



Letter of Notification (LON)

Policy A1.0 New Academic Programs: Approval Process

Institution:	Tennessee State University
Proposed Academic Program:	Public Health, PhD
Proposed Implementation Date:	Fall 2020
CIP Code:	51.2201
CIP Code Title	Public Health, General
LON Submission Date:	January 24, 2020
Posted Date on THEC Website	January 24, 2020
Public Comment Period	January 28 – February 11, 2020

Letter of Notification Checklist

THEC Academic Policy 1.0 (Section 1.0.6A) Letter of Notification Requirements:

- ✓ Letter of Support from the President/Chancellor signifying institutional governing board or system office support for development;
- ✓ Program name, degree designation and CIP code;
- ✓ Proposed implementation date;
- ✓ Academic Program Liaison (APL) name and contact information;
- ✓ Purpose and Nature of Program;
- ✓ Alignment with state master plan and institutional mission;
- ✓ Feasibility Study;
- ✓ Program Costs/Revenues; and
- ✓ Existing Programs Offered at Public and Private Tennessee Institutions.



TENNESSEE STATE UNIVERSITY
3500 JOHN A. MERRITT BOULEVARD
NASHVILLE, TENNESSEE 37209-1561

OFFICE OF
THE PRESIDENT

December 13, 2019

Mr. Mike Krause, Executive Director
Tennessee High Education Commission
4040 James Robertson Parkway, Suite 1900
Nashville, TN 37243

Dear Executive Director Krause:

On behalf of Tennessee State University, I respectfully submit the Letter of Notification (LON) for the Doctor of Philosophy Degree (Ph.D.) in Public Health, for your review. The Board of Trustees for Tennessee State University has been notified of the proposed program at the June 2017 board meeting. The Board approved the proposal and the submission to THEC.

This proposed program is in agreement with TSU's strategic plan to support the needs of the community and provide support for workforce development in Tennessee. Currently, no public university offers the degree in middle Tennessee.

My administration is committed to supporting the Ph.D. program in Public Health. Please contact me if you require additional information. We appreciate your support of TSU's plans to include the program in the scope of academic programming.

Sincerely,

A handwritten signature in blue ink that reads "Glenda Glover".

Glenda Glover
President

"Think • Work • Serve"

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER M/F

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Academic Program Name, Degree Designation, Proposed CIP code, and CIP code title:
Doctor of Philosophy (PhD) in Public Health

Concentration: Health Disparity/Cultural Competency

CIP and SOC CODES: 51.2201

CIP code title: Public Health, General

Proposed Implementation Date: Fall 2020

Academic Program Liaison (APL) name and Contact Information:

Dr. Alisa Mosley
Interim Vice President
615-963-2923
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Background concerning academic program development:

The Department of Public Health, Health Administration and Health Sciences currently houses the Master of Public Program and the undergraduate degree in Public Health. A significant amount of interest, internally and externally, was generated by the faculty, students, and the academic community for an advanced degree in the public health discipline. Academic resources, such as, faculty expertise and students support the doctoral degree for the population that the university serves. The Tennessee Department of Health and the Davidson County Health Department have also expressed an interest in trained public health professionals to support workforce development for the needs identified in the state of Tennessee and the Middle Tennessee area.

Purpose and Nature of the academic program:

The Tennessee State University, Department of Public Health, Health Administration and Health Sciences in the College of Health Sciences is committed to the education of students and public health professionals in practice, research, and life-long learning; to preserve and promote the health of local, state, regional, national, and international populations through a focus on health disparity and cultural competency. The Doctor of Philosophy (PhD) degree is an advanced professional degree for public health with a specialization in health disparities/cultural competency. It will be the only PhD program in public health in the state of Tennessee, and the only program in the geographical south with this focus. The program is designed to prepare students as researchers, senior level administrators, policy makers, and educators to address public health issues.

To achieve this mission, we will:

1. Recruit and graduate students who will be highly competent in identifying and addressing factors contributing to health disparities, with a special focus on the influence of culture on health.
2. Recruit and retain a diverse faculty with national and international reputations, and support and develop faculty for individual and programmatic excellence; and
3. Partner with the University community including academic and non-academic units and other educational institutions, and communities for research, education and meaningful service.

Goal 1

Recruit prepared students who will be highly competent in identifying and addressing factors contributing to health disparities, with a special focus on the influence of culture on health.

Objective 1.1

Increase the number of prepared students who will specialize in conducting public health research with a keen understanding of cultural influences.

Objective 1.2

Prepare prepared public health researchers and educators who will demonstrate a level of excellence in research, meaningful service, and education.

Goal 2

Recruit and retain a diverse faculty with national and international reputations.

Objective 2.1

Demonstrate leadership in the development of culturally sensitive public health researchers.

Objective 2.2

Provide sufficient resources to support faculty in 21st century instruction, meaningful research, and relevant community-based service.

Goal 3

Partner with the University community including academic and non-academic units, other educational institutions, the community and health care organizations for research, education and service.

Objective 3.1

To conduct research and disseminate findings related to public health and health disparities.

Objective 3.2

Partner with Tennessee State University academic and non-academic units including the Center for Health Research and the Divisions of the eight colleges for 21st century instruction, meaningful research and relevant community-based service.

Objective 3.3

Partner with external educational institutions, health care organizations, the community, government, non- governmental organizations, and private businesses.

Alignment with State Master Plan and Institutional Mission

The major focus of the TSU's Academic Master Plan are "enterprise and leadership; health and education, and pure and applied sciences" (TSU's Academic Master Plan 2008 -- 2028, p.13). The doctoral program focuses on training future leaders as public health experts, educators, practitioners and researchers. The program will recruit experienced professors/investigators committed to helping students to become leaders in the field of public health. The program will use a variety of strategies, such as, hybrid courses, late evening and weekend classes to recruit and retain students in the program in order to increase graduation rates that are consistent with the Complete College Tennessee Act.

TSU's Strategic Plan (2020), seeks to make TSU a premier public research land-grant university and a destination campus in the region. To that end, it is "ambitious, comprehensive, quantifiable ... and requires the active support and contributions of the University community, alumni, and friends to build a stronger university in the service of our region, our state, the nation, and the global community" (TSU's Strategic Plan 2020). The doctoral program in public health has specific objectives about collaboration with various entities in the university, as well as other academic institutions to recruit faculty with national and international reputations to train future public health professionals who will help fulfill the aspirations of the University's strategic plan, especially through research and service.

The Academic Master Plan for the state of Tennessee espouses the following values in higher education: "Student Learning and Mastery, Lifelong Learning, Quality Teaching, Research, and Public Service, Accessible and Affordable Education, Social and Civic Responsibility, and Accountability" (State wide Master Plan for Tennessee Higher Education, 2000 – 2005, p.6). The doctoral program in public health similarly seeks to train prepared graduates and researchers who will engage in life-long learning and service to the State and the nation.

The most recent edition of the Tennessee Academic Master Plan, which is known as the Public Agenda for Tennessee Education, 2010 – 2015 is based on the Complete College Tennessee Act of 2010. In describing the scope of the academic plan, the authors stated clearly that the academic plan includes recommendations outlined in the CCTA. This demonstrates that the current plan is consistent with the State’s need for greater educational attainment. The emphasis of the proposed doctoral program at Tennessee State University supports the identified needs in the State Master Plan that includes “workforce and economic development and enhanced competitive research” (p.1) through academic preparation at the doctoral level.

Tennessee State University (TSU) with its 100-year history of educating students and the community is moving towards increasing the research capability of its academic programs. The College of Health Sciences is now the largest College in the University and it offers academic specializations in the health care field that are in high demand. Public health is strategically interwoven in all health care programs as the College of Health Sciences embraces its mission; *‘preparing health leaders for tomorrow.’*

TSU is located in Nashville, Tennessee, which has been identified as a “health care mecca” (The Metropolitan Policy Program at Brookings, 2016). It is the only TBR institution, which currently offers a Master of Public Health in middle Tennessee. Currently, there is a shortage of trained public health professionals nationwide. Prevention and keeping people healthy are hallmarks of Public Health. A PhD Program will increase the number of trained public health professionals who will train future academic professionals and more researchers to be responsive to the needs of the changing demographics in the state and region.

Institutional capacity to deliver the proposed academic program

The College of Health Sciences has more than eight undergraduate programs with an enrollment of over 2,000 students and six graduate programs with an enrollment of more than 600 students. Both sets of students provide ample populations from which to recruit for the PhD program. Public health is interwoven into all academic health programs currently offered in the College. In addition, the Social Work and Public Administration programs have health care components that can further strengthen the Ph.D. program’s research/recruitment environment. In sum, there is a robust pool of potential students within and outside of the College who can be recruited into the Ph.D. Program. Rather than siphoning students from other programs, TSU’s Ph.D. program will offer a viable alternative for advanced training in public health.

The Master of Public Health program at Vanderbilt University and Meharry Medical College’s MSPH programs have collaborated with TSU’s MPH program and continue to collaborate with the MPH Program through the Nashville Collaborative. This collaboration works to train the Nashville local public health workforce through workshops and seminars developed and delivered by these three institutions housing Master of Public Health programs. Conversations have been held to explore the granting of continuing education credits to employees of the local health department who often take part in the trainings. This collaborative experience will be extended to the proposed doctoral program at Tennessee State University. Specifically, Vanderbilt University has a Ph.D. program in Epidemiology and various forms of collaboration such as quest presentations, joint grant applications and others will be pursued.

Existing programs offered at public and private Tennessee institutions:

No comparable programs offered

Feasibility Study

Student Interest

According to a report published by the Schools of Public Health, over the past 10 years, the number of applicants to Schools of Public Health has risen and will continue to rise. In addition, evidence nationwide supports the need for public health educational programs. For instance, in the past 10 years:

- Applications to public health programs increased 75%.
- New enrollments increased 83%.
- Among African Americans, enrollment increased 96% and 120% among Asians.
- Women accounted for 68% of enrollees and men accounted for 32%.

In the spring of 2017, a survey administered by the Department of Public Health, Health Administration, and Health Sciences at Tennessee State University was used to determine the overall interest in a Ph.D. degree program in Public Health. Survey questions queried about level of degree program interest, program insights, time commitment, and demographic information. Respondents consisted of both undergraduate and graduate students, ranging in age from 19-57 years, who previously or were currently pursuing a degree. With an (N) of 369, 77% of students surveyed identified themselves as being very or moderately interested in pursuing a Ph.D. program at Tennessee State University.

The survey results not only revealed that students were interested in a Ph.D. program, but also disclosed what opportunities the Ph.D. program should present. Of the students surveyed (N=369), 31.4% desired upward mobility as a result of pursuing the degree, 46.5% expressed interest in increasing their research abilities, 68% were interested in upgrading their health-related knowledge, and 54.1% were interested in increasing their personal development as a consequence of obtaining a terminal degree. Of the students surveyed, 54%, did not foresee any substantial obstacles preventing them from pursuing a Ph.D. and preferred a full-time, evening program. From the survey results, there is a strong interest in a Public Health Ph.D. program at Tennessee State University.

In addition, evidence from student contact and interviews suggests that students in Health Administration, Health Sciences and Nursing disciplines have expressed an interest in public health and would be interested in learning more about the option. Students in other local graduate programs have expressed a preference for a graduate program in public health beyond their current degree programs.

More recently, in the spring 2018, a study involving 300 Tennessee State University students who attend classes at the Avon William campus stated the following as some of the main reasons why they chose to attend TSU: excellent faculty, convenient location, meeting their career objectives, and reputation of the chosen academic program.

Local and Regional Need/Demand

A clear and compelling need exists for a Public Health program in the Nashville/Davidson County area, particularly given the significant public health issues in this region. Current data demonstrate significant health problems related to health disparities in Davidson County. The prevalence of public health problems indicates the disproportionate impact on vulnerable populations. Public health scientific practices can be utilized to prevent and control these health problems (Tennessee Department of Health, 2015).

In 2017, Tennessee ranked 43rd in America's state health rankings. The challenges to the state's health include a high infant mortality rate at 7.2 deaths per 1,000 live births (ranked 39th) and a low high school graduation rate of 89.1% and a ranking of 8th in the nation of incoming ninth graders who graduate within four years. There are high prevalence rates of obesity (number of obese adults are 31.3%), obesity has increased from 5% from 29.9% to 31.3% in the past year, and there are high violent crime rates (652 offenses per 100,000). The state also ranks in the bottom 10 states on six additional individual health measures, including high prevalence of smoking, high violent crime rate, high rate of deaths from cardiovascular disease, high rate of cancer deaths, high total mortality rate and a high premature death rate. According to the United Health Foundation, disparity data for 2018 reveals 4.9 white infants die per 1000 live births compared to 11.3 per 1000 for black infants; 39% of blacks in Tennessee are overweight/obese compared to 29.3% of whites ("Explore Health Measures in Tennessee | 2017 Annual Report", 2018). 76.3% of blacks are overweight/obese compared to 68.5% of whites; white males are likely to binge drink 1x more than blacks; blacks die from heart disease at an age-adjusted rate of 3.4% per 100,000 compared to 4.8% per 100,000 for whites. Regarding cancer, black Tennesseans die at an age-adjusted rate of 248.2 per 100,000 vs. 215.3 per 100,000 for whites; deaths and hospitalization rates from diabetes reflect 39.5 per 100,000 deaths and a rate of 256.6 per 100,000 hospitalization rates for blacks compared to 18.6 per 100,000 deaths and a hospitalization rate of 160.5 per 100,000 for whites. Homicide rates reflect similar disparities. The homicide rate for blacks is 20.9 per 100,000 compared to 2.6 per 100,000 for whites. However, the suicide rate in the state is higher for whites at 18.8 per 100,000 compared to 6.6 per 100,000 for blacks. Tennessee is 42nd in the nation for combined measures of risk and 43rd in the nation for combined outcome measures, suggesting that the state's health is likely to remain at the same relative level of healthiness in the near future. Health disparities are a major challenge to the state's overall health and wellbeing, as well as for specific populations, as clearly illustrated by differences in premature death rates and other health indices.

Other Evidence of Need: National racial and ethnic minority health data suggests there is much to learn in the public health workforce about the ongoing health disparities crisis (Hall et al., 2013). Educators, researchers, and practitioners must intensify their efforts to ensure that public health students are properly prepared to address the needs of racially and ethnically diverse populations in order to address the complexities of disparities.

Employer Need/Demand

In 2016, The Bureau of Labor Statistics estimated that the fastest growth is expected among home health aides, physicians' assistants, nurse practitioners, and physical therapy assistants' occupations.

- Only 17% of the nation's estimated 400,000 to 500,000 public health professionals have the education and training needed to do their jobs effectively.
- In Tennessee, over 2,915,750 were employed in the health services sector in 2017. Tennessee ranks 43rd among states in per capita health services.
- Shortages of public health personnel exist in the following specialties: Epidemiology, Biostatistics, several Environmental and Occupational health specialties, Public Health Nutrition, Public Health Nursing, Public Health Education, and Preventive Medicine. The Association of Schools of Public Health (ASPH) estimates that 250,000 more public health workers will be required by 2020 to maintain capacity. (see Association of Schools of Public Health, 2008)

The PhD program would fit into the Workforce Development Plan by addressing issues relative to the Workforce Development Act of 1999. The Act mandates that the Commissioner “develop and implement services that foster the continued enhancement of Tennessee’s workforce...and to be responsible for the administration of a workforce development system which protects the life, health, and safety of Tennessee’s workforce.” The PhD in public health would address these aspects of the plan. Establishing certificate programs and/or distance/continuing education courses to enhance skills of currently practicing professionals is a mechanism to accomplish workforce development. One of the objectives discussed in the Workforce Investment Act pertains to “developing current employees to meet future needs.” Also, the Workforce Development Plan revealed changing demographics relative to the increase in the Hispanic population of Tennessee and the need for an increased number of personnel who can communicate effectively with this group.

Future Sustainable Need/Demand

The American college of Physicians, along with other health care government and not-for-profit agencies in 2019 reiterated the urgent need for public health leaders which is key for the improvement of the nation’s public health infrastructure. Professional literature emphasizes that improvement of the infrastructure is imperative to ensure the appropriate health care systems and services are available to meet our population’s needs^[i]. While the professional literature documents the need for public health leaders to support the trends in the creation of new public health programs, these activities, reinforce the need for a supply of educated individuals at the doctoral level to educate and lead a workforce that will support the future needs of a variety of public health related careers. These include doctoral support for public health schools, programs and concentrations within higher educations, and managers in a variety of disciplines (Lee et. al. 2009^[iii]). The Association of Schools of Public Health has reported that the diminishing public

health workforce will require more than 700,000 additional workers entering public health careers^[iii]. More than 140,000 of those are expected to have doctoral degrees. Projections for the career growth in the service area for this university is estimated to include more than 10,000 new degrees and certifications associated with doctoral level educations within the scope of public health. More than 50,000 jobs were lost annually in public health while the nation's population surged between 2008 and 2019. Recent studies conclude that it is important to re-establish public health's workforce ratios by establishing educational opportunities that include doctoral level training^{[iv] [v]}.

Between 25-46% of the nation's public health workforce is projected to retire or is eligible for retirement in the next five years. Also, many areas of public health are currently experiencing shortages, such as, Epidemiology and Environmental health. Although the national average of public health workers is 158 per 100,000 population, Tennessee ranks in the lower third with 74 workers per 100,000. In an effort to address these shortages, a task force consisting of representative institutions from the Tennessee Board of Regents (i.e., Tennessee State University, East Tennessee State University, and the University of Memphis) and the University of Tennessee were organized on April 11, 2003. This task force was the outgrowth of the vision of numerous individuals from across the state and several years of collaborative discussions. All parties believed that the establishment of public health programs would lead to the improved health of Tennesseans by improving and increasing a highly trained workforce

Health care is a growth industry that is relatively immune to economic cycles. Throughout the years, the health care sector has been driving employment growth in the national economy and considering the health care worker shortage across the United States along with an increasingly aging population it is likely that this trend will continue. Amid overall growth in the health care sector throughout the United States, Nashville is positioned to be a national health care industry hub. More than 56 major health care companies (public and private) have chosen Nashville as their home, and nearly half of the investor-owned hospitals in the United States are owned or operated by companies in Nashville (Tennessee Department of Economic and Community Development, 2016). Many of the occupations projected to grow the fastest in the nation's economy are concentrated in the health care industry. For example,

“16 out of 30 of the projected fastest growing occupations are related to health care, reflecting expected increases in demand as the population ages and the health care and social assistance industry grows (U.S. Bureau of Labor Statistics, Employment Projections – 2016-2026, 2018). In 2020, a total of 19.8% of the GDP is projected to be health care expenditures. This figure is up from 16.6% in 2008.

The doctoral program at Tennessee State University will advance efforts to reduce disparities and improve health outcomes for vulnerable populations by training of prepared and competent professionals who will conduct research, which will support health intervention programs addressing health disparities. Cultural competence in health care has been defined as “the ability of systems to provide care to patients with diverse values, beliefs and behaviors, which includes tailoring delivery to meet a patient's social, cultural, and linguistic needs” (Betancourt et al., 2002). Expanding on the broad definition of “culture” put forward by the Bureau of Primary Health Care in its Policy Information Notice 98-23 (August, 17, 1998), in the context of public health practice, “culture” can be understood to include group differences based on race, ethnicity, economic status,

sexual orientation, gender, lifestyle, geographical location, or age group (Cross, et al., 1989). Health disparities data reflects more than population health outcomes. It also reflects the influence of culture in establishing, maintaining and changing these outcomes.

Georgetown University's National Center for Cultural Competence highlights several reasons for cultural competency training. The factors that are most important to our proposed Ph.D. program includes a response to current and projected demographic changes in the United States based on data extracted from the United States Census Bureau (Data for Nashville-Davidson, Tennessee and the United States) <http://quickfacts.census.gov/qfd/states/47000.html>; and the potential to positively affect differences in health outcomes, a more urgent need.

The concept of cultural competency focused on continuing education for the public health workforce is stressed within the National Standards on Culturally and Linguistically Appropriate Services (CLAS) (Hall et al., 2013). According to the Institute of Medicine (IOM) (2002), there is a societal need for an increasingly diverse and culturally competent health care workforce. The IOM has urged that cross-cultural education should be integrated into the training of current and future health professionals. By producing public health experts who are adept in understanding cultural differences as a result of training received from this program increases the likelihood that these public health professionals will be change agents in altering disparate health outcomes along the lines of geography, age, gender, race, and ethnicity for populations and communities they serve.

The reasons for offering a concentration in Health Disparities/Cultural Competence within a Ph.D. program are many. According to the National Center for Cultural Competence:

- Culturally driven public health research is needed. To date, very little research has been conducted focused on disparities and the role of culture on health outcomes.
- Cross-cultural research offers promise as a tool to improve healthcare professionals' ability to provide quality care to diverse patient populations and thereby reduce health disparities, improve healthcare service delivery, medical compliance and outcomes.
- Increasingly, cultural knowledge and understanding are important to personnel responsible for quality assurance programs. In addition, those who design evaluation methodologies for continuous program improvement must address hard questions about the relevance of health care innovations and the relevance of culture on health. Cultural competence will be inextricably linked to the definition of specific health outcomes as well as an ongoing system of accountability that is committed to reducing the current health disparities among racial, ethnic and (other) cultural populations.

Health professional schools must be able to meet the demand of an increasingly racial and ethnically diverse society (Shaya et al., 2006). Diversity for this proposed Ph.D. program extends beyond just race and ethnicity. The United States Census Bureau projects that racial and ethnic minorities will constitute over 47% of the U.S. population in the coming decades (Shaya et al., 2006). Moreover, racial and ethnic minority populations will account for almost 90% of the overall population increase in the United States between 1995 and 2050. Most reported national health

data indicates disparities along ethnic/racial lines and provides strong linkages between minority populations and health.

Globalization, changing demographics, and poor health indicators among diverse populations have brought renewed attention to specific skills and information needed to affect health disparities. Public health practice continues to innovate through effective education and training of public health students and practitioners. This process of innovation is accomplished by translating research and knowledge into skill sets that can be continuously reviewed, refined and disseminated within the public health workforce. The goal in this Ph.D. degree is to increase public health professionals' cultural awareness, knowledge of self and others, communication skills, attitudes, and behaviors; to increase the application of appropriate methodology and analysis to effect health outcomes; and to put forth knowledge which transcends across cultures and disciplines. This knowledge base includes specificity about inter-ethnic and intra-ethnic health indices, socio-cultural aspects of health and help seeking, assessment techniques adapted to community cultural diversity, improving communication of health prevention and promotion, and medical care information, cultural translation and mobilization strategies for communities and their institutions, and methodologies to improve the delivery of public health interventions and to evaluate their effectiveness.

The doctoral program will place emphasis on health disparities and their elimination, which are subjects that are inextricably linked to cultural competence for health professionals. The term "disparities" refers to population-specific differences in the presence of diseases, health outcomes, quality of care and access to health care services that exist across racial and ethnic groups (National Conference of State Legislatures-NCSL, n.d). Health disparities in other words are differences in "the overall rate of disease incidence, prevalence, morbidity, mortality and survival rates across population groups", according to the Minority Health and Health Disparities Research and Education Act of 2000. During the past two decades, one of *Healthy People's* overarching goals has focused on eliminating disparities. In *Healthy People 2000*, that goal was to reduce health disparities among Americans. In *Healthy People 2010*, it was to eliminate, not just reduce health disparities. In *Healthy People 2020*, the goal is expanded even further to achieve health equity, eliminate disparities and improve the health of all groups (Healthy People 2020). More recently, the biggest change in health care, the introduction of the Affordable Care Act (ACA), makes a clear connection between cultural competency and health disparities. The Act includes provisions to increase access to providers; promote workforce diversity and cultural competence; strengthen data collection and research efforts, and expand prevention and public health efforts.

Disparities result not only in a lower overall quality of life among those impacted, but also their families and communities. In Tennessee, priority areas to reduce health disparities include [infant mortality](#), [prenatal care](#), [adolescent pregnancy](#), diabetes, [heart disease and stroke](#). Even some policies of the AMA on health disparities (AMA Policy H-350.967 Eliminating Health Disparities, AMA Policy H-350.974 etc.) recommend that the following conditions be met to improve health:

- Greater awareness of racial disparities
- Increasing access to care for minority patients
- Culturally competent healthcare and curricula

The Tennessee Department of Health has been reinforcing its commitment to addressing gaps in health outcomes by creating various programs that address these issues, including health education programs on diabetes and heart health to help to eliminate health disparities (The Advocate, May 2007). Like many other issues around the country, health disparities are getting the attention of legislators, however creating health-promoting environments where health is the default for all in Tennesseans will take more than just passing legislation. Eliminating health disparities will also require the establishment of advanced academic programs that will continue to conduct research and implement important community-based intervention programs and train public health professionals to address these important issues. To that end, a doctoral program at Tennessee State University focusing on health disparities steeped in cultural competency is a path in the right direction.

Program Costs/Revenue

The implementation of the PhD program within the Department of Public Health, Health Administration and Health Sciences will require a minimum addition of at least two graduate faculty. The salary and benefits are estimated at \$394,000. This estimate also includes funding graduate student assistantships which includes a stipend, and tuition and fees. Other costs identified for implementation of the PhD program includes one-time expenditures for equipment to support faculty and travel. There are administrative costs that are required for accreditation fees assessed by the Council for Education in Public Health. Revenue projections include tuition, anticipated federal grants, and state support (the Geier lawsuit settlement) that are maximized in the third year of the program (\$982,440) With the exception of Geier revenue funding, other funding are consistent throughout the existence of the program.

THEC Financial Projection /Form

THEC Financial Estimate Form
Tennessee State University
Public Health Doctoral Degree Program
Attachment A

Seven year projections are required for doctoral programs

Five-year projections are required for baccalaureate and post-baccalaureate programs and certificates.
Three-year projections are required for associate degrees and undergraduate certificates. Projections should include cost of living increases per year.

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
I. Expenditures							
A. One-time Expenditures							
New/Renovated Space	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	3,000	3,000	2,000	-	-	-	-
Library	-	-	-	-	-	-	-
Consultants	1,500	-	-	-	-	-	-
Travel	9,000	9,000	3,000	-	-	-	-
Other	15,000	15,000	15,000	-	-	-	-
Sub-Total One-time	\$ 28,500	\$ 27,000	\$ 20,000	\$ -	\$ -	\$ -	\$ -
B. Recurring Expenditures							
Personnel							
Administration							
Salary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Sub-Total Administration	-	-	-	-	-	-	-
Faculty							
Salary	\$ 303,750	\$ 303,750	\$ 202,500	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Sub-Total Faculty	\$ 303,750	\$ 303,750	\$ 202,500	\$ -	\$ -	\$ -	\$ -
Support Staff							
Salary	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-	-	-
Sub-Total Support Staff	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Graduate Assistants							
Salary	\$ 30,000	\$ 60,000	\$ 90,000	\$ 120,000	\$ 120,000	\$ 120,000	\$ 120,000
Benefits	-	-	-	-	-	-	-
Tuition and Fees* (See Below)	-	-	-	-	-	-	-
Sub-Total Graduate Assistants	\$ 30,000	\$ 60,000	\$ 90,000	\$ 120,000	\$ 120,000	\$ 120,000	\$ 120,000
Operating							
Travel	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Printing	-	-	-	-	-	-	-
Equipment	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Sub-Total Operating	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
Total Recurring	\$ 336,750	\$ 366,750	\$ 295,500	\$ 123,000	\$ 123,000	\$ 123,000	\$ 123,000
TOTAL EXPENDITURES (A+B)	\$ 365,250	\$ 393,750	\$ 315,500	\$ 123,000	\$ 123,000	\$ 123,000	\$ 123,000

*If tuition and fees for Graduate Assistants are included, please provide the following information.

Base Tuition and Fees Rate	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Number of Graduate Assistants	-	-	-	-	-	-	-

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
II. Revenue							
Tuition and Fees ¹	81744	157092	232440	307788	310692	313596	313596
Institutional Reallocations ²	-	-	-	-	-	-	-
Federal Grants ³	200,000	200,000	500,000	500,000	500,000	500,000	500,000
Private Grants or Gifts ⁴	-	-	-	-	-	-	-
Other ⁵	300,000	300,000	250,000	-	-	-	-
BALANCED BUDGET LINE	\$ 581,744	\$ 657,092	\$ 982,440	\$ 807,788	\$ 810,692	\$ 813,596	\$ 813,596

Notes:

- In what year is tuition and fee revenue expected to be generated and explain any differential fees. Tuition and fees include maintenance fees, out-of-state tuition, and any applicable earmarked fees for the program.

The revenue includes tuition and fees in Year 01-07. Sixty six percent of the students are in-state; thirty three percent are out-of-state. Of the part-time students, 50 % are in-state and 50% are out of state.
- Please identify the source(s) of the institutional reallocations, and grant matching requirements if applicable.
N/A
- Please provide the source(s) of the Federal Grant including the granting department and CFDA number.

Faculty will seek funding from Federal Grant sources to include NIH, CDC, HRSA and others.
- Please provide the name of the organization(s) or individual(s) providing grant(s) or gift(s).
N/A
- Please provide information regarding other sources of the funding.

Geier funds will be used to support the PhD Program in the first three years, \$365,250 will be allocated in Year 01; \$393,750 in Year 02, and \$315,500 in Year 03. In Year 04 - 07, tuition and fees along with grant funding will support and sustain the program.

Appendix A: Letters of Support



Metro Public Health Dept
Nashville/Davidson County
Protecting, Improving, and Sustaining Health

David Briley, Mayor
Sanmi Areola, PhD
Interim Director
Board of Health
Carol Etherington, MSN, RN, Chair
A. Alex Jahangir, MD, MMHC, Vice Chair
Thomas W. Campbell, MD
Samuel L. Felker, JD
Teré Hamilton Franklin
Margreete G. Johnston, MD, MPH

February 15, 2019

Alisa Mosely, Ph.D.
Interim Vice President for Academic Affairs & SACSCOC Accreditation Liaison
Tennessee State University
3500 John Merritt Blvd.
Nashville, TN 37209

Dear Dr. Mosley:

I write in support of your efforts in developing and implementing a doctoral program (Ph.D.) in Public Health within the Department of Public Health, Health Administration and Health Sciences (PHHAHS) in the College of Health Sciences at Tennessee State University. The Metro Public Health Department has a strong history of collaboration with the PHHAHS department including many undergraduate and graduate students completing internships in divisions within Metro Public Health Department. These collaborations have been mutually beneficial. Your students, though young public health professionals, have been found to be academically prepared and highly professional in their work ethics.

Additionally, it has been a pleasure for me to have served as a guest lecturer on many occasions while sharing some of the environmental health promotion work undertaken by the Metro Public Health Department (MPHD).

I believe that the proposed doctoral program will further strengthen the public health workforce in Nashville and help us improve the efficiency of our local public health system. I am convinced that the program's proposed specialization (cultural competency & health disparities) will be highly desirable for the health needs of Nashville's growing and changing population. The program will also constitute a training opportunity for current and future local public health professionals.

Thank you,

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

Sanmi Areola, PhD.
Interim Director
Metro Public Health Department
sanmi.areola@nashville.gov
Office: (615) 340-8591

February 25, 2019
President Glenda Baskin Glover
Tennessee State University
3500 John A. Merrill Blvd.
Nashville, TN 37209

RE: Letter of Support for a proposed Doctor of Philosophy (Ph.D.) program in Public Health

Dear President Glover,

As a Clinical Trials Associate I, with the Behavioral Medicine in Chronic Conditions Research Group (BMCC RG) in the Division of Nephrology and Hypertension at Vanderbilt University Medical Center (VUMC), I am writing this letter of support for a proposed Doctor of Philosophy (Ph.D.) program in Public Health at Tennessee State University (TSU).

Tennessee State University (TSU) has been an influential institution within the black community since its establishment in 1912. Through years of racial oppression and injustices, like all Historically Black Colleges and Universities (HBCUs), TSU has developed brilliant African-American minds.

I believe an education obtained from an HBCU, such as TSU, is a greater accomplishment than that of a predominantly white institution (PWI), and having attended both I have first-hand experience regarding this matter. I owe my high level of academic and professional success to the faculty and staff of the Master of Public Health (MPH) program in the Department of Public Health, Health Administration, and Health Sciences (PHHAHS).

Professionally, my name appears as Delisha B. Crawford, MPH. When I am surrounded by community leaders and stakeholders, one question is always asked, "Ms. Crawford, at what institution did you obtain your MPH?" It is at that very moment that I proudly proclaim, "I received my MPH from Tennessee State University."

There is an array of emotions and reactions, but most people express respect. I have been told on several occasions that I have chosen well. I have also been told that individuals who obtain their MPH from TSU are highly sought after because we serve with "excellence."

During my matriculation, the MPH program was awarded the Council of Education for Public Health (CEPH) accreditation. Within the State of Tennessee, there are only three institutions that have been bestowed this honor.

Those institutions are: 1) East Tennessee State University (ETSU), 2) Vanderbilt University (VU), and 3) Tennessee State University (TSU). As you can see we are the only HBCU in the state to achieve such an honor. Furthermore, this great accomplishment was bestowed upon our program under your administration. I would be remiss if I did not mention Morgan State University (MSU), which is the only HBCU to have a CEPH-accredited Masters and Doctoral program in Public Health.

In my opinion we share a lot of "firsts." For instance, you are the "first" woman to serve as President of Tennessee State University. I am a "first" generation college graduate who obtained an advanced degree in my family. The Department of Public Health, Health Administration, and Health Sciences is the "first" HBCU in the State of Tennessee to obtain a CEPH accreditation for our MPH program. And you and I are members of the "first" black Greek lettered sorority, the prestigious Alpha Kappa Alpha Sorority, Incorporated[®]. Therefore, it is only fitting to establish a Ph.D. program in Public Health at the Land of Golden Sunshine.

President Glenda Glover
Tennessee State University
3500 John A. Merritt Blvd.
Nashville, TN 37209

February 20, 2019

Dear President Glover,

It is my pleasure to offer this letter in support of the proposed PhD program in public health at Tennessee State University. As a public health professional and Chair of the Healthy Clarksville Mayor's Fitness Council, I would like to express the interest of my fellow colleagues in public health for the suggested program.

Many public health professionals choose to continue their education. A credentialed PhD program at Tennessee State University would provide these individuals the opportunity to gain substantial skills to become more qualified so that they can continue to improve the needs of underserved and overlooked communities.

By having a doctorate of public health program, Tennessee State University will make a tremendous impact not only in Tennessee, but across the United States by preparing individuals in the field of public health to better serve communities resulting in an overall healthier nation. On behalf of the Healthy Clarksville Mayor's Fitness Council, we recommend that the proposed PhD program in Public Health at Tennessee State University be implemented.

Sincerely,

Jennifer Hamilton, BS, MPH

(931)538-2282

President Glenda Glover
Tennessee State University
3500 John A. Merritt Blvd.
Nashville, TN 37209

February 25, 2019

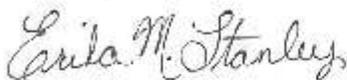
Dear President Glover,

I am pleased to offer this letter in support of your proposed PhD program in public health. As a graduate of Tennessee State University (TSU) and a current employee with the Tennessee Department of Health (TDH), I would like to communicate the interest of my fellow alumni and co-workers in a doctoral program in public health.

Nearly half of individuals who currently work in public health, specifically with TDH are interested in continuing their education in doctoral programs. As an employee of the state, we are offered assistance in pursuing advanced degrees that equip us with the necessary knowledge and skills to make a difference in health outcomes. While obtaining my Master's degree at TSU, I learned an abundance of skills that led me to my dream career. As an Epidemiologist for the Office of Minority Health and Disparities Elimination, I am at a position where I can impact change for the underserved population of Tennessee and feel that this program will provide the perfect format for individuals interested in working in government careers to be credentialed with the skills needed in both the academic and public sectors.

The proposed doctorate of public health at Tennessee State University will positively impact the numerous sectors of the community, on the local, regional, and national level, by preparing capable and culturally competent individuals in the public health sciences. On behalf of the MPH Program alumni, we recommend the implementation of the PhD Program in Public Health at Tennessee State University.

Sincerely,



Erika M. Stanley