



Program Proposal for New Program
University of South Carolina Beaufort

Title of Program: Bachelor of Science
Major: Health Promotion

Date of Submission
Revised September 11, 2013

Dr. Harris Pastides, President

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2. Classification:

- a) *program title:* Bachelor of Science with a major in Health Promotion
- b) *concentrations, options, and tracks:* NA
- c) *academic unit in which the program resides:* Nursing and Health Professions
- d) *designation, type, and level of degree:* Bachelor of Science, 4-year
- e) *proposed date of implementation:* Fall 2014
- f) *CIP code:* 51.2207
- g) *site:* Historic Beaufort Campus and Hilton Head Gateway Campus
- h) *whether program qualifies for supplemental Palmetto Fellows Scholarship & LIFE Scholarship awards:* No
- i) *delivery mode:* traditional and online delivery
- j) *area of certification (only for programs that prepare teachers and other school professionals):* NA

3. Institutional Approval

Evaluating Unit	Proposal Type	Approval Date
USCB Courses & Curricular	Program Planning Summary	September 21, 2012
USCB Faculty Senate	Program Planning Summary	September 26, 2012
President Harris Pastides	New Program Proposal	May 17, 2013
Board of Trustees	New Program Proposal	June 17, 2013

4. Purpose

a) a statement of the purpose of the program:

The purpose of the Bachelor of Science with a major in Health Promotion is to broadly prepare students for the multidisciplinary field of practice that is concerned with designing, implementing and evaluating interventions that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining health.

b) A discussion of the objectives of the program:

Program objectives are measured by student performance. Upon completion of the program of study in health promotion, students will be able to:

- Examine behavioral, environmental, and genetic factors that enhance or compromise health status.
- Provide health promotion, disease prevention, and advocacy to individuals, groups, and communities.
- Apply ethical considerations and values to the practice of health promotion.

- Demonstrate an understanding of health care delivery systems and the means to affect policy change.
- Recognize and address health disparities within selected high-risk populations.
- Collect and analyze health promotion research data to provide evidence-based interventions.
- Plan, implement and evaluate health education programs for specific populations in a variety of settings.
- Obtain and manage resources needed to implement programs of health education and promotion.
- Demonstrate leadership and communication skills in organizing and implementing health promotion programs.
- Collaborate with consumers and health care professionals to maximize the well-being of target populations.

5. Justification

a) the need for the program in the state:

The U.S. spends 2.5 times more than the Organisation for Economic Co-Operation and Development (OECD) average health expenditure per person of other countries and at 17.4% of its GDP in 2009, U.S. health spending is nearly twice the average of other countries (<http://www.oecd.org/unitedstates/49084355.pdf>). However, the U.S. ranks 49th out of 222 ranked countries in infant mortality and 50th out of 221 ranked countries in life expectancy (www.cia.gov). Within the U.S., South Carolina (SC) ranks as the 45th healthiest state according to the 2011 edition of the benchmark report, *America's Health Rankings* (www.americashealthrankings.org). As for counties within SC, Beaufort County ranks 1st out of 46 counties in overall health, distantly followed by its neighboring counties of Jasper (28th), Hampton (30th), and Colleton (32nd) (www.countyhealthrankings.org). While Beaufort County consistently receives the top ranking, it is grossly misleading given its cultural, racial, and socioeconomic diversity that makes for an ever-present gap between the haves and have-nots. Overall, these rankings suggest that the health of Americans in general, and in particular those residing in the region served predominantly by USCB, deserve priority status. This is perhaps best exemplified by reports that more than 60% of U.S. adults are overweight or obese, despite evidence for a host of co-morbidities that accompany this phenotype. In addition, the rates of chronic diseases, many with modifiable risk factors and thus largely preventable, continue to increase and burden the U.S. healthcare system. In fact, chronic diseases such as heart disease, cancer, stroke, and diabetes are responsible for 7 of 10 deaths among Americans each year and account for 75% of the nation's health spending. As a result, disease prevention is a growing national imperative. This is specifically addressed in the Patient Protection and Affordable Care Act (P.L. 111-148) which contains key provisions that provide a sustained national investment in prevention and community-based public health programs. The intent is to move the Country from today's sick-care system to a true health-care system that encourages health and well-being. In order for such change to occur, there will be a greater emphasis placed on the core public health function of health promotion, commonly defined as "the multidisciplinary field of practice that is concerned with designing, implementing and evaluating interventions that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining health" (adapted from the *Joint Committee on Health Education Terminology*, 1991). It therefore stands to reason that the academic preparation of health promotion practitioners will be required to successfully address the enormity of the health problems facing this nation.

The population trend shown in Table 1 is of value because the need for health promotion services will increase at least in proportion to the increase in population. Compelling regional factors that contribute to this need include the following: (1) Colleton, Jasper and Hampton counties are three of the poorest counties in the state and poverty rates throughout the region are disproportionately high; (2) In 2011, 21.4 % of the population in Beaufort County was 65 years and over versus 14.1% for SC as a whole; (3), Beaufort County is the fastest growing county in the state, with a burgeoning population increase of nearly 40% from 1990 (pop. 86,425) to 2000 (pop. 120,937), and another 39.5% from 2000 to 2010. Additionally, Jasper County’s population increased by 33.5% (15,137 to 20,678) during this decade—both counties more than doubling the state rate of 15.1%. Projections show a slower, but continual growth pattern for the region. In Beaufort County alone, the most conservative projections anticipate the population increasing by a minimum of another 40% over the next 25 years. Sources from labor market indicators reflect varying growth projections, though all show a steady increase.

Table 1

Beaufort County Population Growth and Projections						
Source	2000	2005	2010	2015	2020	2025
SC Labor Market Information	120,937	137,800 (13.9% over 2000)	Actual 162,233	170,640	185,290	199,780

Cited Sources: Lowcountry Economic Network, U.S. Department of Commerce, Bureau of Census, and S.C. Office of Research and Statistical Services
<http://quickfacts.census.gov/qfd/states/45/45013.html>
<http://www.sccommunityprofiles.org/census/proj0035.php>

National labor statistics for health promotion are unavailable. However, health education is integral to the role of a graduate with a degree in health promotion. As such, the two terms are often used interchangeably. Currently, Nursing is the only health program at USCB. According to the Department of Labor, employment of health educators is expected to grow by 37 percent from 2010 to 2020, much faster than the average for all occupations. Growth will be driven by efforts to reduce healthcare costs by teaching people about healthy habits and behaviors.

Currently in the Lowcountry, non-metropolitan area, the annual mean wage is \$48, 990 for health education professionals, which is well above the average salary of \$33, 384 for all professions within Beaufort County including those in the public and private sectors. Currently there are only 40 health education professionals employed in the Lowcountry regional area. (http://data.bls.gov/oes/current/overview_2001.htm). Compared to other states in the southeast region, SC has fewer health educators per capita. USCB has an adequate student base to support this program. Due to the competitive nature of the nursing program and its limited enrollment, a survey of pre-nursing students was conducted. The pre-nursing students were asked if they would be interested in a B.S. in Health Promotion with 26.9 % of respondents indicating they would enroll in the program. Student athletes at USCB were also polled for their interest with over half of the respondents (53.33%, n =32) indicating a desire to pursue this new program.

b) centrality of the program to the USCB mission:

The development of the Health Promotion program proposal has been steadily focusing on how changes and growth are centrally related to the USCB mission statement. This Bachelor of Science degree with a major in Health Promotion directly supports three key areas of USCB’s mission:

1. *“USCB offers baccalaureate degrees that respond to regional needs, draw upon regional strengths, and prepare graduates to participate successfully in communities here and around the globe.”*

- As noted in the previous section, this program responds to regional needs but graduates will be prepared to apply their skill set in any region of the country.
- Beaufort is a highly differentiated community socially. Infrastructures pertaining to family, government, schools, the economy, sports, science, art, health and medicine, all warrant a trained and educated populace.
- As the region continues to grow, the need for health promotion workers will increase given the changing demographics of the region which favor an aging populace. As age is a strong risk factor for a number of chronic diseases, this subpopulation alone will drive demand for health promotion graduates. At the other extreme, USCB has systematically measured body-mass index data on elementary and middle school-aged students that defines the extreme obesity problem in the region. Given that obese children become obese adults, they are at an increased risk for chronic diseases. Thus, an increase in health promotion professionals will be needed well into the unforeseen future.
- Health Promotion is a service profession. By graduating Health Promotion professionals, USCB is indirectly meeting its mission of public service. Such service is not restricted to the Lowcountry, as the attributes of graduates will serve both the targeted population or geographical location.

2. *“USCB offers programs in mathematics and the natural sciences, humanities, and professional and social sciences.”*

- At USCB, we have observed a pattern of students increasingly seeking professional academic programs including the lone health program in the professions, Nursing. The B.S. with a major in Health Promotion will be a significant addition in the professions and will serve as a means of meeting student demand that cannot be met by nursing alone. As such, the Health Promotion major will serve those students wishing to enter a health-related field but who are not interested in working in a traditional clinical setting.

3. *“The University encourages students to think analytically and abstractly, to explore options, to see similarities, to be open to differences, to communicate effectively, and to respect each individual.”*

- The Nursing and Health Professions department is committed to a learning environment that encourages students to reach their academic and professional potential through exposure to a highly qualified faculty, professional learning environments and a supportive atmosphere in a multicultural setting.
- The effectiveness of the Health Promotion professional is contingent upon the ability to assess an often complex situation and act accordingly. In addition, success is dependent upon the ability to recognize differences between populations and to communicate effectively. A Health Promotion program will promote knowledge in both the cutting-edge health promotion activities, address the implementation of major provisions of the Affordable Care Act as well as enhance the interdisciplinary collaboration and communication between disciplines.

4. *“Attracting a racially and culturally diverse student body of varying ages and experiences, the University of South Carolina Beaufort draws its students primarily from the SC*

Lowcountry, with representation from other parts of the state, other states, and foreign countries.”

- Although the intent is for all Health Promotion graduates to be culturally sensitive, there is a recognized need to attract Health Promotion professionals that reflect the populations that they are likely to serve. Therefore, the program will be proactive at recruiting a diverse student body.
- USCB students include many from rural, impoverished homes. As indicated in Table 2, many current students belong to racial minority groups; and many students are the first in their family to attend college or come from low income families. We expect that USCB students enrolled in the new Health Promotion degree program would reflect the diversity of the overall student body and will be culturally sensitive to the populations that they serve. The health professions currently have an initiative to increase workforce diversity within the professions. In December 2010, the Department of Health and Human Services launched [Healthy People 2020](http://www.cdc.gov/nchs/healthy_people/hp2020.htm), which has four overarching goals. This program has the potential to make progress toward meeting one of these national goals, “Achieve health equity, eliminate disparities, and improve the health of all groups” (http://www.cdc.gov/nchs/healthy_people/hp2020.htm).

Table 2 - USCB Student Demographics

	White	African-American	Hispanic	Other	Total
USCB (Fall 12)	1229	357	109	133	1828
	67.2%	19.5%	6.0%	7.3%	
Total Science Majors*(Fall 12)	398	119	34	40	591
	67.3%	20.1%	5.8%	6.8%	

* Biology, Nursing, Human Services, Psychology

c) relationship of the program to other related programs in the institution:

As mentioned earlier, nursing is currently the only health professions program offered at USCB. It is universally accepted that health promotion is an increasingly important role in health care. As such, health promotion is a logical choice to expand academic opportunities in the health professions given that it is distinctly different from nursing, yet intellectually complementary. Importantly, faculty resources within the Nursing and Health Professions Department can be leveraged to immediately increase the depth and breadth of the health promotion curriculum, with expertise and course offerings in transcultural health and healthcare delivery systems. Moreover, several other USCB majors will contribute either required or elective courses such as Nutrition (Hospitality Management major), Health Communication (Communication Studies major), Sociology of Aging (Sociology major), Community Psychology (Psychology major), and Principles of Management and Leadership (Business Administration major). Importantly, once developed, unique courses within the Health Promotion curriculum are apt to have relevance for electives to students within several other majors. A major in Health Promotion has enormous potential to enhance the connectivity between academic programs and their faculty, thereby engendering collegiality, interdisciplinary collaboration, and contributing to the collective good of the University. Lastly, as most Health Promotion curricula include some experiential learning, several existing USCB majors (e.g., Human Services and Hospitality Management) can serve as stellar examples of how this educational method is implemented and assessed.

d) a comprehensive list of similar programs in the state:

Institution	Program(s) similar to a B.S. with a major in Health Promotion
USC Columbia	B.A. in Public Health Minor in Health Promotion, Education and Behavior
Clemson University	B.S. in Health Science with a concentration in Health Promotion and Education
College of Charleston	B.S./B.A. in Public Health Minor in Health
Coastal Carolina University	B.S. in Health Promotion with a General Cognate, a Communication Option, an Exercise Science Option, or Health Services Leadership Option B.S. in Health Administration
Charleston Southern University	B.S. in Health Promotion
North Greenville University	B.S. in Health Promotion and Wellness

e) Similarities and differences between USCB’s proposed program and those at other institutions in the state, region, and nation:

The increased development nationally of public health majors and minors is evident. Within SC, USC Columbia’s Arnold School of Public Health has recently resurrected its undergraduate public health major (which has quickly grown to about 300 students) and now offers an undergraduate minor in Health Promotion, Education and Behavior. Clemson University offers a B.S. in Health Science with a concentration in Health Promotion and Education within its Department of Public Health Sciences. The College of Charleston has two degrees in Public health, a B.S., B.A., as well as a health minor. Lastly, among public universities within the State, Coastal Carolina offers a Health Promotion major with a general cognate, a communication option, an exercise science option, or health services leadership option. Thus, Coastal Carolina is the only public option in SC for the undergraduate to major specifically in health promotion, though the opportunity to pursue the discipline as a minor or concentration does exist elsewhere. As for the offerings of private universities in the State, Charleston Southern offers the B.S. degree in Health Promotion, while North Greenville University awards the B.S. in Health Promotion and Wellness. Two other private institutions in SC offer a B.S. in Health Promotion. As the nearest of these aforementioned programs is almost 2 hours removed from most Lowcountry residents, they do not represent options for pursuit of a health promotion degree for students wishing to study within commuting distance of their homes. This is particularly noteworthy as almost three out of every four USCB students is a commuter student.

Moreover, USCB’s mission is to provide local access to higher education to students in our service area where they can pay in-state tuition, earn a degree in Health Promotion, and enter the workforce in the Lowcountry region of SC. The next closest public institution in SC for students wanting this degree is to move 4-5 hours away to Conway and attend Coastal Carolina University (CCU). CCU serves a larger number of out-of-state students than USCB.

In Fall 2012, CCU had 45.8% out-of-state students compared to USCB's 19.1% out-of- state students even though both university's service areas border on another state.

Additionally, cost of attendance and living costs are considerations (Table 3). USCB offers the lowest tuition of any public baccalaureate institution in SC at \$8172.00, which is also significantly less than that of the private institutions of North Greenville University (\$13, 936) and Charleston Southern University (\$21, 400). Such a cost differential also exists when room and board are factored in with USCB costing \$16, 712, compared to \$29,800 for Charleston Southern University and \$22,100 for North Greenville University. These financial disparities are particularly pertinent to USCB students, many of whom are first generation college students, of lower socioeconomic status, and geographically removed from these other institutions, making residence on or near the campuses necessary.

Table 3

Tuition	USCB	North Greenville University	Charleston Southern University
In-State	\$8172	\$13, 936	\$21, 400
Tuition, Room, Board	\$16, 712	\$22, 100	\$29, 800

A comparison of current employment and wage status of health educators in various regions of SC according to the Bureau of Labor Statistics as of May 2011 is illustrated in Table 4. The number of health educators within USCB's service area per capita is comparable to that statewide but significantly below the metropolitan areas of Columbia and Spartanburg. Inexplicably, the Charleston area lags the Lowcountry Non-Metropolitan Area significantly in the number of health educators employed per capita. In addition, health educators in the Lowcountry Non-Metropolitan Area earn an annual wage comparable to other areas in the state, and well in excess of that earned in Charleston and surrounding areas. Population growth projections in the Lowcountry as illustrated previously, suggests that there will be a strong demand for health education graduates who can expect to earn an annual wage well-above SC's annual mean wage of \$37, 040.

Table 4 - Employment and Wage Status of Health Educators in SC

Geographic Location	# Employed	#Employed per 1000	Annual Wage
Nationwide	56,610	not available	52, 150
Statewide	660	0.37	49,070
Lowcountry Non-Metropolitan Area	40	0.38	48, 990
Charleston, North Charleston and Sommerville	50	0.18	34, 490
Spartanburg	70	0.64	50, 320
Columbia	230	0.67	52, 490

A search of the Southern Regional Education Board's Academic Common Market indicates that the only programs available through the common market are medicine, dentistry, optometry, osteopathic medicine, podiatric medicine and veterinary medicine. A search of institutions shows that only four institutions offer baccalaureate degrees in health promotion/education using a distance education (i.e., online) format: Kaplan, Post, South and Walden.

6. Admission Criteria

A student who meets the University's general eligibility requirements may apply to the program in Health Promotion. Admission of freshman students is based on high school rank, grades, and entrance examination scores. These factors will be used to determine the applicant's probability of completing the program requirements. Applicants who have earned a 2.0 cumulative GPA on the defined college preparatory units and who score 800 on the SAT or 17 on the ACT may be admitted to the program. Students transferring from other programs or institutions are required to have 2.0 cumulative GPA in all previous college-level course work. In addition, they must be in good standing and eligible to return to the institution last attended. Students already enrolled at USCB may obtain the major declaration form from the Registrar's Office. Students must fulfill USCB admissions requirements to enroll in general education or program specific courses. USCB students in good standing may enroll in upper division Health Promotion courses when appropriate, relative to meeting general education requirements and pre-requisites. CPR and First Aid Certification are required prior to enrollment in the first HPRO major course.

7. Enrollment

a) projected total student enrollment for the first five years (Table 5).

Table 5

Projected Total Enrollment						
YEAR	FALL		SPRING		SUMMER	
	Headcount	Credit Hours	Headcount	Credit Hours	Headcount	Credit Hours
2014-15	40*	600	40	600	18	108
2015-16	62**	930	62	930	28	168
2016-17	84***	1260	84	1260	38	228
2017-18	106****	1590	106	1590	48	288
2018-19	108*****	1620	108	1620	49	294

* 20 new freshmen, 20 internal "transfer" sophomores.

** 20 new freshmen, 38 continuing students, 4 internal "transfers"

*** 20 new freshmen, 60 continuing students, 4 internal "transfer"

**** 20 new freshmen, 82 continuing students, 4 internal "transfers", 20 graduates

***** 20 new freshmen, 82 continuing students, 4 internal "transfers", 20 graduates

Note: estimate of two students lost to attrition annually after spring semester

a) how the estimates were made and academic origin of students:

Since there is presently no Health Promotion major at USCB, the estimates in the above table are based on (1) the number of students who indicated they desired a Health Promotion major based on surveys of pre-nursing students and student athletes, (2) the anticipated growth of the health education profession nationally (expected to grow by 37 % from 2010 to 2020, much faster than the average for all occupations), (3) the increasing emphasis on preventive health care stemming from passage of the Affordable Care Act, (4) the shortage of health educators per capita within SC compared to other states in the southeast region, and (5) the enrollment growth in science-oriented majors at USCB where currently every one out of three students is pursuing

a science major as illustrated in Table 2.

b) number of new students and transfers from other degree programs:

The footnotes in Table 1 describe how the projections were made. According to the 2010 Summary Headcount Enrollment by Program Code & Degree level at USCB (web: http://www.che.sc.gov/Finance/CHEMIS/Fall2010/Enrollment/Public/ENR_CIP_INST_Fall2010Publics.pdf), the nursing program had 244 students (page 88), the biology program had 167 students (page 46), and there were 95 general social sciences/human services majors (page 60). Some of these current majors will gravitate toward the new degree program when it is available. It is anticipated that once the degree is implemented, a bulk of the total enrollment projections will be from new enrollments to USCB. Credit hour calculations are based on 15 hours for fall and spring semesters and 6 hours for summer.

8. Curriculum

a)

Table 6 - Outline of Curriculum

I. USCB General Education Requirements		37-47
II. Program Requirements (C or better required)		37-40
Numerical & Analytic Reasoning	MATH B111, STAT B201 Elementary Statistics* MGSC B290 Computer Information Systems in Business	9
Liberal Arts	PSYC B101, PSYC B209 or B21, and SOCY B360*	9
Natural Science	BIOL B243& B244 and an approved Chemistry elective*	12
Global Studies & Multicultural Understanding	ANTH B452: Medical Anthropology or NURS B330: Transcultural Health*	3
Nutrition	HRTM B240: Nutrition	3
Physical Education	PEDU B104: Personal Fitness and Weight Control or PEDU B202: Foundations of Coaching	1-2
III. Major Requirements (C or better required)		47-49
300 Level Courses	COMM B350: Health Communications (3)* HPRO B310: Introduction to Health Promotion (3) HPRO B315: Health Promotion Across the Lifespan (3) HPRO B320: Chronic Disease and Risk Reduction (3) HPRO B330: Principles of Epidemiology (3) HPRO B340: Introduction to Environmental Health (3) HPRO B360: Therapeutic Modalities (3) HPRO B370: Fitness in Health Promotion (3) HPRO B380: Research Methods in Health Promotion (3) PHIL B312: Biomedical Ethics (3)	
400 Level Courses	HPRO B400: Global Health Promotion (3) or NURS B401 Health Care Delivery Systems HPRO B410: Examining Health Inequalities (3) HPRO B420: Guided Research in Health Promotion (1-3) HPRO B450: Health Promotion Program Development (3) HPRO B460: Health Promotion Program Evaluation (3) HPRO B480: Internship in Health Promotion (3) HPRO B490: Senior Seminar (1)	

IV. Electives		0-10
Suggested Electives	MGMT B371: Principles of Management and Leadership (3)	
	NURS B310: Biophysical Pathology (3)	
	PEDU BXXX: Physical Education Electives (1-3)	
	PSYC B331: Social Psychology	
	PSYC B409: Positive Psychology (3)	
	PSYC B415: Community Psychology (3)	
	SOCY B313: Sociology of Aging (3)	
Total Hours Required		120

*fulfills general education requirement

b) a list of all new courses with catalog type descriptions:

HPRO B310: Introduction to Health Promotion (3). A broad-based overview of those processes that enable people to assume responsibility for health and wellness and the role of the health promotion professional.

HPRO B315: Health Promotion Across the Lifespan (3). The study of age as a determinant of health and disease outcomes across the lifespan with strategies to promote wellness.

HPRO B320: Chronic Disease and Risk Reduction (3). The study of those diseases of long duration and slow progression and the means by which their societal burden can be reduced.

HPRO B330: Principles of Epidemiology (3). The study of the patterns causes and effects of health and disease conditions in defined populations.

HPRO B340: Introduction to Environmental Health (3). A broad-based overview of the branch of public health concerned with all aspects of the natural and built environment that may affect human health.

HPRO B360: Therapeutic Modalities (3). The study of drug and non-drug interventional strategies used in the promotion of health and well-being.

HPRO B370: Physical Fitness in Health Promotion (3). The study of the roles of nutrition, exercise, hygiene and rest in the prevention of disease and the achievement of optimal health.

HPRO B380 Research Methods in Health Promotion (3). A course designed to impart basic knowledge and skills regarding the design, implementation, analysis and interpretation of research in the field of health promotion.

HPRO B400: Global Health Promotion (3). The study of health and disease among geographically diverse populations and the role of cultural variation in determining health prevention strategies.

HPRO B410: Examining Health Inequalities (3). The study of preventable disease and how it varies, qualitatively and quantitatively, by geographical region, socioeconomic status, gender, race and cultural mores.

HPRO B420: Guided Research in Health Promotion (1-3). A faculty-directed research project that applies knowledge and skills gained through prior coursework and/or field placement. Hours earned to be determined by the rigor of the research project.

HPRO B450: Health Promotion Program Development (3). A study of those methods used to develop cost effective programs that allow consumers to prevent or delay disease onset.

HPRO B460 Health Promotion Program Evaluation (3). A study of the means by which the success or failure of health promotion programs to reach target goals can be measured.

HPRO B480: Internship in Health Promotion (3). A period of work-related education that allows students to reinforce classroom learning while gaining practical experience in a supervised setting where health promotion principles are applied.

HPRO B490 Senior Seminar (1). A capstone course that summarizes the experiences of the health promotion major and prepares students for employment and/or graduate study.

PHIL B312: Biomedical Ethics (3). The study of the ethical questions that arise in the relationships among life sciences, biotechnology, medicine, politics, law and philosophy.

c) Sample Program of Study (Appendix A)

9. Assessment

a) the assessments of student learning outcomes that will be used:

Student achievement in the Health Promotion program will be measured in a number of ways using both direct and indirect assessment methods. These methods will be used to measure achievement of student learning outcomes. Many of the same assessment tools in other science disciplines at USCB will be used in the proposed Health Promotion program. Measurable assessments may include:

1. Direct assessment methods, which include critiques, portfolio reviews, project evaluations, research papers, simulations, assignments, oral exams, grading rubrics, and standardized tests, will be used to assess student learning outcomes.

- Students in the program must maintain a GPA of 2.0 or higher to remain in good academic standing.
- Semester and annual reviews of students' academic progress, which include course theory, assignments, and projects.

2. Indirect assessment methods, which include focus groups, exit and other interviews, graduation rates, transfer rates, written surveys and questionnaires to include student perception, alumni perception, internship perception, employer perceptions, the Rising Junior Survey, graduating student survey and alumni surveys will be used to assess student learning outcomes.

- Student satisfaction with the program will be surveyed every semester.
- Upon graduation from USCB, students will be tracked in terms of the rate of acceptance to health-related graduate programs, the successfulness in obtaining (or enhancing) employment, and the number of students pursuing and succeeding, and their success rate on the National Certified Health Education Specialist Exam (CHES).

b) the plan for programmatic assessment and program learning outcomes:

The program learning outcomes to be assessed are:

- Examine behavioral, environmental, and genetic factors that enhance or compromise health status.
- Provide health promotion, disease prevention, and advocacy to individuals, groups, and communities.
- Apply ethical considerations and values to the practice of health promotion.
- Demonstrate an understanding of health care delivery systems and the means to affect policy change.
- Recognize and address health disparities within selected high-risk populations.
- Collect and analyze health promotion research data to provide evidence-based interventions.
- Plan, implement and evaluate health education programs for specific populations in a variety of settings.
- Obtain and manage resources needed to implement programs of health education and promotion.
- Demonstrate leadership and communication skills in organizing and implementing health promotion programs.
- Collaborate with consumers and health care professionals to maximize the well-being of target populations.

The University acknowledges that program evaluation is an important aspect of our ability to communicate to our various constituencies that our academic programs are strong, relevant to the mission, continuously improving, and performing at a level worthy of institutional, state and regional support. In 2003, the University implemented an Institutional Effectiveness & Strategic Planning Framework (IESPF) that includes a series of activities and a timeline to ensure a continuous planning process and a feedback loop in regard to the desired outcomes of its educational programs and its academic and educational support services.

All academic programs are reviewed internally using USCB's annual Institutional Effectiveness and Outcomes Assessment (IE-OA) process where program objectives and student learning outcomes are assessed and results used for program improvement. All academic programs draft annual IE-OA Plan and Reports that are used to articulate their purposes, goals, student learning outcomes, program objectives and action plans with budget implications for the coming year. Close out reports are due at the end of each academic year and include findings based on assessment activities. The reports are reviewed by the Institutional Effectiveness Council and a final report is sent to the Chancellor, Administrative Council, and Budget Committee for review.

In addition, USCB faculty developed an Academic Program Review process with guidelines and a timeline for university-wide internal assessment of programs. The Academic Program Review Committee (APRC) reviews and analyzes each academic program's Program Review Report (self-study). The APRC meets with the Department Chair to discuss the report. Final comments are submitted by the Chair of the APRC to the Department Chair and the Chair of the Institutional Effectiveness Council (IE). The IE Council reviews all final reports. The Chair of the IE Council submits a summary with recommendations and concerns to the Department Chair and the Chancellor.

Lastly, students are afforded the opportunity to evaluate the course and course instructor both qualitatively and quantitatively each semester. Faculty and their Department Chair are given access to collated data in order to assess the strengths and weaknesses of the course both in terms of course content and teaching approach. Department Chairs are also tasked with evaluating faculty in the classroom in order to determine whether the instructor's approach is apt to meet the courses learning objectives as specifically stated in the syllabi. After the in-class evaluation, the Department Chair meets with the instructor to offer feedback and discuss continuous improvement strategies.

Commencing with the first class of graduates from the B.S. in Health Promotion degree program, the Department of Nursing and Health Professions in collaboration with the Director of Career Services will develop, administer, and evaluate surveys to gauge graduate employment rates, student satisfaction, successful admission to graduate school, and employer satisfaction. During the program, the department will survey field placement sites where health promotion majors intern. Feedback from the surveys will be used to make program improvements. Lastly, an external advisory board will be developed to provide guidance in program development and improvement, to include ways to enhance USCB's service to private and non-profit sectors and impart a competitive advantage to the state of SC.

c) how program evaluation and student performance assessment data will be used to initiate changes to the program:

In the proposed program, student progress and performance will be monitored on a continuing basis by the health promotion faculty. USCB will routinely review feedback from the previously mentioned assessments and revise policies, curriculum and recruitment and retention efforts accordingly. The program will be reviewed using USCB's annual IE-OA process where program objectives and student learning outcomes are assessed annually and results used for program improvement.

10. Faculty

a) Table 7– Faculty List

Staff	Highest Degree	Field of Study	Teaching in Field
Professor 1	PhD or DrPH	Health Promotion or related field	Yes
Professor 2	DHEd	Health Promotion or Health Education	Yes
Professor 3	PhD	Interpersonal Communications	Yes
Professor 4	PhD	Nursing	Yes
Professor 5	PhD	Philosophy	Yes
Associate Professor 1	DNP	Nursing	Yes
Instructor 1	MPH, PhD	Public Health	Yes
Instructor 2	MS	Nutrition	Yes
Adjunct 1	MS, MPH, or terminal degree	Health Promotion or related field	Yes
Adjunct 2	MS, MPH, or terminal degree	Health Promotion or related field	Yes

b) qualifications of new faculty and staff:

As the program grows, adjunct, instructor, and tenure-track faculty will be added. Elective options are not reflected in Table 7 and will be taught by qualified, existing full-time faculty in other disciplines. All new adjunct and instructor hires will have, at a minimum, a Master's degree in health promotion or a closely related field. Tenure-track faculty will be terminally degreed.

c) changes in assignment for currently-employed faculty and administrators:

A Program Coordinator who has a PhD or DrPH, reporting to the Chair of the Nursing and Health Professions Department will be hired to manage the day-to-day operations of the Health Promotion program. The Program Coordinator will be hired at $\frac{1}{2}$ administration and $\frac{1}{2}$ teaching in year one and will be $\frac{1}{4}$ administration and $\frac{3}{4}$ teaching in year two and after. This new hire is reflected as .50 in administration and .50 in new faculty. Interdisciplinary courses that are currently offered, i.e., Sociology of Medicine and Health and Transcultural Health, are not included in the calculations in Table 8 as they are existing courses.

d) the plan for faculty development:

The current faculty development plan is outlined in the USCB Faculty Manual. Professional development funds are available for each faculty member each academic year. There is also a pool of competitive professional development funds available. The University will increase such support as program growth provides additional funding. Each academic department is also provided one course release for one faculty member each spring. One tenure-track faculty member involved with the program will serve as the Health Promotion Program Coordinator. Assignments such as teaching loads and other university service requirements for faculty will be allocated as necessary to ensure that the Program Coordinator has sufficient time for curriculum development, assessment, and scholarship.

e) the institutional definition of full-time equivalent (FTE):

Full-time instructional faculty is defined by: *Faculty employed on a full-time basis for instruction (including those with released time for research)* (web: http://www.uscb.edu/a/Working_at_USCB/). Specifically, full-time faculty members are defined as those teaching four courses (12 hours) during fall semester and four courses (12 hours) during spring semester. Summer teaching loads are not factored in for full-time faculty, as summer teaching is optional and faculty are paid according to specific summer schedules. To determine full-time equivalents, the total number of course hours taught each semester is divided by 12 hours for the Fall semester and 12 hours for Spring semester, resulting in FTEs for each of these semesters. For an annual FTE, the total course hours for Fall and Spring semesters are added together and then divided by 24.

f) unit administration, faculty, and staff support:

Table 8 – Unit Administration, Faculty & Staff Support

UNIT ADMINISTRATION, FACULTY, AND STAFF SUPPORT						
YEAR	NEW		EXISTING		TOTAL	
	Headcount	FTE	Headcount	FTE	Headcount	FTE
Administration						
2014 – 15	1	.50	1	.25	2	.75
2015 – 16	0	0	2	.50	2	.50
2016 – 17	0	0	2	.50	2	.50
2017 – 18	0	0	2	.50	2	.50
2018 – 19	0	0	2	.50	2	.50
Faculty						
2014 – 15	3	1.5	3	.375	6	1.875
2015 – 16	1	.75	6	2.125	7	2.875
2016 – 17	1	.25	7	2.875	8	3.125
2017 – 18	0	0	8	3.125	8	3.125
2018 – 19	0	0	8	3.125	8	3.125
Staff						
2014 – 15	0	0	1	.33	1	.33
2015 – 16	0	0	1	.33	1	.33
2016 – 17	0	0	1	.33	1	.33
2017 – 18	0	0	1	.33	1	.33
2018 – 19	0	0	1	.33	1	.33

11. Physical Plant

a) adequacy of the existing physical plant for first five years:

The physical plant will be adequate to provide space for the proposed program for at least the first five years of the program. USCB presently has two campus sites, the Historic Beaufort Campus and the Hilton Head Gateway Campus. Each campus has fully equipped smart classrooms and computer and science laboratories. In addition, the Science and Technology building at the Hilton Head Gateway Campus where the Health Promotion degree program will be primarily housed has been fully designed for the Departments of Natural Science, Mathematics, and Nursing and Health Professions. Within this building are faculty offices, science laboratories, a nursing simulation laboratory, and a nursing skills laboratory with five Vital Sim mannequins with SimPads. These resources will be of instructional value in teaching skills such as Health Assessment, CPR and First Aid to health promotion majors. In addition, health promotion majors will participate in the planning and implementation of USCB's annual Health Fair.

a) additional physical plant requirements:

Current infrastructure is adequate for the proposed program. No additional physical plant requirements or modifications to existing facilities are expected during the foreseeable future.

12. Equipment

a) major equipment items which will be needed for the first five years

No major equipment expenditures are anticipated for the proposed program. USCB has athletic facilities for a variety of intramural and intercollegiate sports. In addition, USCB has a full suite of exercise equipment housed in a new state-of-the-art Campus Center. The Campus Center also houses the office of Student Life which offers activities and programs aimed at student, faculty and staff health promotion. The University also offers multiple credit-bearing courses such as Aerobic Fitness, Weight Training, Yoga, and Personal Fitness and Weight Control each semester. These resources will be an integral part of the Health Promotion program and be utilized for both instructional and recreational purposes.

13. Library Resources

a) a qualitative and quantitative assessment of current holdings:

Quantitatively, USCB's students have access to a rich array of resources, including 86,000+ books on campus, plus 200,000+ E-books, subscriptions to over 100 databases and the availability of 200,000+ online journals in all discipline areas. Specifically in regard to the proposed Health Promotion degree, USCB has nearly 7,000 monographs available relating to various aspects of public health. Also through comprehensive interlibrary loan services, USCB students have access to the rich resources available in SC. This includes more than 3.1 million books at the Thomas Cooper Library. By being a member of PASCAL, students and faculty also have access to an overall SC total of 10,000,000 books and other academic materials. USCB also is a member of KUDZU, a group of 17 southeastern university research libraries that shares resources among its members. The American Library Association has replaced the *Standards for College Libraries* (last issued in 2000) with the revised *Standards for Libraries in Higher Education* (2011). These newer standards no longer have a quantitative emphasis, focusing more on planning and how well the library supports the institution's academic programs.

Qualitatively, the USCB Library subscribes to "Bowker's Book Analysis System, an online quality assessment tool that allows USCB to compare its library collection to *Resources for College Libraries* (RCL), the premier core list for academic libraries. Two subject specific analyses were performed comparing RCL's recommended core titles to the USCB library collection (2012). The first was a comparison using the narrow subject term "Public Aspects of Medicine" from the RCL classification system. The results indicate that USCB owns 25% of the recommended titles in this area. The second comparison was performed using "Public Health" a broader subject term from the Library of Congress classification system. The results indicate that USCB owns 19% of the recommended titles in this area. Data for both analyses are included in the chart below.

Table 9

USCB Collection Analysis – Health Promotion (RCL)				
Classification / Term	Owned and in	Percent Owned	In RCL, Not Owned	Total
RCL - Public Aspects of Medicine	14	25%	43	57
LC - Public Health (RA)	56	19%	240	296

An even more detailed title breakdown of the collection analysis has been made available to the faculty. This will allow the university to select for purchase those books that will directly support the proposed program. Acquiring more of the recommended titles will insure that the base collection can adequately support the academic aspirations of our students.

In addition to the monograph collection, the USCB Library provides access to 28 of the 39 public health related titles recommended for academic libraries by Magazines for Libraries, 20th ed. (2011), including 6 of the 8 basic public health periodicals. USCB Library also subscribes to CINAHL full-text and Medline full-text, the two recommended abstract/indexing services for public health.

Furthermore, due to the interdisciplinary nature of this degree, the copious library resources relevant to USCB’s other degree programs in Biology, Communication Studies, Education, Human Services, Nursing, Psychology, Sociology will also be valuable resources for the Health Promotion degree.

b) quantitative estimate of independent acquisitions needed for five years:

USCB’s annual “library materials budget” is slightly over \$200,000. Each degree program at USCB has an annual base budget of \$8,000 per program. With a per-book cost approximating \$61, the university will be able to add around 131 books per annum to support the Health Promotion degree program.

c) how the electronic library (PASCAL) impacts the proposed program.

The USCB Library benefits greatly by PASCAL’s aforementioned universal borrowing services and electronic databases, as well as, DISCUS resources available through the State Library. USCB has borrowed hundreds of books through PASCAL’s universal borrowing services this year alone. Of particular importance are the highly specialized research monographs essential to faculty research and teaching; this service will undoubtedly be an important source for obtaining specialized materials central to the Health Promotion degree. The USCB Library also takes advantage of PASCAL’s database package offers that allow for customizing electronic resources according to curricula needs. An example of this is the USCB Library’s subscriptions to the Health Promotion degree program critical databases mentioned earlier, CINHALL full-text and Medline full-text. Subscribing and purchasing electronic resources through PASCAL provides USCB with advantages through central licensing, improved user agreements, and essential pecuniary benefits.

14. Accreditation, Approval, Licensure, or Certification

a) a brief description of the accreditation or approval process:

Currently, the Council on Education for Public Health (CEPH) accredits public health preparation programs at the undergraduate and graduate levels for schools that are formally affiliated with schools or programs of Public Health. However, criteria for the accreditation of undergraduate programs not affiliated with schools or programs of public health are currently in draft form and available for comment. Regardless, the proposed curriculum was developed in accordance with the seven areas of responsibility that define the role of the health education specialist that serve as the basis for the CHES/MCHES credential.

b) licensure or certification process and how the program will ensure that such certification or licensure can reasonably be expected to be achieved:

The National Commission for Health Education Credentialing, Inc. (CHEC) identifies seven areas of responsibility for health educators. The proposed program is grounded in these areas. Students will be prepared to sit for this optional certification exam. The seven areas are:

Area I: Assess Needs, Assets and Capacity for Health Education

Area II: Plan Health Education

Area III: Implement Health Education

Area IV: Conduct Evaluation and Research Related to Health Education

Area V: Administer and Manage Health Education

Area VI: Serve as a Health Education Resource Person

Area VII: Communicate and Advocate for Health and Health Education

15. Articulation

a) NA

b) baccalaureate programs should show an entry path from 2-year institutions:

USCB has already established the PASSPORT program with the Technical College of the Lowcountry (TCL) to plan for optimal transition of TCL graduates into USCB. Moreover, TCL's Health Sciences Division offers several programs that have course requirements consistent with the course prerequisites of the B.S. in Health Promotion degree. Students earning an associates degree in Physical Therapist Assistant, Radiological Technology, Surgical Technology, Massage therapy or a Pre-Allied Health Studies Certificate can matriculate to USCB and earn a B.S. in Health Promotion degree. Once the Health Promotion degree program has been approved by the SC Commission on Higher Education (SCCHE) and SACS, USCB will work with TCL and other two-year colleges on articulation agreements to build a path for graduates to gain entrance to USCB.

USCB and USC Salkehatchie established a collaborative program combining the strengths of a regional and four-year campus in the University of South Carolina system and engaging in best practices for increasing student academic success by participation in a learning community. The Sand Shark Scholars Program is an exciting new one-year residential program offered jointly by Beaufort and Salkehatchie. Students selected to participate in this program will matriculate as a cohort, enrolling in USC Salkehatchie classes on the USCB campus during their freshmen year with the aim of transitioning to sophomore status as a USCB student. Designed for a select

group of freshmen, this program provides first-time college students with comprehensive support from both institutions; it offers affordability, access, and the eventual opportunity to enroll at USCB. During this time, they will receive hands-on guidance to help them adjust to college, get involved with campus life and be successful in the classroom. Sand Shark Scholars will welcome the first group of participants in fall 2013.

For ease of transfer, the Statewide Articulation Agreement of 86 courses approved by the SCCHE for transfer from two-to-four-year public institutions is applicable to all public institutions, including two-year institutions and institutions within the same system. This list of courses is available on the SCCHE and SC TRAC websites. Additionally, coursework (i.e., individual courses, transfer blocks, and statewide agreements) covered within this transfer policy will be transferable if the student has completed the coursework with a "C" grade (2.0 on a 4.0 scale) or above.

c) Is the proposed degree program considered to be a terminal degree:

According to the Occupational Supply Demand System, Health Educators in SC are considered to be in a high demand occupation, a high wage occupation, and a high skill profession with education and training required at the baccalaureate level (<http://www.occsupplydemand.org>). Therefore, the B.S. in Health Promotion provided the immediate opportunity for employment in the field upon graduation. However, students will be prepared for graduate study in health promotion and related fields if they so desire.

d) collaboration with other state institutions:

USCB has already established the Passport (Appendix B) program with the Technical College of the Lowcountry (TCL) to plan for optimal transition of TCL graduates into USCB. The Sand Shark Scholars Program (Appendix C) is a one-year residential program offered jointly by USCB and USC Salkehatchie. The Sand Shark Scholars Program is an academic transfer program that targets academic advising, student support services and a student life component — all of which are designed to help students succeed in meeting academic requirements for transferring to USCB.

USCB has a history of collaboration with other state institutions in numerous areas, and collaboration in the area of health sciences has already begun. In the preparation of this proposal, USC Columbia was consulted and provided feedback on the proposed program. USCB intends to work closely with USC Columbia and other institutions to ensure that USCB students are properly advised and prepared for graduate studies in fields related to health promotion, health education, and public and community health should they choose to do so.

e) inter-institutional collaboration:

See previous response above.

f) SC Transfer and Articulation Center, www.sctrac.org:

USCB abides by the intent and provisions of the State Policy on Transfer, available on the SCCHE and SC TRAC websites.

16. Estimated Costs and Sources of Financing

a)

Table 10 – Estimated Costs and Sources of Financing by Year

ESTIMATED COSTS BY YEAR						
CATEGORY	1st	2nd	3rd	4th	5th	TOTALS
Program Administration	69,550	49,725	49,725	49,725	49,725	268,450
Faculty Salaries	168,513	267,638	287,463	287,463	287,463	1,298,538
Graduate Assistants	NA	NA	NA	NA	NA	NA
Clerical/Support Personnel	6,379	6,379	6,379	6,379	6,379	31,895
Supplies and Materials	3,000	3,000	1000	500	500	8,000
Library Resources	8,000	8,000	8,000	8,000	8,000	40,000
Equipment	0	0	0	0	0	0
Facilities	0	0	0	0	0	0
Other (Identify)	0	0	0	0	0	0
TOTALS	255,442	334,742	352,567	352,067	352,067	1,646,883
SOURCES OF FINANCING BY YEAR						
Tuition Funding	175,480	350,280	525,080	699,880	715,940	2,466,660
Program-Specific Fees	0	0	0	0	0	0
State Funding	0	0	0	0	0	0
Reallocation of Existing Funds	0	0	0	0	0	0
Federal Funding	0	0	0	0	0	0
Other Funding (Specify)	0	0	0	0	0	0
TOTALS	\$175,480*	\$350,280	\$525,080	\$699,880	\$715,940	2,466,660

*the revenue generated from general education courses will offset this deficit in year one.

b) the estimated number of students, both in-state and out-of-state:

Assumes all students are in-state.

c) whether or not any unique cost or state appropriations will be requested:

There are no plans to request “unique cost” or other special state appropriations.

d) how estimated program costs will be financed:

All funds to be generated through tuition and fees.