences schools/departments has been determined already.

Response: The Task Force is drawing close to agreement on its report after eight months of deliberation. While we have added significant substance and detail with a high degree of planning independence, it is important to remember that the Task Force was charged with a specific assignment which was endorsed in January and March of 2007 by representative faculty groups and the Dean of the School of Nursing and the Dean of the College of Arts and Sciences. The charge called for the Task Force to “determine the Guiding Principles and operational elements and processes necessary to give shape and substance to a new health college to be opened in the fall of 2009. The initial components of the new college will include the School of Nursing, the Department of Social Work and the Department of Health and Applied Human Sciences.” In this regard, the ultimate end result was determined but with significant latitude as to “how” to bring this about. The final authorities on this issue will be the Provost, Chancellor and Board of Trustees, GA and the Board of Governors.

54. I have been wrestling with the New College issue, and have not submitted any comments - mainly because I feel that I am not following the party line. However, I guess it is time to say my piece. So here goes - do with it what you will. Reorganization and restructuring is a normal part of business - happens in companies all over the world every day. Some people lose and some people gain. In order to gain, you have to play smart. The concept of the New College is not new and innovative, it is a concept that has been in place in colleges around the country, and has been a successful model for transdisciplinary- multidisciplinary education. To me there is nothing outwardly wrong with the structure of the New College. So we have one more level between us and the Provost. So other departments are raised to a "school" level. So to me....

Our College is "us." It is the work that we do; it is how we present ourselves to other schools and departments and to the community at large; it is our unique body of research; it is our educational and research relationships with other schools and departments; it is the quality of students we send out to the world. The New College committee has worked diligently over the last year to develop this framework. I believe we can live and breathe our vision and play nicely in the sandbox.
Response: This is well stated and most refreshing. Clearly, we need thoughtful attention to detail to preserve both the quality of our programs for our students and the quality of life for administrators, faculty, staff and students; we are confident that bright, compassionate people can make this work and perhaps learn something along the way.
Appendix G: October 12 and November 15, 2007 Stakeholders’ Survey Data
New College Feedback

Demographic Information

I have been at UNCW for:

1. Fewer than 5 years 48%
2. 5 years to 10 years 12%
3. 11 years to 20 years 32%
4. 21 years or more 8%
My primary discipline or area of responsibility is:

1. Health and Applied Human Sciences
2. Nursing
3. Social Work
4. Other

My current faculty status is:

1. Non-tenured Professional
2. Instructor
3. Assistant Professor
4. Associate Professor
5. Full Professor
My practitioner experience in my field has been for:

1. Fewer than 5 years (8%)
2. 5 to 10 years (29%)
3. 11 to 20 years (54%)
4. 21 or more (8%)

I have worked at colleges/universities other than UNCW during my professional career.

1. None (21%)
2. 1-2 (38%)
3. 3-4 (29%)
4. 5 or more (13%)
I believe there is sufficient commonality among the professional degree programs and the faculties to establish a good foundation for the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I believe the growing needs and demands in the field of health compel the university to consider alternative organizational models.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I believe that UNCW needs to become more visible and competitive in the health arena.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I generally support the efforts to make us more professionally active in the region.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Broader collaboration with external professionals, state agencies and local service providers is essential to expanding our reach and influence.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I believe there are very real opportunities for students, faculty, and people in our region that could result from efforts to work more closely together within an overarching structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I believe there is value in cross-professional and interdisciplinary teaching, research and public service.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

It is essential that the new organization have a strong regional research focus.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
It is essential that the new academic organization have strong links and partnerships with the professional service world outside the university.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I think that it is possible to create a unique health construct that serves as an umbrella for the programs in the three units.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
The college should have a limited, common core of content/experiences that fosters a cross-disciplinary perspective.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

A stronger collaborative and interdisciplinary relationship across internal units would allow us to be more effective and efficient in problem solving, teaching, research and service.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
New College Feedback

Organization & Leadership

Collegiality and openness in decision making processes are essential to success in the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Transparency and clarity in budgeting and planning processes are essential to success in the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

It is essential that any new structure ensure equal units status at the planning, implementation and evaluation table.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Parity in the areas of relationships, unit status, process implementation and applied resource formulas is essential.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

A national, competitive search for the dean is essential to the credibility and viability of any new organizational structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I have been at UNCW for:
1. Fewer than 5 years - 56%
2. 5 years to 10 years - 18%
3. 11 years to 20 years - 15%
4. 21 years or more - 12%
My primary discipline or area of responsibility is:

1. Health and Applied Human Sciences
2. Nursing
3. Social Work
4. Other

My current faculty status is:

1. Non-tenured Professional
2. Instructor
3. Assistant Professor
4. Associate Professor
5. Full Professor
My practitioner experience in my field has been for:

1. Fewer than 5 years
2. 5 to 10 years
3. 11 to 20 years
4. 21 or more

I have worked at colleges/universities other than UNCW during my professional career.

1. None
2. 1-2
3. 3-4
4. 5 or more
New College Feedback

Driving Forces & Context for Change

I believe there is sufficient commonality among the professional degree programs to establish a good foundation for the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I believe the growing needs and demands in the field of health compel the university to consider alternative organizational models.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I believe that UNCW needs to become more visible and competitive in the health arena.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I generally support the efforts to make us more professionally active in the region.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

Broader collaboration with external professionals, state agencies and local service providers is essential to expanding our reach and influence.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
New College Feedback

Emerging Agreements
&
Philosophy and Intent

I believe there are very real opportunities for students, faculty, and people in our region that could result from efforts to work more closely together within an overarching structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
I believe there is value in cross-professional and interdisciplinary teaching, research and public service.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

It is essential that the new organization have a strong regional research focus.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
It is essential that the new academic organization have strong links and partnerships with the professional service world outside the university.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

I think that it is possible to create a unique health construct that serves as an umbrella for the programs in the three units.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
The college should have a common core of content and experiences that fosters a cross-disciplinary perspective.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

A stronger collaborative and interdisciplinary relationship across internal units would allow us to be more effective and efficient in problem solving, teaching, research and service.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
New College Feedback

Organization & Leadership

Collegiality and openness in decision making processes are essential to success in the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Transparency and clarity in budgeting and planning processes are essential to success in the new academic structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

It is essential that any new structure ensure equal units status at the planning, implementation and evaluation table.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Parity in the areas of relationships, unit status, process implementation and applied resource formulas is essential.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree

A national, competitive search for the dean is essential to the credibility and viability of any new organizational structure.

1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
Appendix H: Web Site Reference Page

Task Force on the Future of Health Related Programs at UNCW Web Page

What's New

❖ First Stakeholders Meeting is October 12th in Madeline Suite 10:00-12:30 pm. Click here for Invitation and Agenda.
❖ Second Stakeholders Meeting is scheduled for November 15th in Madeline Suite 2:00-4:30 pm.

www.uncw.edu/health
Appendix I: Letters to Faculty Senate

Memorandum

To: Mark, Spaulding, Faculty Senate President
From: Planning and Implementation Task Force
Subject: Defining a Health and Human Science Model for the Future
Date: June 20, 2007

On March 15, 2007 a “Planning and Implementation Task Force” was charged by the provost with determining the best model for the future delivery of our Nursing, Health and Applied Human Science and Social Work programs. The members of the team were nominated by academic chairs and deans. This initiative was in response to long standing discussions among faculty and academic leaders related to the need to create a new structure to more effectively integrate the knowledge bases, program delivery, outreach and research of select programs. This has been a topic of discussion among faculty and administrators at UNCW for more than a decade. To a significant degree, forces in the external consumer and practitioner environments are driving the demand for new “transdisciplinary models” in higher education that are able to produce professionals who are better equipped to address problems that transcend the boundaries of more traditional and often siloed academic disciplines.

The Task Force is still in the early stages of considering how this new model might look and function but excitement about the possibilities of a more integrated, efficient and effective structure is growing. Because this is new territory for many of us, we would like to get your thoughts on how, when and in what context you see the need for our planning group to engage in conversation with the Senate. Moreover, we are extending an invitation to you to join us at our next meeting on August 14 and for you to have a standing, prescheduled time on designated agendas for purposes of ensuring open and timely communications. Representatives from our team are also more than willing to meet with the Senate Steering Committee as requested. Please note that at present there are three senators on our task force who have helped to shape our thinking about effective communications with the Senate and whose advice we will continue to seek.

We understand the importance of the Senate in the academic mission of the university and desire a continuing, collegial relationship which fosters mutual understanding and regard. Please give us your reaction to our invitations and let us know how you envision the relationship.

Nelson Reid  Kathleen Ennen  Candy Ashton
Kris Walters  Reggie York  Janie Canty-Mitchell
Darwin Dennison  Terry Kinney  Donna Hurdle
Appendix J: Major Events Timeline
Task Force: Major Events Timeline

1. July 27- Chancellor briefing on effort to date
2. August 7- Briefing with Chief of Staff to President Bowles
3. August 10- Update Provost on progress to date
4. August 14,17- Task Force work sessions
5. August 21- Trip to AIHF, 12:30 lunch at Poppyseed and 2:00-3:30 tour
6. August 27- Stakeholder sessions sub-committee, 8:30 in Student Center
7. August 28- TF follow up to item 6 above, 9:00-11:00 location SON
8. September 4- TF session on Transdisciplinary Model (Candy et.al) 9:00-11:00, Hoggard 116
9. September 4- Admin. workshop at AIHF begins 2:00 day one in Raleigh
10. September 10- Chancellor and trustee visit four model sites
11. September 12- TF budget (Reggie) 9:00-11:00, loc. WSE Dean’s conference room, Watson School of Education
12. September 18- TF core knowledge & program stands 9:00-11:00, Alderman 215
13. September 21- AIHF whiteboard sessions, 3 hours 12:00-3:00, loc. Hoggard 252--lunch
15. October 2- dress rehearsal 9:00-11:00 canceled
16. October 9-Dress Rehearsal for Stakeholders’ Session 9:00-11:00 215 Alderman (session with Provost originally on this day at 12:00 was moved to the 10th)
17. October 9- Session with Chancellor as brief update- 3:15-3:45
   Kinney, Walters, Reid, Chancellor’s office

18. October 10- Deans and Provost briefing 12:00-2:30 lunch, loc. TBD (4
   reps.- Reid, York, Kinney, Canty-Mitchell) Provost office Lunch

19. October 12- First stakeholders’ session. 10:00-12:30 Ennen, Walters, K
   inney, Ashton, Dennison-response system, David McFarland-
   observer/critique

20. October 23/24- Task Force-Holiday Inn Sunspree 12:00-5:00 day
    one, 9:00-4:00 day two-review documents (note change of location)

21. October 31- rescheduled time with Provost: Cordle, Canty-Mitchell, R
   eid, York, Kinney, Walters-- Westside Hall (lunch)

22. November 6- Regular TF 8:30-10:30 Alderman 215 (follow up to
    retreat) followed by Quality Planning Council presentation,
   Alderman 215 Time-TBD

23. November 7- TF meeting 9:00-11:00 loc. TBD—canceled

24. November 13- TF meeting 9:00-11:00 loc. Alderman 215 prior to
    second Stakeholders’ session- if needed

25. November 15- second Stakeholders’ session, 2:00-4:30, Madeline
    Suite, Reid, Canty-Mitchell, Kinney, Dennison-response system

26. November 27-10:00-12:00 Provost Discussion-Adams, Canty-Mitchell,
    York, Kinney, Reid, Tyndall

27. November 29-9:00-11:00, 215 Alderman Review final responses

28. December 4- Presentation to the Cabinet- (9:00-11:00 alderman 215)
    Ashton, Walters present-- all attend

29. December 11- Regular 9:00-11:00 meeting followed by a
    Senate presentation in EB 162; 2:00- Presentation to the Senate
    Reid, Ashton, Kinney, Walters, York, Hosier

30. December 18-Optional Task Force Meeting 9:00-11:00

31. December 18- Provost staff lunch 12:00-2:00 Alderman 211
    Avalos, McFarland, Akinleye, York, Ennen, Kinney, Dennison
32. January 8- Task Force Meeting- review Guiding Principles elaboration Alderman 215, 9:00-11:00-- Canceled

33. January 8- meeting on Healthy Living Center Alderman 215, 9:30-11:00 Terry, Janie, Candy, Nelson, Bob Roer, Stephen Meinhold

34. January 15- Task Force Meeting, 9:00-11:00 Fisher Student Center Saffo Room- document review

35. January 15- Task force meeting 6:00-8:30, dinner at Savannah’s

36. January 22-Quality Council, 215 Ald. 2:00 Ashton, Reid, Walters

37. January 22 - Community agency dinner moved to spring 2009
   - NHMH
   - AHEC
   - DSS
   - Mental Health
   - Coastal Horizons
   - School System
   - Nursing Agencies
   - City/County select officials
   - Insurers
   - QENO Group
   - AAi Pharma
   - PPD
   - OCHAM Development
   - Liberty Commons
   - Wilmington Health Association?
   - Wilmington Orthopedic?
   - Native American Council
   - Child Welfare
   - Nursing Homes
   - NHC Public Health
   - Tileston Clinic
   - Fourth St. Community Health Center
   - Division of Public Service UNCW February-BOT meeting Ashton, Walters present, York, Kinney, Canty-Mitchell on panel Date TBD

38. January 22 - Task Force meeting, 215 Alderman 9:00-11:00

39. February - BOT meeting Ashton, Walters present; York, Kinney, Canty-Mitchell on panel Date TBD
40. February 7 and 14- meetings with students and alumni for responses and comments/unique features they would like to see included?

41. February- Complete search schedule and ad for new Dean position

42. March 13- Spring mixer- Hosts- Canty-Mitchell, York, Dennison
Appendix K: Transdisciplinary Grid and Annotated Bibliography

<table>
<thead>
<tr>
<th></th>
<th>Health Problem</th>
<th>Team Work</th>
<th>Role of Conceptual Framework</th>
<th>How Knowledge is Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Disciplinary</td>
<td>The health problem is what a single discipline thinks it to be</td>
<td>None</td>
<td>Arises from a single discipline</td>
<td>Production of specialized knowledge and reductionistic accounts of problem or intervention</td>
</tr>
<tr>
<td>Multi-disciplinary</td>
<td>The health problem is what several disciplines think it to be; hard disciplinary boundaries are placed around the problem facets</td>
<td>None or limited</td>
<td>Mutually exclusive conceptualizations juxtaposed and broadly cumulative</td>
<td>Interventions suggested by isolated, discipline specific problem explanations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Team Work</th>
<th>Role of Conceptual Framework</th>
<th>How Knowledge is Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-disciplinary</td>
<td>The health problem is what several disciplines working together agree it may be; aspects of the problem from other disciplines may be ignored</td>
<td>Collaboration using limited knowledge-bases. Different disciplines address inter-connected aspect of specifically define health problem using their own theories</td>
<td>Interventions sensitive to an explanation of the health problem informed by understanding the connections among participating disciplines</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Team Work</th>
<th>Role of Conceptual Framework</th>
<th>How Knowledge is Applied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trans-disciplinary</td>
<td>Problem is defined as a part of an open dynamic system operating at multiple levels; problem broadly expands to include all relevant disciplinary insights</td>
<td>Open ended collaboration; all disciplinary insights required to define the problem are assembled</td>
<td>Common conceptual framework is sought which will be useable by any discipline, achieving new insights about the problem</td>
</tr>
</tbody>
</table>

Task Force on the Future of Health Programs at UNCW

Annotated Bibliography

Rebecca Van Maanen, Social Work Graduate Assistant


This article presents on the re-emerging emphasis on interdisciplnary research and education, with a special look at developing transdisciplinary education. Derry and Fischer identify several themes that are important in developing a framework for transdisciplinary education: models of community, distributed intelligence, reflection, boundary objects, soft leadership, lifelong learning, and socio-technical design. They give great detail to each of these concepts and how they are important in education. The article presents current courses at CU-Boulder and UW-Madison that use this model of teaching and their goals and methods. The article does a good job of presenting information on possible problems, important considerations for developing programs with a transdisciplinary model, and methods of integrating different fields into a collaborative learning experience.


Albrecht, Freeman, and Higginbotham write about transdisciplinary approaches to research of health problems in an Australian coalmining community in this article. Starting with a history of transdisciplinary work in the health sciences, they talk about early theorists and how these concepts apply to real-world situations in the health fields today. They provide definitions and examples of different models of research, leading up to the transdisciplinary model. They also provide a clear chart of this. The complexity theory is a main topic in this article, with how it relates to health problems and a transdisciplinary approach to explaining health issues. Their example of this complexity theory and the research being done across disciplines was with coronary heart disease in a coalmining community. They examined the dynamic processes of the development of this problem from a transdisciplinary perspective. This article provides several helpful graphs and charts that may be useful, as well as a real example of this model at work.

This group of university professors is looking at research design and theoretical perspectives in physical activity. Their main focuses are on the personal-level theoretical perspectives in the physical activity field and the macro-level perspectives in this field. They give a brief review of the strengths and limitations of each, and detail the challenges of using the personal-level perspective. They also spend some time looking at theories from environmental psychology and how they are applied to physical activity. Most of the information and ideas presented are based on these theories. It isn’t until the conclusion that they present the idea that the best approach to research in this area is by incorporating both the personal-level and the macro-level perspectives and apply them to research design. They give some “first steps” in creating a transdisciplinary approach, which may be helpful. Overall, the focus of this article is on different levels of impact on individuals and communities in regard to physical activity rather than a transdisciplinary approach to research, with only a small portion of the article focused on blending all the perspectives into a transdisciplinary model of research.


The article by Woodruff and McGonigel is an applied article looking at how to help a population of special needs infants. This article defines the idea of team as it relates to the field of early intervention and describes three team approaches used to create services for special needs children and their families. It talks about how to create a multi-disciplinary team that shares common goals. They take a look at the different levels of teams, starting with multi-disciplinary, which function quite separately—then interdisciplinary, where members share in communication of ideas, to finally Trans disciplinary, where boundaries between disciplines are crossed to maximize communication. They place special emphasis on the transdisciplinary approach. The roles of team members are discussed and the components needed to successful create a transdisciplinary program, including intake, assessment, and implementation, are talked about in detail. There is an example intake form provided. This article is easy to follow and provides good detail on creating a transdisciplinary team. Examples on special needs children help make the concept more concrete and useable.

These three professional wrote this article on integrating transdisciplinary approaches to therapeutic recreation professional programs and “inclusive school communities.” Several questions that may be asked about implementing a new concept like transdisciplinary education are addressed in the introduction of this article. New educational goals that will be involved are also addressed. The authors gave an assessment to families of students, as well as teachers, and the results of this needs assessment are looked over in detail. Needs that were currently being met and not yet being met were looked at and eight needs were identified and questions on the assessment addressed these needs. They found that the results indicated a consensus between parents and teachers of the need for this type of programming. The article then goes into what a transdisciplinary approach would look like for this group. The characteristics of this approach, including a common set of goals, addressing of the same outcomes, and transfer of information and skills, are discussed. Several transdisciplinary models are gone over in detail, as they relate to this particular program. The COACH model, designed to serve students with disabilities, provides a framework for integrating therapeutic recreation practices that “operationalize the concepts and philosophies of inclusive education.” Transdisciplinary play-based assessment model, which uses play interactions for children functioning at a sixth month to six year of age level, is also shown in detail. Finally, the collaborative approach, which identifies and implements one set of educational goals that are supported by the whole educational team, is discussed and methods of developing this transdisciplinary focus are looked at in detail.

This is the first article we’ve seen that deals with the transdisciplinary approach in working with therapeutic recreation. There are many helpful parts to this article. The questions that are asked and answered are common questions that may come up in the educational component of this theory. Second, the actual models are gone over in detail, providing a framework to start from when developing a program like this. Finally, there are many definitions identified, and recommendations on how to use all these assessments and theories in education are helpful to creating a program.

**Gibson, J. L., Martin, D. K., & Singer, P. A. (n.d.). Priority setting for new technologies in medicine: A transdisciplinary study. Department of Medicine, University of Toronto, p. 1-6.**

Gibson, Martin, and Singer wrote this article on implementing new technologies into medical programs of education. They wished to create an approach for “priority setting” that is based on a transdisciplinary method. They provide several questions for decision makers, and give a background, discussion, and summary to approaches that may work in new colleges. They give an actual model of priority setting in health care institutions that is ethical and has empirical roots. In the discussion, problems at the heart of health care priority setting are brought to attention and how to operationalize the model is discussed. The
example of the diamond model of health care priority setting for new technologies in medicine is given in this article, with emphasis on the different factors that go into implementing the model in a medical program. Finally, implications for decision makers in a new college are shown, with several steps that can be followed to eventually put this into practice. This article is very brief, and there are no references given. However, the focus on medical education is helpful and there are distinct steps that can be followed to implement this new method of using technology in medical education.


Bernard Choi and Anita Pak researched the differences and similarities of multidisciplinary, interdisciplinary, and transdisciplinary work in team settings, such as in research, education, and policy. They discuss in detail the definitions of each term, with what each kind of work would look like so the terms can be used correctly. Following these definitions, they ask the question “why pursue multiple disciplinary?” They provide concrete examples of situations to use a multiple disciplinary team - to resolve a real world problem, to provide different perspectives on the problem, to provide comprehensive services such as health care and health education, and others. They then discuss teamwork effectiveness and ineffectiveness, looking at the benefits of this team approach across fields, and weaknesses that can surface with this method.

This article provides definitions of each key term from multiple sources. They specify when to use each term, with examples of situations appropriate for each. Many charts with each term and definition are available in this article, and make it easier to see the differences between them and can be useful in presenting the terms. The desirable situations to use each kind of discipline discusses can be helpful to find where these types of teams can be useful in the real world. Finally, the benefits and weaknesses discussed can provide a good comparison to people thinking about implementing a multiple disciplinary team in their area of work.


Maton and company write on community interdisciplinary research that came out of the work done by the SCRA interdisciplinary task force and conference at Vanderbilt University in 2004. They provide a history of community psychology throughout the development of an interdisciplinary component in the field, including the development of the Society for Community Research and Action (SCRA). This task force is the main subject in this article,
with its contributions to research in community psychology discussed prominently. Also discussed is the Vanderbilt conference, which was created to bring together researchers and find common goals for going about interdisciplinary research. Individual researchers and their contributions are shown.

This article is mainly an introduction for a larger, multi-part paper. Some current day researchers are discussed, which showcases some of the work being done right now in the area of community psychology. The reference section of this article provides very good resources for a further look at interdisciplinary community psychology. This article is very brief, and is mainly focused on participants in this conference, but it does provide some good questions for research design and provides current topics of research that can be interdisciplinary in nature.


Stokols’ article provides detailed information on how to create an action research team using a transdisciplinary model. Stokols starts with an overview of Lewin’s work in the 1950s on action research, as well as several other researchers through the century who have helped implement this idea in practice. After this detailed history, Stokols turns to where the development of transdisciplinary research is currently and where these teams can be found, mainly in organizations such as public health and transportation. He looks at the challenges for furthering this type of work in the future; with the key being integrating further what is already being done, since most of these organizations are interdisciplinary or cross-disciplinary in form right now. Transdisciplinary research in academics is talked about in this article, in which is included the differences between multidisciplinary, interdisciplinary, and transdisciplinary work are discussed. Actual case studies of transdisciplinary scientific collaboration are given. Transdisciplinary groups for policy making are discussed in this article, as well as many of the challenges groups using the transdisciplinary model for research and collaboration face. Finally, ways of developing a unified science of transdisciplinary research is discussed, focusing on clear communication.

This article contains excellent research team development ideas. It carefully looks at the benefits and challenges that can come with a transdisciplinary team. Graphs of different components to research in the community and organizations globally and locally are helpful to see everything joined together. The history of Lewin’s work in this area of research is a great foundation to work from. Finally, a several page reference section provides articles for further research on this topic, as well as some of the historical articles.

Davis writes about the three topics of continuing education, specifically in medical fields, guideline implementation, and knowledge translation. Through a case study on pain management in children, Davis notes the similarities and differences between different methods of treating the problem, first by the traditional continuing education method of training nurses then putting that into practice, then by guideline implementation, which looks at all the different areas of health care. In the second example, the nurse training is only a piece of the puzzle of treatment, and other practitioners, family members, and the patients themselves are part of the plan. Knowledge translation, which is a method to create optimal healthcare outcomes and optimal health care systems, is also discussed. He shows several different models on this topic to help create a wide framework of helpers in the organization and outside of the organization.

Davis’ brief article looks at some new keywords in the area of transdisciplinary practice. Each of these topics is beneficial for implementing methods of multi-disciplinary teams into organizations. This article is especially helpful in areas of health care, since that is the major focus of the case studies.


Mu and Brasic Royeen stress the importance of interdisciplinary or transdisciplinary services in school-based occupational therapy services in this article. This is done by providing different professionals such as special educators, physical therapists, occupational therapists, and others, and making sure these professionals share common goals. In this article, the similarities and differences between interdisciplinary and transdisciplinary teams, and the positive outcomes that have been found by using these models in practice are detailed. The two terms are distinguished in this article by different definitions than are normally used, based on its use in school-based occupational therapy. Specifically, the definitions of profession and discipline are discussed with regard to this topic. The authors state that the terms interprofessional and transprofessional are better suited for use in school-based occupational therapy than the terms interdisciplinary and transdisciplinary.

This article is very short, but contains a wide variety of resources that can be helpful when looking into allied health sciences and transdisciplinary work. The different definitions are interesting in that they change the way we can define discipline and profession. Finally, the way that this team approach was implemented in an occupational therapy program in the school system is interesting and can be helpful when deciding what forms of professionals can be teamed up in different programs.

These two professors from Israel talk about the topic of transdisciplinary research in higher education settings in this article. They take a look at the literature of historical reference to this topic, and then state the current needs of higher education institutions and how using a transdisciplinary approach can be helpful. They point out that there are several barriers to using this method in higher education, mainly dealing with the fact that people are “experts” in their fields and the tension this can cause in a team approach. These two professors look at some of the issues that can come up in a team approach to education, such as language barriers and other communication problems and how they can be dealt with.

In this article, there is a lot of information about how to overcome barriers and how to run a transdisciplinary team in the setting of a teaching facility. They get into a lot of minute details about this and what has worked for them as they have gone into this as both the educator and the student. Examples from different subject matter, such as the medical field and biology are given. The first part, showing how this field of education has come about and the barriers and advantages is very interesting and should be helpful in areas such as research.


Abrams states in this article that the main goal is to further the area of tobacco prevention research, especially by using a transdisciplinary approach. He gives a brief history of tobacco research over the years, and states the problem of how to integrate information gained over the years by differing fields of study. By creating new paradigms for tobacco prevention research, he sets clear goals for the collaboration of research. Abrams takes a look at tobacco use and abuse from an interdisciplinary, multidisciplinary, and transdisciplinary viewpoint, and also looks at several models of theory such as cognitive social learning, to explain tobacco use. He shows the difficulties of trying to integrate all these methods of research and results, such as new language and questioning existing disciplines. Finally, in his conclusion he shows all the different areas of research, including biology, epidemiology, and behavioral and social sciences, that can be integrated to form a better way of researching tobacco prevention methods.

This article is from a new viewpoint, mainly tobacco research, but gives good information about what makes a good collaborative program. Especially helpful is when he gives several core characteristics of transdisciplinarity, such as openness, trust, collaboration, and mutual respect. These are important areas that need to be thought about when making a transdisciplinary team. Abrams gives
several clear, easy to follow models with graphs in this article, which are helpful to look at the areas of research in tobacco prevention now, and how to combine them successfully. In the reference section, sources from a variety of disciplines pertaining to transdisciplinary models are helpful. Overall, the graphs, goals and characteristics of transdisciplinarity, and references from other points of view will be useful in further work.


This article is about a transdisciplinary team approach to assessing young children with disabilities. They state that a team approach is necessary to this process and give examples of the many people involved, such as early childhood educators, nurses, speech-pathologists, and social workers. This article’s focus is on the role of the nurse in a transdisciplinary team. The article goes into great detail about the differences between a multidisciplinary team and interdisciplinary team approach and the role of different professionals in these models of assessing. Then the transdisciplinary approach to assessing is discussed, including the team members’ roles and where in treatment a transdisciplinary team is beneficial. The roles and responsibilities of the nurse are discussed specifically and in detail. The article then talks about teambuilding and putting together a team that can cover a wide field. Characteristics of effective teams, such as having a clear goal and sticking to it, communication, and sharing of skills are discussed. Last, the implications for nursing education and research and practice are discussed in detail, with emphasis on preparing the nurse for their role on the team.

This article gives very clear goals of a transdisciplinary team. The entire article is almost a step-by-step process on how to create a transdisciplinary team, and the process can be broadened to other fields beyond medical teams. How to team build and create team goals that can be followed and create a bond with the team are very helpful suggestions and can be used in a wide range of areas. There is a very clear graph of how a team can be built and run. This article does a very good job of actually putting all the information together and making it applicable to others wanting to try this approach to practice.


Gibb joins with other faculty from the department of health, social work and education at the University of Northumbria, UK to work on creating a joint effort between different health care and mental health services. This article focuses especially on the development of a team of practitioners working with a group of individuals with severe, long-lasting mental health problems. Gibb
looks at the research and literature of how a transdisciplinary team is put together and the successes and failures that have been seen in this type of team working approach. The main focus of this article, this evaluation of team development, is talked about in detail, with the whole research design, methodology, and results given. Gibb looks at the team members and their roles, different ways of evaluating the team, such as teambuilding, communication, and negotiating roles of members, and discusses these details in the results section of the article. In the discussion section, the positive aspects found through this study are discussed, with examples such as networking and support for team members discussed. These positive aspects of a transdisciplinary team are summarized in the conclusion.

This article has excellent points that are looked at regarding what makes a transdisciplinary team successful and how it worked in one case example. Many important aspects of working as a team are discussed, such as how roles are negotiated in the team approach, and how to effectively balance all the different skills and knowledge and share these gifts with team members. Also, how the author went about creating a research study to examine the efficacy of a team approach to health care is very helpful and interesting and can be used to create further evaluations of other teams. This article was very clear, to the point, and contains many useful citations for other literature on this subject.


In this article, Abrams provides an overview of the transdisciplinary approach to research in the health care field. Abrams covers the definitions of multidisciplinary, interdisciplinary, and transdisciplinary models for research, with examples of successes for these models, such as listening across different disciplines and jointly developing new measures and methods to research. The disparities are discussed, with talk about how to possibly eliminate some of these disparities also given. Different studies done on this idea are given to show what has been done to find out how to eliminate disparities. In the conclusion of this article, Abrams goes over some of the issues surrounding how to communicate this information about transdisciplinary teams to others interested in this team approach.

This article is full of specific, professional language, making it difficult to read. However, it provides several ways of looking into how to eliminate disparities in health care in regard to a collaborative team working approach. One graph is helpful in providing an outline for evaluation of the transdisciplinary process. The conclusion provides good insight about what needs to happen next in the process of transdisciplinary teams in health care. Finally, the references for this article are from a wide field of resources and can provide more information about health care research specifically.

In this article, Maton, Perkins and Saegert explore how to expand and improve interdisciplinary community research in the psychology field. They talk about the importance of interdisciplinary work for community psychology and how far interdisciplinarity has come in other fields of psychology, such as biological and cognitive. The history of how this came about is discussed. Next, the article talks about developing programs and improving settings and community life for citizens and how interdisciplinary teams can be beneficial to help make these needs changes happen in the community. Maton describes the requirements of successfully implementing a collaborative team and what that team would need to do in the community. The challenges to interdisciplinary community research, as well as generic interdisciplinary work are discussed in detail in this article, with examples of challenges at each level, including academic institutions and macro-level approaches to problems. Next Maton talks about what would make a successful interdisciplinary team, including leadership, quality of relationships, and commitment.

This article gives a unique perspective on interdisciplinary teamwork from a community psychology perspective. It seems this perspective and the goals for community change and development can be tied to social work’s goals. This article is clear and provides concrete examples for what needs to happen in the field of community psychology and what will make it successful. Several national funding projects are identified in this article, including the McArthur Foundation, which may be useful to look into further. Finally, the looking ahead to the future of practice and how teams are put together is good to think about for a different viewpoint on what is changing and what needs to change in different fields of study.


Dyer’s article is about preparing new nurses for work in the health care field. New nurses are having trouble finding how to fit into the new system of health care that is popping up around the country. Dyer talks about how nurses should be educated now, with a focus on training them in a transdisciplinary model for education that can benefit them as they work with professionals from different fields in their careers. Dyer gives definitions for each of the three models for education to clarify the meaning in practice. Dyers shows the benefits to training in some form of one of these three models, with examples in nine areas of work experiences that can benefit from these training models. He discusses
each of these nine areas in detail. In the conclusion, the importance of looking into using one of these models for teaching is reinstated. This is a short article, but contains many good key terms that can be used in presentations. Looking at all the different ways that a transdisciplinary model of teaching can be very helpful in deciding what benefits can be gained in different fields of training. Once again, the definitions can be helpful in clarifying what each key term means in that particular field.


In this article, Ertas starts by looking back to ancient times to investigate the topics of education and the scientific method. He looks at how the word “discipline” came about through time and the importance of this term in educational settings. He talks about how technology came into education and the importance it brought to how we learned in the educational setting, especially in the new way of collaborating across disciplines. This work across disciplines and fields helped create a transdisciplinary method of working together. Ertas gives the background of what encompasses a transdisciplinary method of education. He then states the goals of the Academy of Transdisciplinary Education and Research (ACTER). He states that the Academy’s goal is to take the lead in developing the transdisciplinary philosophy, fundamentals, and culture. Ertas talks about the objectives of ACTER, and how ACTER as a corporation will be structured. ACTER’s main goal will be the development of the Information Modules and Delivery Network, or InfoMODEN. The rest of the article talks about InfoMODEN and the advantage of it.

There is some useful information in this article, and some information is very specific to this organization. It is interesting to look at how far back history goes in this topic, and how important technology was to the development of the transdisciplinary model. Ertas shows how our methods of education have changed and how it will continue to change. It is helpful to see what Ertas has found to be important aspects of development, such as a philosophy and culture that will need to be looked at if transdisciplinary becomes the preferred method of teaching in universities. This article provides a different side to looking at transdisciplinary education.


Drake, an assistant professor at Brock University in Canada, writes about how six teachers integrated curriculum from their different fields of studies to create a team approach in their educational setting. Drake writes this article from a first person perspective, from her point of view on how this came about between their faculty. She talks about the different backgrounds each individual came from, and how new this idea was to their way of thinking and teaching. She talks
about how their organized and shared ideas, and how each person had to find their own personal meaning at each stage they went through in creating this curriculum. They found, in the middle of things, or interdisciplinary stage, that their subject areas did in fact overlap more than they had imagined, making it easier to work together. After trying this interdisciplinary way of creating curriculum, they found it was not very successful and moved forward toward the idea that there didn’t need to be any divisions - the transdisciplinary stage. She gives several questions that came about from their work, such as “what about school board objectives concerning skills to be required by certain grade levels?” She ends by taking a look at the accomplishments they made in creating a transdisciplinary curriculum for their program.

This is a very short, easy to read article that is more of a story of a successful integration of completely different professionals into a transdisciplinary team. Drake brings up several important questions that need to be addressed in the educational setting when one is thinking about implementing a transdisciplinary model. The first person perspective is a different way of looking at this topic and can be a useful example in future work.


Baker writes about a transdisciplinary model for treatment of tobacco dependence and the importance of transdisciplinary research in learning more about tobacco dependence. Baker begins by looking at the rationale for a transdisciplinary strategy to tobacco research, based off of the findings in several previous studies conducted over the past 20 to 30 years. After looking at those details, he looks at a model for transdisciplinary tobacco dependence treatment research, including a figure to clarify the different potential facets of using this research method. He goes into great detail on how this model would work with the tobacco dependent population, based off of the graphed figure given. He looks at the participating population, the treatment, and outcome predictions.

This article is helpful for looking into research-based articles on transdisciplinarity. The article has a lot of predictions on how well a transdisciplinary model of tobacco research and treatment will work. There is a lot of professional jargon and research terms that make this article hard to read, but the studies they are looking over and working through are interesting and can be helpful to show how effective cross-discipline research can be, especially for health topics. The reference section is extensive and provides many of the studies that have been done in this area.
Appendix L: UNCW Strategic Goals

UNCW STRATEGIC GOALS

Preamble
This document represents a strategic plan in progress. In addition to the university’s strategic vision, identity statement, core values, goals and objectives, the completed plan will include quantitative and timed targets, strategies, prioritized actions and resource requirements. The final plan will also ensure that decision making and implementation processes are guided by data that are objectively collected, professionally analyzed and relevant. Further, efforts to implement a comprehensive plan will result in inevitable amendments and modifications. The eventual strategic plan will be a long range plan. Its objectives will serve to guide the university’s course of action for many years. Some objectives will achieve their full impact in one to five years; others over a longer period of time. The goals and objectives are not ranked in priority order.

The University of North Carolina at Wilmington
Transforming Ideas into Action: A Strategic Plan 20052010
Strategic Vision
The faculty, staff, administration and students of UNCW are committed to achieving excellence and to placing UNCW in a position of preeminence among midsized, public universities in the South. UNCW will maintain an intimate learning environment for undergraduates, integrating teaching and mentoring with research and service. UNCW will promote and engage in high quality scholarship and in masters focused graduate education, as well as in selected doctoral programs. UNCW will provide a secure and attractive campus, encourage intellectual and cultural diversity, foster regional engagement, and value individual growth and development. In these ways, UNCW will prepare its graduates for a lifetime of learning, achievement and service for the betterment of self and community.

Identity Statement
At UNCW, passionate and engaged teaching, learning and research matter. UNCW is unique in its dedication to combining a small college commitment to excellence in teaching with a research university’s opportunities for student involvement in significant faculty scholarship.

Core Values
The university’s culture fosters: creative, critical and reflective thinking; lifelong learning; communication and interaction; a celebration of diversity of people and ideas; commitment to improving the quality of life on and off campus; ecological diversity and sound environmental stewardship; and personal achievement and integrity. These core values are embodied in the following:

Teaching Excellence
Excellence in undergraduate teaching at the forefront of knowledge and technology has been a hallmark at UNCW, recognized and rewarded since its inception. A commitment to teaching excellence requires that students and teachers engage in an array of intimate learning experiences and continue to build upon knowledge thus gained throughout a life of learning.
Faculty and Student Scholarship We are a community of learners that embraces scholarship and the necessary interplay between teaching and research. At UNCW, students are afforded opportunities to learn through collaborative scholarly activities with world class faculty at a level that rivals exclusive research institutions.

Student Development
UNCW strives to create learning environments and experiences that promote the cognitive, affective, physical and social development of the student learner. Educators and students collaboratively identify learning outcomes that further personal and professional growth. We engage in continual assessment to ensure a campus wide learning ecology and community that supports the development of the whole student.

Regional Engagement
UNCW’s service to the people of southeastern North Carolina is embedded in both our history and our mission. The university is committed to service as both a responsibility and an opportunity for mutual enhancement of the institution and the region. Among our highest priorities are providing access to our programs and services, and establishing partnerships that improve the quality of life within our region.

Diversity
Cultural, racial, ethnic and global diversity are fundamental to the mission of the university and are essential elements of an atmosphere of openness and free inquiry upon which teaching and learning rests. UNCW is committed to expanding the diversity of its faculty, staff and student body and to increasing access for historically underrepresented groups. We promote a diverse learning culture for the success and enrichment of each member of the campus community. Consistent with this value, the university actively promotes internationalization of the curriculum and student body.

Integrity
We operate in an atmosphere of openness and are committed to ethical conduct and practices, to public accountability, to cultivating personal values and moral reasoning, and to maintaining the highest professional standards in all academic and administrative endeavors.

Goals and Objectives
GOAL I: Create the most powerful learning experience possible for our students.
Objective 1: Pursue initiatives that promote student retention and graduation, competitive with our aspirant institutions.
Objective 2: Improve the range and quality of student faculty interactions.
Objective 3: Improve availability of space, equipment, information technology and other support services for various types of classroom experiences appropriate for each discipline.
Objective 4: Ensure regular review and development of curricular content, delivery and rigor to meet the undergraduate and graduate programmatic needs of the university, the region and the state.
Objective 5: Improve experiences for students during initial entry into campus life and at crucial junctures in their education.
Objective 6: Establish sound pedagogical frameworks and program specific learning outcomes.
Objective 7: Increase the level of support for faculty/student research and scholarly activity at the undergraduate and graduate levels.
Objective 8: Provide outstanding student recruitment, academic and support programs that advance the university’s prestige and impact as an institution of higher education on the national stage.
GOAL II: Recruit, retain and develop quality faculty, administration and staff in appropriate numbers.
Objective 1: Strive for fair and competitive salaries and improved benefits for faculty administration and other EPA personnel.
Objective 2: Strive for fair and competitive salaries and improved benefits for SPA staff personnel.
Objective 3: Invest in creative educational, research, service and administration initiatives that clearly advance one or more of the strategic goals of the university.
Objective 4: Encourage and support professional development and career advancement opportunities and initiatives for faculty and staff.

GOAL III: Embrace and enhance diversity throughout the university’s constituencies, culture, curriculum and outreach activities.
Objective 1: Build a pool of prospective students from underrepresented populations and recruit them to UNCW to develop a rich and vibrant learning environment.
Objective 2: Strengthen relationships with and among all current students.
Objective 3: Enhance diverse idea exchanges, engagement and the range of learning experiences through outreach relationships with other educational entities.
Objective 4: Access and utilize the intellectual, cultural and financial resources of the region through outreach relationships with minority community groups, businesses and other entities.
Objective 5: Recruit, develop and retain a critical mass of diverse faculty.
Objective 6: Recruit, develop and retain a critical mass of diverse staff and administrators.
Objective 7: Provide a curriculum that is educationally compelling in its use of diverse ideas, beliefs and backgrounds.

GOAL IV: Create an educational environment that prepares our students to be global citizens.
Objective 1: Ensure students have access to travel, study abroad and classroom opportunities that foster their ability to participate in a global community.
Objective 2: Foster an international friendly environment in Wilmington and the surrounding area.
Objective 3: Provide opportunities for faculty to develop international teaching and research interests.
Objective 4: Recruit faculty and students from areas of the world consistent with the university’s programmatic priorities.

GOAL V: Strengthen the university’s regional engagement and outreach activities.
Objective 1: Partner with the public and private sectors to foster economic development throughout the region.
Objective 2: Provide service to and collaborate with our P16 educational partners in public schools, community colleges and other universities.
Objective 3: Connect theory and practice through service learning programs that enrich academic coursework and serve the region.
Objective 4: Apply the intellectual and human capital of the university to address critical quality of life concerns in the service region.
Objective 5: Provide campus initiated experiences that encourage participation in and access to higher education.
Objective 6: Engage the cross section of communities that comprise our eight county service region in a life of learning for intellectual reward, personal pleasure or career opportunity through high quality continuing studies programs.
Objective 7: Strengthen the alumni and parent programs.
Objective 8: Enhance the university’s ability to perform larger scale multidisciplinary applied research programs that focus on issues important to southeastern North Carolina.
GOAL VI: Enhance the quality of UNCW’s environment and provide a campus that is attractive, functional and, above all, safe.
Objective 1: Increase the sense of campus community for all members and at all levels of engagement.
Objective 2: Provide dedicated locations to foster community.
Objective 3: Provide comfortable, well maintained work spaces.
Objective 4: Improve processes and procedures that ensure safety and security in all facets of campus life.
Objective 5: Establish education and training initiatives for campus violence prevention.

GOAL VII: Ensure adequate resources to achieve university goals by increasing public financial support and private giving.
Objective 1: Secure critical educational resources through more equitable funding from the state for UNCW.
Objective 2: Achieve more efficient and effective use of existing resources through reallocation, technology, and linkages between planning and budgeting.
Objective 3: Strengthen the annual giving program.
Objective 4: Develop focused, aggressive planned giving and major gifts programs.
Objective 5: Enhance foundation and corporate giving to UNCW.
Objective 6: Establish funding sources to meet the expanding capital needs of a growing university.
Objective 7: Increase grants, contracts and entrepreneurial activity to enhance the university’s programs and projects.
Objective 8: Meet the financial needs of students dependent on financial aid.
Appendix M: References and Links

Report of the Task Force on Health-related Programs at UNCW

References:


North Carolina resident death certificate data, State Center for Health Statistics. Based on primary cause of death. Age-adjusted rates use the direct method, using


State Center for Health Statistics, Special data run from North Carolina resident death certificate data.


**Web Links**

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Appendix N: AIHF Concept and Proposed UNCW Partnership

Overview of the AIHF Concept and the Proposed UNCW Partnership

The American Institute of Healthcare & Fitness provides and integrates state-of-the-art medical care, exercise, nutrition, wellness and counseling services dedicated to assisting individuals achieve optimum lifelong health through prevention, education, diagnosis, treatment, and research.

The integrative healthcare & fitness concept is in part a response to the continuing fragmentation of our mainstream healthcare system, which offers high quality but is also dependent upon high cost and an unacceptable degree of inconvenience. Research invariably indicates a powerful connection between good preventive health habits and good health. AIHF offers the high level of quality patient care Americans expect while locating the various health-related opportunities they seek to live a healthier life under one roof. The concept ensures medical integrity, individual choice, tailored programs, integrated providers, and customer convenience.

The AIHF concept has the potential to become a new healthcare model, and certainly will become a single destination where individuals can receive coordinated medical care. Such care will include a full spectrum of health programs and services designed to assist them in achieving and maintaining an optimum level of good health. Individuals will have multiple entry points into AIHF from which to choose, e.g. their primary care physician, a health club membership, a visit to the spa or nutrition center, a specific counseling or educational program, an annual physical at the executive wellness center, or a checkup with their dentist. In all aspects of operations this concept will be distinguished by an integration model, top professional providers, and access to the best health information available in the country, convenience and unsurpassed service. All of these services will be provided in a tranquil yet dynamic setting that welcomes and comforts all. While each of these commitments is important and is intended to complement the others, the most significant factor in determining the success of our concept will be the level of integration that is achieved.
Our business model establishes AIHF as the flagship from which to develop other integrative healthcare & fitness centers across the country, and hopefully in select foreign countries. Decisions related to expansion and location will be made as AIHF refines the concept and begins to realize anticipated outcomes including individual optimum health attainment, high levels of customer satisfaction, and a reduction in the overall cost of healthcare with no diminution in quality.

Integration at AIHF

Integrative healthcare & fitness is a delivery model with its roots firmly established in primary and preventive care. The focus of this model is to establish a true system that emphasizes communication and collaboration among all parties. The overarching objective is to help each individual within the model achieve his or her optimum well-being. Traditional approaches to healthcare often place the practitioner at the center of the relationship and describe the patient or client in passive terms. The AIHF model is implemented within a hub of providers who co-locate on a single campus with the spokes of care extending into the local, regional, and national communities. The model is built upon three basic tenets as follows:

- Each person is an individual with different needs to achieve optimum health, a stepping stone to a full and rewarding personal and professional life. Every individual should have a lifelong healthcare plan that addresses physical, mental, communal and spiritual needs. This requires a fluid, lifelong plan as all of these aspects of “true health” change throughout the life continuum. Each individual will draw upon a multitude of resources from virtually every area of healthcare services, including conventional primary and specialty medical care, complementary medicine, fitness and performance training, nutritional counseling, and lifestyle and spiritual counseling services. Because of the uniqueness of each individual’s health history, life experiences and personal expectations, he/she is the most knowledgeable participant in any conversation about constructing a lifelong healthcare plan.

- The provider/patient relationship is the foundation of a life care plan for every individual. It is imperative that those specialists who provide a spectrum of services and the individual at the center of the model form trusting partnerships. These partnerships must include primary and specialty care providers who serve as sources of guidance, support, and motivation, helping each individual achieve a much richer and improved healthcare experience. This integrated partnership approach ensures that individuals form relationships with an array of healthcare providers capable of blending their expertise and employing the right resources at the right time. The integrative healthcare & fitness focus is on prevention.
and early intervention, judicious use of resources, and individual responsibility and accountability for achieving and maintaining health.

- Economic balance among the provider, the patient, and the healthcare system is achieved through co-location, collaboration, and communication developed in an environment where primary care, select specialty care and allied services come together to create powerful new synergies. Sharing resources and distributing costs create operational and clinical efficiencies and contribute to the financial success of the integrative healthcare & fitness model. The current mainstream healthcare paradigm, which is built upon an episodic care model, may not be financially sustainable as evidenced by continuing double-digit inflation in the cost of providing healthcare benefits. Integrative healthcare & fitness creates a programmatic shift by aggressively responding to the market forces of cost, quality, and access through a realignment of provider and patient roles.

The Clinical Integration Workgroup is the mechanism AIHF has developed to bring specialists together to align efforts. Through this mechanism specialists engage in a common effort to share knowledge, control costs, reduce inconvenience for the client and leverage resources. This approach benefits all of the participants in the model and leverages efficiencies by integrating care across product and service lines.

AIHF is a distinctive health services concept and business model designed to provide unparalleled coordination of health services in a setting that will attract and retain top providers. Integration among providers, corporate and university partners such as UNCW, Duke, UNC-CH, and AIHF core businesses is necessary for this concept to reach its full potential. While each provider will own and operate his/her own practice, it is critical that all providers support the integration concept and are comfortable working with colleagues and neighboring businesses, as well as corporations and higher education institutions partnering with AIHF. The text that follows vividly demonstrates how this integration model is designed to maximize the benefits to all participants.

**Educational Benefits and Synergies between AIHF and UNCW**
At the center of current discussions between AIHF and UNCW about how to improve health services, expand access and control costs is the potential power that could be realized through a public university and private provider partnership. All too often these discussions have focused on Research Campuses or universities with medical schools, thus leaving the energy of Comprehensive I institutions untapped. In recent years some have begun to recognize the potential that might reside in a new, distributed paradigm based on more focused and manageable partnerships. UNC President Erskine Bowles has challenged institutions and businesses to rethink their relationships, engage in closer
communications and planning and act in unison rather than in isolation. AHIF has recognized that there are significant opportunities in partnering with institutions like the University of North Carolina Wilmington. These opportunities include not only the capacity to advance the model of integrative healthcare to include aspects of education and professional preparation but also the capacity to generate new knowledge and approaches to care, improve the preparation of future healthcare practitioners and enhance services to southeast North Carolina. The UNCW faculty and students are viewed as vital partners possessing research, planning, outreach and applied knowledge and skills that would greatly compliment the work of AIHF specialists.

Under the leadership of Chancellor Rosemary DePaolo, Provost Paul Hosier, Dean Virginia Adams of the School of Nursing, Dean David Cordle of the College of Arts and Sciences, and Robert Tyndall—project facilitator, UNCW has begun a comprehensive effort to align its Nursing, Health, Human Sciences and Social Work programs to create a more effective and responsive preparation and service delivery model for the future. The university has identified as one of the core features of its Millennial Campus Plan (CREST), approved by the UNCW Board of Trustees and the UNC Board of Governors, an emphasis on public-private partnerships to advance the quality of health-related education, preparation and service delivery. In addition, the faculty is proposing an integrated, “transdisciplinary” approach to academic preparation, research and service designed to ensure a broader base of knowledge and applied experiences for graduates. This academic model seeks to break down the walls that have artificially separated disciplines in much the same way that AIHF is removing silos in the practitioner world. UNCW’s innovative approach to program delivery closely parallels the philosophy of AHIF.

Collaboration with AHIF, coupled with UNCW’s overall academic leadership, will provide a unique opportunity to enrich the teaching, research and service mission of the university and to enhance the delivery of healthcare services and general health knowledge to the university community, the residents of Wilmington, and the region. This partnership has the potential to be a ground-breaking model that extends the concept of integration in a manner that links the patient, the practitioner, the faculty, the student and higher education preparation to a degree seldom seen.

The primary goals that UNCW and AIHF have articulated for the partnership are as follows:

- **To enhance the linkages between the academic preparation of students and the living laboratory of practice that AIHF represents.** This will not be an exclusive partnership for either partner but one that offers numerous opportunities for classroom reinforcement, applied learning and “real world” research. This effort will include but not be limited to adjunct appointments, seminar and guest lecture series, unique
opportunities for Clinical Research students to participate contractually in real trials, targeted research and joint applications that include UNCW students.

- **To assist the School of Nursing, the Department of Health and Applied Human Sciences, and the Department of Social Work in increasing the number of graduates who elect to practice in North Carolina in general and southeast North Carolina in particular.** This effort will include access to physicians, adjunct appointments to assist with class delivery, paid internships for students (particularly in Nursing) to control costs and provide for applied practice. These expectations will be built into and agreed to as part of the specialist/tenant agreement. This will automatically give UNCW access to more than 100 specialists.

- **To provide services to the community from both AIHF (partners) and UNCW faculty and students,** Annual targets will be set by the parties to provide for free or reduced consultations, planning assistance and initial screenings for citizens in underserved and/or special needs populations. Internet technologies will also be used as a means of extending the reach of the parties into the rural centers and clinics that are so in need of assistance. In partnership with the UNCW Division of Public Service, the collaborative will develop three-year plans and seek joint grants to expand services. In the near future the collaborative will include a wide range of health service providers in clinics, hospitals and private practices as a means of focusing and amplifying our voice.

- **To create a new vehicle capable of being an influential voice in the health arena to shape public policy, educate the public and draw attention to prevention and care issues.** UNCW, through its proposed Center for Healthy Living, will serve as an equivalent in the health arena to the type of work that the Center for Economics and Business Systems performs in the business and economics arena.

- **To provide expanded services to the university in additional areas as follows:** This partnership will make it possible for the partners to work together to address expanded student health service needs, provide preventative and therapeutic support for our athletes and address infrastructure needs related to the partnership. In addition, the parties have committed to exploring the feasibility of a childcare program for AIHF employees and UNCW faculty.

These are a beginning set of overarching goals that will be refined and expanded over time. Proximity is the key to the success of this model. Research consistently verifies that proximity, frequency of interaction and range of interactions define the quality of true partnership. This is particularly true in cases where the partnership attempts to bridge theory and applied practice.
AIHF and UNCW are making plans to include seats for UNCW on the Clinical Integration Workgroup and an Operations Board. This will ensure regular interaction and monitoring of progress toward the goals.

Additional features of the collaboration will include but not be limited to:

1. the creation of shared databases to profile and track select health-related trends in southeast North Carolina,
2. co-sponsored conferences and public forums on issues of importance to managing the personal healthcare experience,
3. internships that afford students the opportunity to see across the discipline-specific field experiences that often restrict a broader understanding of health,
4. access to a rich array of specialists to strengthen the faculty through guest seminars,
5. clinical research trials that benefit manufacturers and patients,
6. adjunct rotations and joint research, grants and publications,
7. provision of Sports Medicine services through contracts with area school districts and sports clubs that provide clinical education opportunities to Athletic Training students and allow regional athletes a level of sports medicine not previously available,
8. telemedicine and educational outreach opportunities to distribute knowledge inexpensively to areas such as the Bolton Clinic in Columbus County and provide for renewal opportunities for practitioners.

AIHF and UNCW are particularly focused on the opportunity to advance several key aspects of healthcare through this collaborative effort and to leverage our joint talents, resources and energy to improve healthcare. Both parties envision not only a campus presence that is mutually beneficial but a physical presence of approximately 10,000 square feet for UNCW in the planned AIHF facility. Day-to-day proximity is essential to the model we envision. Today, there are preliminary commitments from more than 100 physicians in both primary and specialty care interested in the AIHF model in Wilmington. These physicians represent several hundred thousand “covered lives.” Not only will the AHIF/UNCW partnership touch this population; it will become a significant resource to enhance and further the educational mission of UNCW and serve the community.
**Education:**
Increase the number of nurses available to the state and the region. This is a critical need that must be addressed. The opening of a new facility for Nursing represents a significant investment by the public with the clear expectation that we graduate more highly qualified nurses. Redistributed course delivery is a real possibility. This could make it possible for faculty to concentrate on those bottlenecks that currently impede increasing the number of graduates. While the impact may be small at first, it will grow over time.

UNCW and AIHF have an opportunity to expand the educational experience for undergraduates, graduates, and faculty in multiple disciplines such as Nursing, Health and Applied Human Science, Social Work, Business Administration, Communications, Sports Therapy, and Resort Management. UNCW/AIHF envision internships, clerkships and any number of faculty-initiated educational experiences.

Service to the broader community is an important aspect of the collaboration. Not only do the parties see a plethora of student and faculty enhancements through this collaboration such as those described above, but we are serious about making a significant impact on the greater Wilmington community to improve services for underserved populations and populations with unique needs.

Outreach through conferences, seminars, telemedicine, practitioner workshops and professional renewal and health trends bulletins will serve to enhance healthcare knowledge and resources.

Creation of an annual “State of Health Report” for southeastern North Carolina targeting a major issue or important trend will be produced in collaboration with the Center for Healthy Living.

Broad-spectrum internships will provide students with opportunities to look across the discipline-specific boundaries often associated with field experiences, clinical experiences and internships in certain disciplines.

AIHF has as part of its core mission to conduct clinical research “within the community.” Over the last few years the trend in the USA has been to develop clinical research in community settings. AIHF and UNCW are in a unique position to further define, refine and advance this trend. PPD, one of the nation’s leading clinical research organizations (CRO), has a significant presence in Wilmington and specifically with UNCW. This opportunity would expand from community-based research locally to community-based research with research education. The Clinical Research unit headed by Kris Walters would be the entry point for negotiating these relationships.
**Resource Sharing:**
There are numerous shared resource opportunities within the AIHF-UNCW collaboration. Targets will be set for each of these areas on an annual basis.

- Store-front presence of 10,000 sq. ft. for UNCW at AHIF site
- AIHF will pay a market value ground lease
- Representation on the Integrated Workgroup to ensure day-to-day coordination
- Internships/clerkships, field experiences, clinical exposure
- Summer/Permanent Employment
- Intellectual Capital Generation/Grants
- Shared Facilities – conferencing, wellness
- Joint Conferences, Community Outreach Programs
- Continuing Education Credits for professionals through face-to-face and online delivery
- Clinical Research – “investigator initiated” research sub-contracts that will benefit our faculty and students

These are just a beginning list of examples of educational opportunities and programs, the quality and scope of which will distinguish the AIHF/UNCW collaborative. Together, the partners intend to put a new *DESTINATION HEALTH* on the map in Wilmington, North Carolina. To ensure continuing, regular dialogue and monitoring of circumstances, UNCW will have three seats on the integration work group board.

**Jay Stevens/Matt Person/ Robert Tyndall**