

DATE: January 25, 2007

SUBJECT: East Tennessee State University, College of Public Health

ACTION RECOMMENDED: Approval

BACKGROUND INFORMATION: Approximately five years ago THEC initiated efforts to establish an accredited statewide College of Public Health designed as a collaborative model among the Tennessee Department of Health, the University of Memphis, the University of Tennessee Memphis Health Science Center, Tennessee State University, East Tennessee State University, and the University of Tennessee Knoxville. Upon consultation with the accreditation agency, it was apparent that this type of consortium would not be eligible for accreditation. To address the growing public health issues in Tennessee, the decision was made to establish academic programs in public health in the three grand divisions of the state and accredited schools of public health in West Tennessee between UT Memphis and the University of Memphis and the other in East Tennessee at ETSU. Plans also included establishing graduate programs in Public Health at Tennessee State University and an Institute of Public Health.

The proposed request under consideration is for approval of a College of Public Health at ETSU. The establishment of a new College of Public Health unit will also result in a change in the name of the current College of Public and Allied Health to the College of Allied Health Sciences.

The proposed College will be comprised of the current Department of Environmental Health and the Department of Health Sciences, and four newly created departments: Department of Biostatistics, Department of Community Health, Department of Epidemiology and the Department of Health Services Administration.

PROPOSED START-UP DATE: Upon approval

Commission staff has reviewed the proposal, requesting approval to establish a new unit according to the academic standards and criteria adopted by the Commission referenced below:

MISSION: The proposed academic unit is consistent with the mission of the institution to serve the state, region and nation. The Division of Health Care, composed of the Colleges of Medicine, Nursing, and Public and Allied Health, serves the state, region and nation as a comprehensive academic health services center.

DUPLICATION: There are no other Colleges of Public Health in the state. The second College is planned in West Tennessee as a collaborative unit between the University of Tennessee Memphis and the University of Memphis.

ASSESSMENT/EVALUATION AND ACCREDITATION: Requests to restructure the colleges and separate the existing units are based on recommendations of the Executive Director of the Council on Education on Public Health (CEPH), the academic public health accrediting body. Full accreditation will be awarded upon graduation of the first class, planned Fall 2009.

COST/BENEFIT/SOURCE: The resources designated to support the recently approved programs in Environmental Health and Community Health and the current budget for the College of Public and Allied Health, along with investments made in current staffing and infrastructure are in place to support the proposed new College of Public Health. Resources will require an additional first year incremental recurring administrative cost of less than \$174,000 for support staff and operating costs. Funding will be provided through institutional funds resulting from adjusted budget allocations for personnel operations, and travel accounts in the annual budget cycle. The (\$30,000) accreditation fee in the fourth year will be from internal reallocations.

Notes:

**THEC Financial Estimate Form
East Tennessee State University
College of Public Health**

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
I. Expenditures					
A. One-time Expenditures					
New/Renovated Space	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment	-	-	-	-	-
Library	-	-	-	-	-
Consultants	-	-	-	-	-
Travel	-	-	-	-	-
Other	-	-	-	-	-
Sub-Total One-time	\$ -	\$ -	\$ -	\$ -	\$ -
B. Recurring Expenditures					
Personnel					
Administration					
Salary	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-
Sub-Total Administration	-	-	-	-	-
Faculty					
Salary	\$ -	\$ -	\$ -	\$ -	\$ -
Benefits	-	-	-	-	-
Sub-Total Faculty	\$ -	\$ -	\$ -	\$ -	\$ -

Support Staff

Salary	\$ 95,100	\$ 97,953	\$ 100,892	\$ 103,918	\$ 107,036
Benefits	<u>48,467</u>	<u>\$ 49,921</u>	<u>\$ 51,419</u>	<u>\$ 52,961</u>	<u>\$ 54,550</u>
Sub-Total Support Staff	\$ 143,567	\$ 147,874	\$ 152,310	\$ 156,880	\$ 161,586

Operating

Travel	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
Printing	-	-	-	-	-
Equipment	-	-	-	-	-
Other	<u>25,000</u>	<u>25,000</u>	<u>25,000</u>	<u>57,000</u>	<u>57,000</u>
Sub-Total Operating	\$ 30,000	\$ 30,000	\$ 30,000	\$ 62,000	\$ 62,000

Total Recurring	<u>\$ 173,567</u>	<u>\$ 177,874</u>	<u>\$ 182,310</u>	<u>\$ 218,880</u>	<u>\$ 223,586</u>
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TOTAL EXPENDITURES	<u>\$173,567</u>	<u>\$ 177,874</u>	<u>\$182,310</u>	<u>\$ 218,880</u>	<u>\$ 223,586</u>
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(A+B)

<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
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II. Revenue

Tuition and Fees ¹	-	-	-	-	-
Institutional Reallocations ²	173,567	177,874	182,310	218,880	223,586
Federal Grants ³	-	-	-	-	-
Private Grants or Gifts ⁴	-	-	-	-	-
Other ⁵	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL REVENUES	<u>\$173,567</u>	<u>\$ 177,874</u>	<u>\$182,310</u>	<u>\$ 218,880</u>	<u>\$ 223,586</u>

1. 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.

2. Please identify the source(s) of the institutional reallocations, and grant matching requirements if applicable.

Institutional pooled funds resulting from adjusted budget allocations for personnel, operations, and travel for accounts in the annual budget cycle.

3. Please provide the source(s) of the Federal Grant including the granting department and CFDA number.

4. Please provide the name of the organization(s) or individual(s) providing grant(s) or gift(s).

5. Please provide information regarding other sources of the funding