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March 21, 2019

Dr. James D. Fielder, Jr.
Secretary of Higher Education
Maryland Higher Education Commission
6 North Liberty Street
Baltimore, MD 21201

Dear Secretary Fielder:

Maryland University of Integrative Health (MUIH) seeks approval for the enclosed new program, the Post-Baccalaureate Certificate in Narrative Health, beginning in Fall 2019. This is a new program area for MUIH.

Please don't hesitate to contact me should you require additional information in considering this proposal.

A handwritten signature in dark ink, appearing to read "Christina M. Sax", is positioned above the typed name.

Dr. Christina M. Sax
Provost and Vice President for Academic
and Student Affairs

cc: Marc Levin, President and CEO, MUIH



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Cover Sheet for In-State Institutions
New Program or Substantial Modification to Existing Program

Institution Submitting Proposal	Maryland University of Integrative Health
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Each action below requires a separate proposal and cover sheet.

- | | |
|---|---|
| <input checked="" type="radio"/> New Academic Program | <input type="radio"/> Substantial Change to a Degree Program |
| <input type="radio"/> New Area of Concentration | <input type="radio"/> Substantial Change to an Area of Concentration |
| <input type="radio"/> New Degree Level Approval | <input type="radio"/> Substantial Change to a Certificate Program |
| <input type="radio"/> New Stand-Alone Certificate | <input type="radio"/> Cooperative Degree Program |
| <input type="radio"/> Off Campus Program | <input type="radio"/> Offer Program at Regional Higher Education Center |

Payment <input checked="" type="radio"/> Yes	Payment <input type="radio"/> R*STARS	Payment \$850	Date
Submitted: <input type="radio"/> No	Type: <input checked="" type="radio"/> Check	Amount:	Submitted: 3/21/19

Department Proposing Program	Narrative Health	
Degree Level and Degree Type	Post-Baccalaureate Certificate	
Title of Proposed Program	Narrative Health	
Total Number of Credits	12	
Suggested Codes	HEGIS: 129900	CIP: 51.3399
Program Modality	<input type="radio"/> On-campus <input type="radio"/> Distance Education (fully online) <input checked="" type="radio"/> Both	
Program Resources	<input type="radio"/> Using Existing Resources <input checked="" type="radio"/> Requiring New Resources	
Projected Implementation Date	<input checked="" type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer Year: 2019	
Provide Link to Most Recent Academic Catalog	URL: https://www.muih.edu/academics/acader	

Preferred Contact for this Proposal	Name:	Christina Sax
	Title:	Provost and Vice President for Academic and Student Affairs
	Phone:	410-888-9048, ext 6655
	Email:	csax@muih.edu

President/Chief Executive	Type Name:	Marc Levin
	Signature:	 Date: 3/21/19
	Date of Approval/Endorsement by Governing Board:	2/6/19

Revised 12/2018

Maryland Higher Education Commission Proposal for New Instructional Program

Post-Baccalaureate Certificate in Narrative Health Maryland University of Integrative Health

Maryland University of Integrative Health (MUIH) proposes the creation of a new Post-Baccalaureate Certificate (PBC) in Narrative Health program. This 12-credit program will be offered primarily online with intensive on-campus weekends at the start and end of the program, and it can be completed in two trimesters. This program is scheduled to begin in the fall 2019 trimester, pending approval by the Maryland Higher Education Commission.

A. Centrality to Institutional Mission and Planning Priorities

- 1. Provide a description of the program, including each area of concentration (if applicable), and how it relates to the institution's approved mission.**

The mission of MUIH is: A distinctive community of scholars, researchers, practitioners, and advocates, Maryland University of Integrative Health promotes whole person, relationship-centered healthcare. Through discovery and exploration, we deliver progressive educational programs, advance innovative clinical models, build mutually beneficial partnerships, and provide opportunities for fulfilling careers. The vision of MUIH is: Serving as a leader in the global transformation of health and wellness, we integrate healing traditions and contemporary science, acknowledge the wisdom of the body and nature as a teacher, and focus on the interconnection of mind, body, and spirit. Our work enables people to thrive through the cycles of life.

MUIH is the pre-eminent institution in the U.S. for the study of health and wellness. Its programs integrate healing traditions and contemporary science and acknowledge the wisdom of the body and nature as a teacher to educate diverse and erudite health-care professionals for today and tomorrow. In keeping with its mission and vision, MUIH currently offers graduate programs in areas related to natural health and wellness such as acupuncture, Ayurveda, herbal medicine, health and wellness coaching, nutrition, and yoga therapy. MUIH has been a pioneer and driving force in the national movement toward wellness, disease prevention, and relationship-centered healthcare. As an anchoring academic institution for the emerging wellness system in America, MUIH has trained over 2800 wellness professionals and has a current, annual unduplicated headcount enrollment of 1183 graduate students (fall 2017 IPEDS reporting). Graduates not only help frame the healthcare options in the U.S. and abroad, but also are instrumental in encouraging people to switch to more natural lifestyle choices that improve their overall health and wellness.

The proposed PBC in Narrative Health¹ program is designed to prepare students with the skills and knowledge needed to understand the patient/client narrative as part of the healing process and to use writing and appreciative inquiry methodologies to achieve health and wellness. MUIH's program is one of only three graduate programs in the U.S. and is the only one to be offered primarily online and with

¹ R. Charon, "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust", *Journal of the American Medical Association*, 286(15):1897–1902, 2001.

an integrative health approach. While practitioners may need to separate the phenomena of disease process from the patient/client's story to treat disease, research now reveals that developing a coherent narrative is necessary for the patient to be able to develop the sense of wholeness that can lead to healing. This 12-credit program is offered primarily online with intensive on-campus weekends at the start and end of the program, and it can be completed in two trimesters (8 months).

This program is a valuable and practical complement for several health care, medical, social services, ministerial/pastoral, care giving, and education practitioners and their clients/patients. It provides such individuals with the skills, knowledge, and framework needed to incorporate narrative health in their primary practices. Narrative health approaches can complement other health care modalities such as health and wellness coaching, social work, health education, meditation and mindfulness, acupuncture, herbal medicine, nutrition, yoga therapy, massage therapy, nursing, naturopathic medicine, osteopathic medicine, chiropractic, conventional medicine, physical therapy, and occupational therapy, among others. The program also supports individuals who serve populations that are renegotiating meaning and identity in life, after a death, divorce, job loss or other life-transitions.

2. Explain how the proposed program supports the institution's strategic goals and provide evidence that affirms it is an institutional priority.

The creation of the PBC in Narrative Health supports MUIH's strategic goals, values and institutional principles. Since its founding, MUIH has positioned itself as a pioneer and advocate for a more natural and relationship-oriented approach to health and well-being. It is helping to lead the transformation of our healthcare delivery system through behavioral changes in consumer self-care, teaching MUIH graduates to become partners in health by educating, facilitating and coaching. The proposed program supports MUIH's strategic goal of becoming the preeminent academic institution serving the health and wellness field by taking a position at the forefront of a growing field in the healthcare industry.

The creation of this program supports goals and objectives in the University's Strategic Goals and the 2018-2019 Action Plan:

University Strategic Goals

- Goal 1.O1: Increase awareness, reputation and visibility of the University's academic programs, research initiatives, and clinical offerings.
- Goal G1.O4: Leverage and adapt current academic program offerings to reach new audiences.
- Goal G4.O4: Create alternative revenue streams.

2018-2019 Action Plan

- Action 3D: Launch new and revised academic programs for 2018-2020.
 - Task: Identify and develop new programs that are of use to health and wellness professionals, and are congruent with MUIH's mission, vision, and values.

The program expands and complements MUIH's curricular content and diversifies career options for graduates. It enhances existing programs by offering opportunities for adding to other degrees, as well as for concentration within or advanced standing in existing degrees. As with all MUIH disciplines, the program model is prevention- and education-oriented, nature-based, community-

focused, and relationship-centered with an emphasis on establishing rapport with the client and developing a “healing presence”. In keeping with the philosophy and mission of MUIH, this program stresses the concept of self-care – that health and education must first be applied to oneself before it can be applied to others – at the same time as it supports organizational structures and benefits that encourage such self-care. Consistent with MUIH’s mission to deliver innovative solutions for healthier living and career-oriented opportunities for students, the proposed program will continue to advance MUIH’s leadership in the emerging wellness system.

3. Provide a brief narrative of how the proposed program will be adequately funded for at least the first five years of program implementation. (Additional related information is required in section L.

This new program will be funded and supported during its launch and through the first five years of its implementation using various strategies which have proven successful in the development and launch of previous new programs at MUIH. During the start-up phase of the program the University will reallocate funds from general operation to support this new program. This reallocation of funds will not have an adverse impact on existing programs since the University operates with a net surplus sufficient to reallocate the necessary funds to the new program. The program will be administered by existing academic, advising, support services, and administrative staff. Third, courses in the program will be taught by existing fulltime and adjunct faculty and supplemented by the hiring of occasional new adjunct faculty when needed.

4. Provide a description of the institution’s commitment to a) ongoing administrative, financial, and technical support of the proposed program, and b) continuation of the program for a period of time sufficient to allow enrolled students to complete the program.

MUIH’s commitment to the new PBC Narrative Health program is demonstrated through its incorporation into the University’s ongoing infrastructure, processes, and support systems. The program will be housed within the existing Yoga Therapy and Ayurveda department, and overseen and administered by its existing Chair, Program Administrator, and program curriculum committee. An existing Academic Advisor from within Student Affairs has been assigned to the program. A new budget division has been set up for this new program, and it has been included in the University’s standard annual budget planning process. Courses will be staffed by a combination of existing and new adjunct faculty (see Section I for additional details). This new program will be included in the centralized support provided to all programs by Student and Alumni Affairs, the Library, Information Technology Services, Instructional Design Services, and the Teaching and Learning Center.

MUIH will use its previously successful enrollment management model to launch the PBC Narrative Health program. New programs are allowed a minimum of five years to mature and develop an ongoing prospective student funnel. New student enrollment targets for the first three years are intentionally set low in recognition of the time that it takes to cultivate prospective students and gain awareness among the target audience. MUIH’s financial model permits it to run programs with small cohort enrollments, further supporting sustainability of the program in both its early and later years. Any choice to discontinue a program involves collaborative decision making by the academic department, Dean of Academic Affairs, Provost, Admissions office, Marketing unit, Vice President for Finance and Administration, and President. Decisions to discontinue a program have been made rarely,

and include teach-out plans for enrolled students with extended times to completion given the part time nature of MUIH's programs and the flexibility needed by its non-traditional student population.

B. Critical and Compelling Regional or Statewide Need as Identified in the State Plan

- 1. Demonstrate demand and need for the program in terms of meeting present and future needs of the region and the State.**

Health Care

Health care costs, and expenditures for health care, are on the rise. The Centers for Medicare and Medicaid Services has projected that health care spending will rise from \$2.9 trillion in 2013 to over \$5 trillion in 2022.² In percentage terms, the total expenditures on health care are projected to rise from 17.8% of GDP in 2015 to 19.9% of GDP in 2025.³ Expenditures for preventive care, a key component of integrative health, are also increasing. The Federal Reserve Bank of San Francisco observed that "spending for preventive treatment increased at an extremely rapid rate over the [2003 to 2007] period. Growth in the percentage of enrollees getting preventive treatment ... drove half this increase. That indicates people are seeking preventive care at an increasing rate."⁴

Integrative Health

A key component of a successful preventive health program is the use of complementary and integrative therapies. Integrative and complementary health approaches include an array of modalities and products with a history of use or origins outside of conventional medicine.

Medicine's leading accreditor, The Joint Commission⁵, and the American College of Physicians⁶ have recognized the effectiveness of integrative health practices and have recommended their use to manage pain and mitigate the use of pharmacologic approaches, and in part assist in addressing society's opioid crisis. 2019 reports by the Global Wellness Summit⁷ and Forbes⁸ cite integrative health practices among the top future global wellness trends. A 2013 McKinsey and Company report called the wellness industry "a demographic sweet spot of enormous potential" and calculated this market as

² Centers for Medicare and Medicaid Services, "National Health Expenditure Projections 2012-2022," <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2012.pdf>.

³ Centers for Medicare and Medicaid Services. "NHE Fact Sheet," last modified 6/14/2017, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NHE-Fact-Sheet.html>.

⁴ A. Shapiro, "What's Driving Medical-Care Spending Growth?" Federal Reserve Bank of San Francisco, 2013.

⁵ J. Weeks, "The joint commission moves integrative approach ahead of pharmaceuticals for main management", *Integrative Medicine: A Clinician's Journal*, 2015, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4566474/>.

⁶ A. Qaseem, T.J. Wilt, R.M. McLean, M.A. Forciea, "Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline", *Annals of Internal Medicine*, 166(7). DOI: 10.7326/M16-2367, 2017.

⁷ Global Wellness Summit, "2019 Global Wellness Trends Report", 2019, <https://www.globalwellnesssummit.com/2019-global-wellness-trends/>.

⁸ J. Sweet, "10 Wellness Trends You Have To Try In 2019", *Forbes*, Jan 4, 2019, <https://www.forbes.com/sites/jonisweet/2019/01/04/top-10-wellness-trends-2019/amp>

close to \$16.5 billion per annum.⁹ Individuals often use integrative health approaches to improve health and wellbeing¹⁰ or to relieve symptoms associated with chronic diseases or the side effects of conventional medicine.¹¹ In the U.S., most persons who use complementary health approaches do so to complement conventional care, rather than as a replacement.¹²

The 2017 National Health Interview Survey revealed significant increases in the use of mind and body approaches that characterize complementary and integrative health approaches.¹³ Yoga was the most commonly used complementary health approach among U.S. adults in 2012 (9.5%) and 2017 (14.3%) and demonstrated an increase in usage during that five-year period. The use of meditation increased more than threefold from 4.1% in 2012 to 14.2% in 2017. The use of chiropractors increased from 9.1% in 2012 to 10.3% in 2017. Similar increased usage of these modalities was observed in children aged 4–17 years. The percent of children who used yoga increased significantly from 3.1% in 2012 to 8.4% in 2017. The use of meditation increased significantly from 0.6% in 2012 to 5.4% in 2017.

The 2012 National Health Interview Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics demonstrated significant use and spending on integrative health care approaches.¹⁴ One-third of U.S. adults and nearly 12% of children ages 4 to 17 used complementary health approaches. An estimated 59 million persons aged four years and over had at least one expenditure for some type of complementary health approach, resulting in total out-of-pocket expenditures of \$30.2 billion per year. Out-of-pocket spending for complementary health

⁹ P. Cloos, et al., "Healthy, Wealthy, and (Maybe) Wise: The Emerging Trillion-Dollar Market for Health and Wellness," McKinsey and Company, 2013.

¹⁰ A.M. McCaffrey, G.F. Pugh, and B.B. O'Connor, "Understanding Patient Preference for Integrative Medical Care: Results from Patient Focus Groups," *Journal of General Internal Medicine* 2007, 22(11):1500–5; and A.M. Greene, et al., "Perceived Benefits of Complementary and Alternative Medicine: A Whole Systems Research Perspective," *Open Complementary Medicine Journal* 2009, 1:35–45.

¹¹ R.L. Nahin, et al., "Disease Severity Is Associated with the Use of Complementary Medicine to Treat or Manage Type-2 Diabetes: Data from the 2002 and 2007 National Health Interview Survey," *BMC Complementary and Alternative Medicine* 2012, 12:193; and C.B. Lo, R.A. Desmond, and S. Meleth, "Inclusion of Complementary and Alternative Medicine in US State Comprehensive Cancer Control Plans: Baseline Data," *Journal of Cancer Education* 2009, 24(4):249–53.

¹² J.A. Astin, "Why Patients Use Alternative Medicine: Results of a National Study," *Journal of the American Medical Association* (JAMA) 1998;279(19):1548–53; also B.G. Druss and R.A. Rosenheck, "Association between Use of Unconventional Therapies and Conventional Medical Services," *JAMA* 1999, 282(7):651–6; and D.M. Eisenberg, et al., "Trends in Alternative Medicine Use in the United States, 1990–1997: Results of a Follow-Up National Survey," *JAMA* 1998, 280(18):1569–75.

¹³ National Center for Health Statistics, "Use of Complementary Health Approaches: Adults and Children, 2017," Centers for Disease and Control Prevention, <https://nccih.nih.gov/research/statistics/NHIS/2017>; also L.I. Black, P.M. Barnes, T.C. Clarke, B.J. Stussman, R.L. Nahin, "Use of yoga, meditation, and chiropractors among U.S. children aged 4–17 years," *NCHS Data Brief*, no 324, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db324-h.pdf>; and T.C. Clarke, P.M. Barnes, L.I. Black, B.J. Stussman, R.L. Nahin, "Use of yoga, meditation, and chiropractors among U.S. adults aged 18 and over," *NCHS Data Brief*, no 325, National Center for Health Statistics, 2018, <https://www.cdc.gov/nchs/data/databriefs/db325-h.pdf>.

¹⁴ National Center for Health Statistics, "Use of Complementary Health Approaches in the US: 2012 National Health Interview Survey," Centers for Disease Control and Prevention, <https://nccih.nih.gov/research/statistics/NHIS/2012>; also T.C. Clarke, et al., "Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002–2012," *National Health Statistics Report*, Feb 10 (79): 1–16, 2015; and R.L. Nahin, et al., "Expenditures on Complementary Health Approaches: United States, 2012," *National Health Statistics Report*, June 22 (95):1–11, 2016.

approaches represented 9.2% of all out-of-pocket spending on health care. Moreover, spending on integrative medicine is expected to increase to \$115 billion by the year 2015.¹⁵

Consumer use of herbal medicine continues to grow. A 2011 study by the National Center for Health Statistics indicated that the use of dietary supplements is common among the U.S. adult population and has been growing significantly.¹⁶ Over 40% of adults in the U.S. used supplements in 1988–1994 and over 50% used them in 2003–2006. The 2012 National Health Interview Survey indicated that more than 40 million individuals in the U.S. used non-vitamin, non-mineral supplements in 2012, up from 38 million users in 2007.¹⁷ In addition, significant increases in the sales of herbal supplements have been seen in recent years.¹⁸ In 2017, total U.S. retail sales of herbal supplements surpassed \$8 billion for the first time, reaching nearly \$8.1 billion. Consumer spending on herbal supplements increased 8.5% from 2016 – the strongest sales growth for herbal supplements in more than 15 years. Total U.S. retail sales of herbal supplements have increased every year since 2004, and since that time consumer spending on supplements has nearly doubled.

Additional studies point to the growing use of integrative health approaches in health care. A 2010 study conducted by the National Center for Complementary and Alternative Medicine and the American Association of Retired Persons indicated that 50% of Americans age 50 and older reported using complementary and alternative medicine.¹⁹ In 2018, health and wellness coaching emerged as a \$6 billion service market in the U.S., with an estimated 109,000 health coaches and health educators.²⁰

Traditional health care organizations, employers, and regulators are responding to increased consumer demand for integrative health therapies. A 2007 study by McKinsey and Company report found that 41% of patients' choice of hospital is based on their offerings of "amenities" that included complementary and alternative therapies.²¹ A 2007 study by the Bravewell Collaborative indicated that in 1999 only 7.7% of hospitals offered integrative therapies, by 2004 that number had increased to 18.3%, and by 2005 25% of hospitals were offering services in a complementary or integrative fashion.²² A 2010 study by the Samueli Institute and Health Forum, and American Hospital Association Company, indicated that of the responding hospitals (299), 42% stated that they offered one or more

¹⁵ Report Linker, Alternative Medicine Industry: Market Research Reports, Statistics and Analysis. <https://www.reportlinker.com/>.

¹⁶ J. Gahche, R. Bailey, V. Burt, J. Hughes, E. Yetley, J. Dwyer, M. F. Picciano, M. McDowell, C. Sempos, "Dietary Supplement Use Among U.S. Adults Has Increased Since NHANES III (1988–1994)", NCHS Data Brief, No. 61, National Center for Health Statistics, 2011, <https://www.cdc.gov/nchs/data/databriefs/db61.htm>

¹⁷ National Center for Health Statistics, "Use of Complementary Health Approaches in the US: 2012 National Health Interview Survey," Centers for Disease Control and Prevention, 2015, <https://nccih.nih.gov/research/statistics/NHIS/2012>; and T.C. Clarke, et al., "Trends in the Use of Complementary Health Approaches Among Adults: United States, 2002–2012," *National Health Statistics Report*, Feb 10 (79): 1–16, 2015.

¹⁸ T. Smith, et al., "Herbal Supplement Sales in US Increased 8.5% in 2017, Topping \$8 Billion", *HerbalGram*, Issue 119, pg 62-71, 2018, <http://cms.herbalgram.org/herbalgram/issue119/hg119-herbmkttrpt.html>.

¹⁹ National Center for Complementary and Alternative Medicine, "Complementary and Alternative Medicine: What People Aged 50 and Older Discuss with their Health Care Providers," April 2011.

²⁰ Marketdata, LLC, "The U.S. Health Coaching Market", May 2018, <https://www.researchandmarkets.com/reports/4649614/the-u-s-health-coaching-market#rela2-4531925>.

²¹ K.D. Grote, J.R.S. Newman, S.S. Sutaria, "A better hospital experience", *The McKinsey Quarterly*, 2007.

²² B. Horrigan, "Integrative Medicine Best Practices: Introduction and Summary." Bravewell Collaborative, 2007.

complementary and integrative health therapies in the hospital.²³ The 2007 National Home and Hospice Care Survey conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics found that nearly 42% of hospice care providers offered complementary and alternative therapies, had a provider on staff or under contract, or both.²⁴ All twenty hospitals on the 2017-2018 US News and World Report America's Best Hospitals Honor Roll offer integrative health care and practices.²⁵ Membership in the Academic Consortium for Integrative Medicine and Health grew from 36 traditional and allopathic academic medical schools and centers in 2008, to 70 in 2018.²⁶ In addition, allopathic health care providers are personally using integrative therapies at an increased rate.²⁷ The spread of integrative health practices in allopathic settings is also demonstrated through the increase of hospitals and other health care organizations approaching MUIH in the last three to five years seeking internship placements for MUIH students.

The increase in integrative health approaches has been driven in part by changes in incentive structures for health care providers under the provisions of the Patient Protection and Affordable Care Act (known as the ACA or Obamacare), the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), and the 21st Century Cures Act of 2016. Briefly, these changes have resulted in awards to health care providers for reducing acute care consumption and impose penalties for inefficient, low-quality care. Integrative and allied health professions play a key role in delivering patient outcomes and support the shift in emphasis from acute to preventive care. Integrative health has been shown to be cost effective and yield savings in more than two dozen studies,²⁸ and in an analysis of research from medical literature, data from corporate wellness programs, and pilot projects at insurance companies.²⁹ Indeed, to succeed in the future, health care organizations will need to shift their workforce from one that prioritizes hiring for in-patient acute care toward new value-based models.³⁰ Professionals in those models will focus on preventive practices, the adoption of healthy lifestyles, consolidated visits and group sessions for education and support, and out-patient care in home and workplace settings.

Collectively, these represent some of the fastest growing occupations and areas of health care expansion in the U.S.³¹ MUIH's programs, including the PBC in Narrative Health, prepare individuals to provide such integrative health care.

²³ Samuelli Institute and Health Forum, "2010 Complementary and alternative medicine survey of hospitals: Summary of results", 2010, http://www.samuelliinstitute.org/File%20Library/Our%20Research/OHE/CAM_Survey_2010_oct6.pdf.

²⁴ A. Bercovitz, et al., "Complementary and Alternative Therapies in Hospice: The National Home and Hospice Care Survey: United States, 2007," *National Health Statistics Report* 33, Jan. 19, 2011.

²⁵ US News and World Report, U.S. News Hospitals Rankings and Ratings, <https://health.usnews.com/best-hospitals>

²⁶ Academic Consortium for Integrative Medicine & Health, <https://www.imconsortium.org>. And Consortium of Academic Health Centers for Integrative Medicine, <https://www.integrativepractitioner.com/whats-new/all-news/consortium-of-academic-health-centers-for-integrative-medicine/>

²⁷ P. Johnson, A. Ward, and L. Knutson, "Personal Use of Complementary and Alternative Medicine (CAM) by U.S. Health Care Workers," *Health Services Research* 47 (part 1): 211-227, 2012.

²⁸ P. Herman, et al., "Are Complementary Therapies and Integrative Care Cost-Effective? A Systematic Review of Economic Evaluations," *BMJ Open* 2(5): e001046, 2012.

²⁹ E. Guarneri, B. Horrigan, and C. Pechura, "The Efficacy and Cost-Effectiveness of integrative Medicine," The Bravewell Collaborative, 2010.

³⁰ The Advisory Board, "Build Your Workforce from the Outside-In," 2016.

³¹ Education Advisory Board, "Health Professions: Capitalizing on Creative Disruption," COE Forum Industry Futures Series, 2017.

Narrative Health

Awareness and use of narrative health approaches have demonstrated recently growth among health care professionals.³² Narrative health supports the holistic approach³³ that is a hallmark of the well documented growth in the integrative health field, as well as the trend toward holism and personalized medicine in conventional healthcare fields³⁴. The PBC in Narrative Health supports the narrative competence professional standards of a wide range of licensed healthcare professions³⁵, including social work³⁶, acupuncture³⁷, gerontology³⁸, and osteopathic medicine³⁹. In the conventional medical profession, a growing number of medical schools have begun offering narrative health courses, workshops, and certificates for medical students and residents.⁴⁰ The development of MUIH's PBC program parallels this growth and helps to support the growing need for health care professionals who have been trained in the use of this modality.

2. Provide evidence that the perceived need is consistent with the Maryland State Plan for Postsecondary Education.

The proposed program will serve the needs of the State of Maryland, consistent with the goals of the Maryland State Plan for Postsecondary Education for 2017-2021.⁴¹ Given that MUIH is a graduate-only institution its focus is on Maryland's Success and Innovation goals, rather than the Access goal which emphasizes the K-12 to postsecondary education pathway.

Success: Promote and implement practices and policies that will ensure student success.

Strategy 4: MUIH provides the residents of Maryland with unique access to educational opportunities in the emerging field of integrative health. MUIH is one of the few colleges and universities in the U.S. to focus solely on integrative health and to provide professional education in such fields. The PBC in Narrative Health will add to MUIH's portfolio of programs, build on its existing expertise in integrative

³² D.B. Morris, "Narrative medicines: challenge and resistance", *The Permanente Journal*, 12(1), 88-96, 2008.

³³ R. Charon, "Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust", *Journal of the American Medical Association*, 286(15):1897-1902, 2001.

³⁴ Business Innovation Factory and The Robert Wood Johnson Foundation, "The Narrative Playbook: The Strategic Use of Story to Improve Care, Healing, and Health", 2015.

³⁵ G. Zaharias, "What is narrative-based medicine? Narrative-based medicine 1", *Canadian family physician*, 64(3), 176-180, 2018; AND G. Zaharias, "Narrative-based medicine and the general practice consultation: Narrative-based medicine", *Can Fam Physician*, Apr;64(4):286-290, 2018; AND G. Zaharias, "Learning narrative-based medicine skills: Narrative-based medicine 3", *Can Fam Physician*, May;64(5):352-356, 2018.

³⁶ C. Riessman, L. Quinney, Lee, "Narrative in Social Work A Critical Review", *Qualitative Social Work*, 4:391-412, 2005.

³⁷ P.E. Ferguson, "The Art of Narrative Medicine", *Acupuncture Today*, Vol 14, issue 4, April, 2013,

<https://www.acupuncturetoday.com/mpacms/at/article.php?id=32715>

³⁸ G. Kenyon, W. Randall, "Introduction: Narrative gerontology", *Journal of Aging Studies*, 13:1-5, 1999.

³⁹ American Association of Colleges of Osteopathic Medicine, "Osteopathic Core Competencies for Medical Students", 2012, <https://www.aacom.org/docs/default-source/core-competencies/corecompetencyreport2012.pdf?sfvrsn=4>

⁴⁰ K. Krisberg, "Narrative Medicine: Every Patient Has a Story", *AAMC News*, March 28, 2017, <https://news.aamc.org/medical-education/article/narrative-medicine-every-patient-has-story/>

⁴¹ <https://mhec.maryland.gov/About/Pages/2017StatePlanforPostsecondaryEducation.aspx>

health, support the State's goals of furthering the education of its citizens, and position Maryland as a national leader in the emerging field of integrative health.

Strategy 5: MUIH provides non-traditional students, including adult, part time, working, and veteran and military students with access to graduate level education. MUIH's programs are offered in a variety of convenient and flexible learning formats that meet the needs of such students. The PBC in Narrative Health will be offered primarily online, with one intensive on-campus weekend each at the start and end of the program.

Strategy 7: MUIH provides the residents of Maryland with unique degrees and certificates that provide direct access to career pathways in the growing health care sector. The field of integrative health is increasingly being recognized by consumers, patients, employers, and conventional medicine as a powerful health care adjunct that provides access to high quality, high impact, and low cost health care. In this respect, MUIH integrates academic and career advising throughout students' enrollment; provides professional development and employment search services to students and alumni through the Career Center; and offers a variety of co-curricular professional opportunities. The PBC in Narrative Health has direct applicability to a wide variety of medical, social service, health and wellness, ministerial/pastoral, and education careers, and will be incorporated into MUIH's suite of professional, career, and employment services.

Innovation: Foster innovation in all aspects of Maryland higher education to improve access and student success.

Strategy 8: MUIH develops partnerships to support workforce development and improve workforce readiness. MUIH and the PBC in Narrative Health directly support the goals and work of the Health Department of Howard County, in which MUIH is situated. The Health Department's vision is that of a model community in which health equity and optimal wellness are accessible for all who live, work and visit Howard County. Its mission is to promote, preserve and protect the health of all in Howard County. Among its core values are strategic public health investment and advancing the public health field. In support of our shared goals, MUIH regularly partners with non-profit, community, and health and wellness related organizations in Howard County including the Business Women's Network of Howard County, Community Foundation of Howard County, Community Action Council of Howard County, Horizon Foundation, Howard County Local Health Improvement Coalition, Howard County Community College, Howard County Fire and Rescue, Howard County General Hospital, Humanim, and the Green Pharmacy.

C. Quantifiable and Reliable Evidence and Documentation of Market Supply and Demand in the Region and State.

1. Market Demand

It is now well established that our nation's health is a social, economic, financial, and behavioral issue of enormous proportions, offering significant opportunities for economic growth and employment. The U.S. Department of Labor and the U.S. Bureau of Labor Statistics (BLS) see the health care and social assistance sector as leading job growth, largely due to an aging population and increased access to healthcare. "The employment of healthcare occupations is projected to grow 18% from 2016 to 2026, much faster than the average for all occupations, adding about 2.4 million new jobs. Healthcare occupations are projected to add more jobs than any of the other occupational groups. This projected

growth is mainly due to an aging population, leading to greater demand for healthcare services.”⁴² Maryland’s Department of Labor also predicts exceptional job growth in the health care of social service sector for the decade 2016-2026.⁴³ Within this sector, the ambulatory health care services industry, which includes a variety of out-patient integrative health care practices, is expected to grow 31% during this period. Taken together, these are an indicator of the increasing importance of health-focused programs and interventions. The growing costs associated with health care and demands on insurance and treatment systems make prevention and early intervention, strategies emphasized by integrative health care practices, even more important for employers.

The PBC in Narrative Health provides a valuable and practical complement for several health care, medical, social services, ministerial/pastoral, care giving, and education practitioners and their clients/patients. It provides such individuals with the skills, knowledge, and framework needed to incorporate narrative health in their primary practices and supports the narrative competence professional standards of a wide range of licensed healthcare professions. Narrative health approaches can complement other health care modalities such as health and wellness coaching, social work, health education, meditation and mindfulness, acupuncture, herbal medicine, nutrition, yoga therapy, massage therapy, nursing, naturopathic medicine, osteopathic medicine, chiropractic, conventional medicine, physical therapy, and occupational therapy, among others. The program also supports individuals who serve populations that are renegotiating meaning and identity in life, after a death, divorce, job loss or other life-transitions.

High job growth rates for these fields are projected 2016-2026. Ten of the top twenty projected fastest growing occupations for the period 2016-2026 are among the target audience for this program (nurse practitioners; physician assistants; occupational therapy assistants; massage therapists; genetic counselors; physical therapists, assistants, and aides; home health and personal care aides).⁴⁴ In addition, three of the top four occupations predicted to add the most new jobs during the period 2016-2026 are among the target audience for this program (registered nurses, home health and personal care aides).⁴⁵ Other occupations among the target audience also have strong growth projections for the period 2016-2016.⁴⁶ For example, social workers (16%), mental health counselors (15%), community health workers (16%), health educators and coaches (16%), nutritionists (15%) have much faster than average projected growth rates, and acupuncturists (10-14%) have a faster than average project growth rate.

The proposed program is being created at an advantageous time. It offers an opportunity not only for new entrants but for existing professionals in workplace settings to acquire an additional area of expertise. The primarily online format means that the program can reach those workers throughout Maryland and the nation.

⁴² BLS, “Occupational Outlook Handbook,” updated January 30, 2018, <https://www.bls.gov/ooh/healthcare/home.htm>.

⁴³ Maryland Department of Labor, Licensing and Regulation, “Maryland Industry Projections - 2016-2026 - Workforce Information and Performance”, <https://www.dlir.state.md.us/lmi/iandoproj/industry.shtml>.

⁴⁴ BLS, “Occupational Outlook Handbook”, Fastest Growing Occupations, updated January 30, 2018, <https://www.bls.gov/ooh/fastest-growing.htm>.

⁴⁵ BLS, “Occupational Outlook Handbook”, Most New Jobs, updated January 30, 2018, <https://www.bls.gov/ooh/most-new-jobs.htm>.

⁴⁶ BLS, “Occupational Outlook Handbook”, updated January 30, 2018, <https://www.bls.gov/ooh/most-new-jobs.htm>

2. Educational and Training Needs

No college or university in Maryland offers a Narrative Health program.

Only two other Universities in the U.S. offer graduate programs in Narrative Health. First, Columbia University (NY) offers an M.S. Narrative Medicine program, which is delivered only in the face-to-face format. This program is designed to augment the skills and practice of a range of healthcare professionals, similar to that of MUIH's purpose. Columbia also offers two non-credit narrative medicine options – an online certificate (equivalent to 6 credits of courses work) and a face-to-face workshop. Second, Lenoir-Rhyne University (NC) offers a graduate certificate in Narrative Healthcare, which is delivered only in the face-to-face format. This program offers a sampling of aesthetics-based methodologies which help build empathy, communication, better care, and mindfulness. Such emphases will also be included in MUIH's program.

Similar programs exist in other fields, albeit with a different purpose, curriculum, and audience than the program proposed by MUIH. First, are narrative health or medicine tracks that exist in some fine arts and writing related Master's degrees. Their emphasis does not include the focus of clinical application as does MUIH's program. Second, are medical humanities programs that may include narrative health or medicine but also include course work in areas such as ethics, history of medicine, medical anthropology, and cultural studies. MUIH's program is focused solely on narrative health and does not include these additional humanities topics. Third, are programs in expressive art therapy which typically combines psychology and a multi-arts approach to promote growth and healing. MUIH's program is grounded in a single expressive arts modality and is not a psychology-based program.

In sum, the need for such programs is not well served based on the size of the health care industry workforce and the number of existing programs and their focus primarily on face-to-face delivery formats. The proposed MUIH program has the advantage of filling this need and of drawing on MUIH's solid reputation in the area of both online learning and health and wellness education.

3. Prospective Graduates

This MUIH program has differentiating factors that will support its competitiveness in this growing market: its grounding in MUIH's solid reputation and philosophy; cost; distinctive features of the program experience such as the MUIH's singular and hallmark focus on integrative health, a holistic approach, and healing presence; online and hybrid delivery formats; the broad and non-clinical foundation and applicability provided by this particular program; and the opportunity to concurrently or sequentially cross-train in other integrative health fields.

Given the upward trends in the integrative health field and enrollment history for similarly structured programs at MUIH, the following enrollment projections (based on expected completion of the program in two trimesters) call for modest but solid growth over the first five years. This level of growth is known to be sustainable based on the history of MUIH's previous programs.

Projected Enrollments for Program*

Year	Trimester	New Students	Continuing Students	Total Students per Trimester	Total Students per Year
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Year 1	Fall 2019	10		10	18
	Spring 2020		8	8	
	Summer 2020			0	
Year 2	Fall 2020	10		10	18
	Spring 2021		8	8	
	Summer 2021			0	
Year 3	Fall 2021	12		12	22
	Spring 2022		10	10	
	Summer 2022			0	
Year 4	Fall 2022	15		15	27
	Spring 2023		12	12	
	Summer 2023			0	
Year 5	Fall 2023	20		20	36
	Spring 2024		16	16	
	Summer 2024			0	

*Enrollment Assumptions: New students are admitted into the program during the fall trimester, but not during the spring or summer trimesters. Continuing students have an overall average retention rate of 80%, consistent with that of MUIH's existing programs.

D. Reasonableness of Program Duplication:

No college or university in Maryland offers a Narrative Health program.

E. Relevance to High-demand Programs at Historically Black Institutions (HBIs)

There are no Narrative Health programs offered by Maryland HBIs. The proposed program will have no potential impact on high-demand programs at Maryland's HBIs or on the uniqueness and institutional identities and missions of the HBIs.

F. Relevance to the identity of Historically Black Institutions (HBIs)

There are no Narrative Health programs offered by Maryland HBIs. The proposed program will have no potential impact on high-demand programs at Maryland's HBIs or on the uniqueness and institutional identities and missions of the HBIs.

G. Adequacy of Curriculum Design, Program Modality, and Related Learning Outcomes

1. Program Development Model

MUIH uses an ongoing and iterative process to identify and research potential new programs. Potential new programs are routinely identified by faculty, academic and administrative leadership, Program Advisory Board members, and external collaborators through an ongoing analysis of trends and career needs in the health care sector and the field of integrative health, and the career pathways and needs of MUIH's students and alumni. Data sources include national and regional career outlook and projection statistics; professional credentialing trends and requirements; competitive programs at other colleges and universities; the results student learning outcomes assessment activities in existing programs; the results of periodic academic program reviews; and the results of alumni surveys; and the input of external Program Advisory Board members. The Provost's office leads an annual review of potential new programs and selection of new programs for development in collaboration with the academic leadership, departments, and faculty, and with input from the President's Executive Council, and the advising, admissions, marketing teams. Faculty are responsible for the development of the program learning outcomes, description, requirements, curriculum, courses, student learning experiences, and program assessment plans, in collaboration with academic administrators. These aspects of the program are then reviewed and approved successively by the department curriculum committee, University Curriculum Committee, Provost, Board of Trustees' Academic Affairs Committee, and Board of Trustees.

2. Program Description and Requirements

Program Description

The PBC in Narrative Health program prepares students with the skills and knowledge to use narrative health as a healing process, diagnostic tool, method to prevent burn-out, and a form of care in itself. It does so in a highly personalized manner within the context of a holistic and integrative approach to health and wellness. The course work emphasizes the use of narrative health to build empathy and mindfulness in communication, and support practitioners in authentic relationship-based care and the development of healing presence. Students gain an embodied experience of narrative health by applying theoretical approaches to their own personal narrative. The opening and closing weekend intensive meetings on the MUIH campus provide students with the opportunity to build community and collaborate, as well as gain a first-hand experience in honing their facilitation design and skills.

Program Outcomes

Upon completion of this program, students will be able to:

- Identify and apply the primary themes of narrative theory.
- Apply narrative health strategies to compose a meaningful personal narrative.
- Develop narrative health strategies for individual and group work.
- Facilitate individual and small group narrative health programs effectively.

Program Requirements

The program consists of 12 credits of the following four required courses, taken in two trimesters.

Course	Format	Trimester
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NARR630 Narrative Health (3 credits)	Online course with an opening on-campus weekend intensive meeting	Trimester 1 (Fall)
NARR631 Expressive Writing and Poetic Care (3 credits)	Online	
NARR632 Personal Narrative (3 credits)	Online	Trimester 2 (Spring)
NARR633 Group Facilitation (3 credits)	Online course with a closing on-campus weekend intensive meeting	

Course Descriptions

Course descriptions are provided in Appendix A.

3. Student Learning Assessment and Achievement

Student learning achievement and outcomes assessment is governed by each programs' comprehensive Academic Assessment Plan. Such Plans include program and course learning outcomes established during the initial development of the program and courses, respectively. The Plans include a five-year schedule for the assessment of particular program learning outcomes and University Learning Outcomes, in specific courses or activities, and via specific assessment methods. The Plans also include avenues for the use of assessment results for program and course improvement. Such avenues include ongoing department, faculty, and program curriculum committee meetings; University Curriculum Committee, Learning Outcomes Assessment Team, and Institutional Assessment Committee meetings; the formal course development and redevelopment cycle; the five-year Academic Program Review cycle; and faculty development initiatives. Annual Assessment Reports are prepared by each program and they include an analysis of student learning outcomes assessment and how such results will be or have been used to improve the curriculum and instruction. These annual reports are reviewed by the Provost, Dean of Academic Affairs, and the Institutional Assessment Committee as a part of institutional assessment and planning activities. Student learning outcomes and achievement are also included in the five-year comprehensive Academic Program Review process.

The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty are responsible for designing, delivering, and assessing learning outcomes. They are supported by the Learning Outcomes Assessment Team (LOAT), which serves as an umbrella committee to guide and facilitate academic assessment initiatives, and the University Curriculum Committee. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, Dean of Academic Affairs, Provost, and Institutional Assessment Committee in gathering, interpreting, documenting, and using assessment results.

4. Specialized Accreditation or Graduate Certification Requirements

Not applicable

5. Program Oversight

Oversight of the program will be provided by the faculty listed in Appendix B. This includes the Chair of the Yoga Therapy, Ayurveda, and Narrative Health department and a core adjunct faculty member who have completed graduate certificates in narrative health and related writing.

6. Program Information for Current and Prospective Students

Multiple means are used to provide current and prospective students with clear, complete, and timely information on the curriculum, course and degree requirements, policies, the nature of faculty/student interaction, assumptions about technology competence and skills, technical requirements, the learning management system, the availability of academic support services and financial aid resources, and costs and payment policies. These include:

Publicly Available to Prospective and Current Students

- Student Consumer Webpage: <https://www.muih.edu/admissions/student-consumer-information>
- Admissions: <https://www.muih.edu/admissions>
- Academic Catalog: <https://www.muih.edu/academics/academic-catalog>
- Academic Program Webpages: <https://www.muih.edu/academics>
- Academic Policies (Transfer and Exemption, Satisfactory Academic Progress, Attendance, Leave of Absence, Withdrawal Process): <https://www.muih.edu/admissions/student-consumer-information>
- Office of the Registrar: <https://www.muih.edu/academics/office-registrar>
- Disabilities Services: <https://www.muih.edu/disabilities-services>
- Technology Requirements: <https://www.muih.edu/academics/online-learning/technical-requirements>
- Learning Management System: <https://www.muih.edu/academics/online-learning/technical-requirements> and <https://learn.muih.edu/courses/7%20>
- Financial Aid Resources: <https://www.muih.edu/admissions/financial-aid>
- Program Costs: <https://www.muih.edu/admissions/tuition-fees> and <https://www.muih.edu/cost-attendance>
- Payment Policies: <https://www.muih.edu/admissions/tuition-fees> and <https://www.muih.edu/admissions/financial-aid>
- Career Center: <https://www.muih.edu/career-services/career-center>

Password Protected Resources Available to Current and Confirmed New Students

- Full set of Administrative and Academic Policies
- Student Handbook
- Program Plans of Study
- Online New Student Orientation
- Program-Specific Student Community Site
- Student Affairs Community Site (advising, student success, disabilities support, career center)

H. Adequacy of Articulation

Not applicable

I. Adequacy of Faculty Resources

As with many health professions programs where the curriculum calls for expertise across a broad spectrum of theory and practice, and consistent with the model through which MUIH delivers all its programs, the PBC in Narrative Health will rely on a combination of core salaried faculty and the use of part-time adjunct faculty. Salaried full-time faculty will be strategically placed to anchor the program and provide stability and continuity for students. It is vital that faculty have practical skills and knowledge in the field, generalized experience, as well as specialization in discrete areas that will allow for expert instruction, supervision, and guidance.

Salaried and adjunct faculty are hired and staffed to develop and teach program courses based on the following general criteria. Guest lecturers are subject to the same high standards of education and experience.

- Ph.D., Professional Doctorate, M.P.H., M.S., M.A., M.Ac., Ed.D. or other advanced graduate degrees in the related field of the course.
- Professional or academic credentials or experience in narrative health or therapeutic writing
- Qualified to teach graduate courses, and to advise and mentor students.
- Faculty experience in higher education, in didactic, experiential, and/or clinical education.
- Experience developing and teaching courses related to the field.
- Demonstrated commitment to continuing education and professional development.
- Desire to engage in activities for a new program with a strong wellness philosophy at its foundation.
- Research publication and scholarship are preferred but not required.

Appendix B contains a list of representative faculty for the program. Two thirds of these faculty currently teach classes at MUIH and are academic administrators with teaching responsibilities. One third of these faculty are core adjunct faculty in the program.

Pedagogical preparation for teaching face-to-face, hybrid, and online courses is provided by the faculty-led Teaching and Learning Center through ongoing opportunities for professional development offered via face-to-face and online trainings, workshops, tutorials, symposia, conferences, and one-on-one consultations tailored to individualized needs. Evidence-based pedagogical best practice resources and guides are provided for faculty on an ongoing and on demand basis through the online Faculty Community Site; such resources and guides are created and provided by in-house, external, and commercially-developed sources. Before beginning their first online or hybrid course development or teaching assignment, MUIH requires faculty to complete the Best Practices in Online/Blended training focused on online pedagogy/andragogy, instructional design principles, the Quality Matters design principles and rubric, the Canvas Learning Management System (LMS) and embedded technology tools and web conferencing training. Faculty who use the Canvas LMS have access to 24/7 support through the Canvas Help Desk.

J. Adequacy of Library Resources

The Sherman Cohn Library's physical space includes the Collaborative Commons, which serves as a space for individual and group learning, researching, interacting and engaging in collaborative work, and use of computers, and a printer/scanner/copier. The Library houses the Physical Collection of

carefully selected materials from small presses and mainstream publications in support of the innovative academic programs offered at MUIH. Library Services includes circulation, reference, and research assistance from Library staff members. MUIH provides online support for students and faculty with an enhanced integrated and online library system, and the Library continues to expand to support all modalities of teaching and learning as well as enrollment growth. All online courses contain a direct link to the Sherman Cohn Library at MUIH, prominently positioned in the Canvas online classrooms. The Library conducts the MUIH550 Academic Research and Scholarship non-credit course that is required of all students during their first trimester at MUIH; this course is available online to all students.

The Library has a total collection of over 18,000 titles in health and wellness (13,000 physical holdings and 5,000 electronic). Electronic resources augment the number of health and wellness materials available. The Library's computerized systems and licensing agreements with vendors permit access to open-access journals and other free Internet resources, as well as selected journal articles from individual subscriptions and from the Library's EBSCO host databases. The Library uses the National Library of Medicine's Docline service for document delivery. When the Library does not own an article, it can be obtained in a timely manner for faculty and students through the Library's use of Docline.

The adequacy of library resources to support academic programs is ensured through a number of measures. The Library Reports to the Provost and Library leadership is a member of the standing University Leadership Council. In addition, Library leadership is a member of the Faculty Senate's Information, Research, and Scholarship subcommittee and the Library engages faculty and the academic departments in the regular and periodic review of the Library's collection.

K. Adequacy of Physical Facilities, Infrastructure and Instructional Equipment

MUIH's 12-acre campus contains a 32,500 square-foot, two-story building, herbal medicine teaching garden, parking for all students, and ample space for additional buildings to be built in order to accommodate growth. Over 300 people can be accommodated in the current building's large event space, which totals 2,750 square feet. The current building serves as the primary home for all of MUIH's programs, and includes eight classrooms and a ninth, multipurpose space; a library and quiet study room; 22 clinical treatment rooms and an herbal dispensary, assigned to the Student Teaching Clinic; a Student Affairs suite consisting of academic advising, a Student Success Center, and a Career Center; a student lounge with an adjacent kitchen; and a bookstore/café that includes seating. Offices for general administration of the University and faculty are located at the current campus locations. Other space is available and leased in Howard County as needed, for overflow office and classroom needs. All classrooms have access to voice and data communications and WiFi is available throughout the building. Two large, dividable classrooms are equipped with ceiling-mounted data projectors and screens, as well as an integrated sound system. A portable sound system, TV, laptops, and overhead and LCD projectors are available for use in classrooms as needed. Since the program will be delivered primarily online, these physical instructional and support spaces will not be affected except inasmuch as students may use them during the two weekends they are on campus for class meetings and may wish to otherwise use them and concurrently enroll in other programs offered on campus.

All students are served by the current infrastructure including remote and online access to admissions, financial aid, registrar, library, advising, student success, disabilities support, counseling, career, IT support, and student account services, an online University Wide Orientation, and online Program Community Sites. The Student Success Center provides individualized academic and non-academic success support to students who are either self-directed or referred by faculty. Such services include writing and scientific tutoring, study skills, academic success strategies and planning, and disabilities support and counseling services. The Career Center provides individualized and group services focused on career development and employment search, as well as a job board. Each department maintains a Program Community Site in the Canvas LMS for all students enrolled in its programs. These sites contain learning resources that cut across the program, access to selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

All students are provided Office 365 accounts, including access to an institutional electronic mailing system. IT support for electronic mail, Office 365 functions, the Student Information System, and other technologies is available to all students remotely. MUIH has licensed the Canvas Learning Management System (LMS) and embedded technology and web conferencing tools. All students have access to the Canvas LMS and 24/7 support through the Canvas Help Desk, and online tutorials and guides. These and other technologies have the capacity to scale with additional enrollments with little to negligible budgetary impact.

L. Adequacy of Financial Resources with Documentation

1. Table 1: Resources and Narrative Rationale

TABLE 1: RESOURCES					
Resource Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Reallocated Funds	\$0	\$0	\$0	\$0	\$0
2. Tuition/Fee Revenue (c + g below)	\$109,400	\$112,520	\$138,912	\$178,680	\$245,200
a. Number of F/T Students	0	0	0	0	0
b. Annual Tuition/Fee Rate	\$870/credit \$250 fee/ trimester	\$896/credit \$250 fee/ trimester	\$923/credit \$250 fee/ trimester	\$951/credit \$250 fee/ trimester	\$980/credit \$250 fee/ trimester
c. Total F/T Revenue (a x b)	\$0	\$0	\$0	\$0	\$0
d. Number of P/T Students (new students each year)	10	10	12	15	20
e. Credit Hour Rate (credits/student/year) (new students each year)	12	12	12	12	12
f. Annual Credit Hour Tuition/Fee Rate	\$870/credit \$250 fee/	\$896/credit \$250 fee/	\$923/credit \$250 fee/	\$951/credit \$250 fee/	\$980/credit \$250 fee/

	trimester	trimester	trimester	trimester	trimester
g. Total P/T Revenue (d x e x f)	\$109,400	\$112,520	\$138,912	\$178,680	\$245,200
3. Grants, Contracts & Other External Sources	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 – 4)	\$109,400	\$112,520	\$138,912	\$178,680	\$245,200

Revenue Narrative

- The enrollment assumptions for years 1 through 5 are 10, 10, 12, 15, and 20 new students, respectively, as shown in section C3. The projected intake is conservative to reflect the launch of a new program and a ramp-up in the later years. The projected intake is consistent with the enrollment history for a similarly structured PBC programs.
- Tuition rates reflect the per credit rate for FY20 in Year 1, and 3% increases each year for Years 2-5.
- There is a flat University Fee of \$250/trimester.
- Students will complete all 12 credits of the program in one year, based on the program design.
- There are no reallocated funds, grants, contracts, or other internal or external sources of revenue associated with the program.

2. Table 2: Program Expenditures and Narrative Rationale

Table 2: EXPENDITURES					
Expenditure Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Total Faculty Expenses (b + c below)	\$14,760	\$25,092	\$25,596	\$26,124	\$26,640
a. #FTE NOTE: #Credit Course Assignments (adjunct and salaried)	12	12	12	12	12
b. Total Salary NOTE: Based on MUIH starting mid-point adjunct compensation rate.	\$14,760	\$25,092	\$25,596	\$26,124	\$26,640
c. Total Benefits	\$0	\$0	\$0	\$0	\$0
2. Total Administrative Staff Expenses (b + c below)	\$6,500	\$6,686	\$6,877	\$7,074	\$7,278
a. # FTE	0.1	0.1	0.1	0.1	0.1
b. Total Salary	\$6,200	\$6,386	\$6,577	\$6,774	\$6,978
c. Total Benefits	\$300	\$300	\$300	\$300	\$300
3. Total Support Staff Expenses (b + c below)	\$4,300	\$4,420	\$4,544	\$4,671	\$4,802
a. # FTE	0.05	0.05	0.5	0.05	0.05
b. Total Salary	\$4,000	\$4,120	\$4,244	\$4,371	\$4,502

c. Total Benefits	\$300	\$300	\$300	\$300	\$300
4. Equipment	\$0	\$0	\$0	\$0	\$0
5. Library	\$500	\$200	\$0	\$0	\$0
6. New or Renovated Space	\$0	\$0	\$0	\$0	\$0
7. Other Expenses (Course development, marketing, overhead)	\$27,765	\$15,350	\$15,504	\$15,717	\$18,430
TOTAL (Add 1 - 7)	\$53,825	\$51,748	\$52,521	\$53,586	\$57,150

Expenditures Narrative

- Faculty will teach all 12 credits of the program in one year, based on the program design.
- Faculty salaries are based on MUIH's starting mid-point adjunct per credit compensation rate.
- There are no benefits paid to adjunct faculty.
- Direct administrative staff are projected to spend 10% of their time dedicated to this program. The salary and benefits reflect prorated annual amounts.
- Direct support staff are projected to spend 5% of their time dedicated to this program. The salary and benefits reflect prorated annual amounts.
- New Library expenditures to support the program have been budgeted at \$500 in Year 1 and \$200 in Year 2.
- There are no new or renovated equipment or space expenditures associated with this program.
- Other expenses include:
 - New course development: \$12,000 in Year 1
 - Course revision: \$2,000 in Year 4, \$1,000 in Year 5
 - Academic Program Review: \$1,000 in Year 5
 - Marketing: \$5,000 per year, for all five years
 - Overhead: 25% on all direct expenses

M. Adequacy of Provisions for Evaluation of Program

Assessment System: Assessment and evaluation of programs is conducted through a multi-faceted approach. The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty responsible for designing, delivering, and assessing learning outcomes are the primary drivers of assessment and evaluation of the program. They are supported by the Learning Outcomes Assessment Team (LOAT), which serves as an umbrella committee to guide and facilitate academic assessment initiatives, and the University Curriculum Committee. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, Dean of Academic Affairs, Provost, and Institutional Assessment Committee in gathering, interpreting, documenting, and using assessment results.

Academic Assessment Processes: Student learning outcomes assessment is governed by each programs' comprehensive Academic Assessment Plan. Such plans include program and course learning outcomes established during the initial development of the program and courses, respectively. These outcomes, the methods and timeline for their assessment, and use of assessment results for program and course improvement are part of the program's comprehensive assessment plan. The Annual Assessment Reports prepared by each program and the comprehensive five-year Academic Program Review process include an

analysis of student learning outcomes assessment and how such results have been used to improve the curriculum and instruction. Academic Assessment Plans, Annual Assessment Reports, and Academic Program Reviews are developed and executed by the faculty in each program, and reviewed by the Provost, Dean of Academic Affairs, and the Institutional Assessment Committee as a part of institutional assessment and planning activities.

Course Design: Centralized course design and development is guided by the Quality Matters rubric to ensure alignment of the stated course learning outcomes, assessments, activities, and instructional materials and resources. (Further details on assessment and evaluation in online courses are provided in Appendix C.) Faculty use an institutional master Syllabus Template to prepare their classes each trimester, and this template includes course learning outcomes and the alignment framework.

Student Retention: Student retention rates are calculated, monitored, and reported on an ongoing basis using an automated reporting system developed by the IT unit drawing upon course completion and student status stored in the Student Information System. This information is reviewed on a regular and periodic basis by the Provost, Dean of Academic Affairs, Associate Provost for Student and Alumni Affairs, Retention Committee, and Enrollment Management Committee.

Student Satisfaction: First, the IDEA Student Rating of Instruction tool and Campus Labs online platform are used by students to evaluate courses and faculty at the end of every trimester. IDEA is a nonprofit organization whose mission has been to provide assessment and feedback systems to improve learning in higher education. The IDEA tool meets the needed and desired criteria for a sustainable course evaluation system that was previously identified by the Learning Outcomes Assessment Team. Further, the IDEA system is based on 26 years of research and allows the institution to compare faculty performance within similar disciplines and among over 400 other universities. Second, the Provost holds program-specific Open Forums for enrolled students throughout the academic year. The feedback gathered during these sessions is used by the academic departments and faculty to make improvements in curriculum, instruction, and program administration. Third, periodic customer service surveys are conducted centrally for student-facing units such as the Library, Registrar's office, advising, Career Center, and Student Success Center.

Faculty Feedback and Evaluation: Faculty are evaluated annually by their department chair. Salaried faculty are evaluated against the annual teaching, research/scholarship, and service requirements specified in institutional policy. Adjunct faculty are evaluated based on teaching activities only. The results of IDEA course evaluations are used as a measure of teaching effectiveness. A Faculty Peer Review system provides salaried and adjunct faculty with formative and constructive feedback to improve their pedagogy. Faculty satisfaction and needs analysis are assessed through the annual Employee Satisfaction Survey and the periodic Faculty Professional Development Survey.

Cost-Effectiveness: The revenue-to-expense ratio of each academic program and academic service department is calculated at the end of each trimester. These ratios are reviewed by the President, Vice President for Finance and Administration, Provost, Dean of Academic Affairs, and academic department chairs and used to manage current year academic department budgets and plan for future years' budgets.

N. Consistency with the State's Minority Student Achievement Goals

MUIH seeks qualified applicants who have the maturity, commitment, and preparation necessary to take full advantage of the specialized studies offered in each of its programs of study. MUIH is committed to being, communicating, and educating in ways that recognize and honor the full range of human diversity. Each student, faculty, staff, and Board member strives to use language and manifest behavior that promotes inclusiveness and cultivates a positive learning community. Further, each student and faculty, staff, and board member is responsible for creating an atmosphere that supports all in growth and movement toward inclusiveness and the appreciation of diversity. MUIH is committed to broadening the diversity of student body, staff, administration, and Board members.

MUIH is an equal opportunity institution. Applicants for admission, employment, and financial aid are considered based on individual merit. No person is excluded from participation in, denied the benefits of, or subject to discrimination in any program or activity of MUIH on the basis of race, color, national or ethnic origin, gender, gender identity, sexual orientation, marital status, pregnancy, age, religion, disability, or any other characteristic protected by law. MUIH does not specifically recruit or advertise to any race, color, national or ethnic origin, gender, gender identity, sexual orientation, marital status, pregnancy, age, religion, or disability group; however, we find that the nature of our programs draws students from all races and backgrounds and countries.

O. Relationship to Low Productivity Programs Identified by the Commission

Not applicable

P. Adequacy of Distance Education Programs

At MUIH, online courses are considered to be those in which 100% of the teaching and learning process is conducted at a distance, while blended courses are those in which a significant portion of face-to-face instruction is replaced by online or other means of digitally enhanced teaching and learning. The proposed program will be offered primarily online. MUIH has successfully offered fully online courses and programs since 2013, as approved by both the Maryland Higher Education Commission and the Middle States Commission on Higher Education. Thus, MUIH is well versed in supporting teaching and learning via online and digitally enhanced modalities, and its principles and practices align with MHEC's Principles of Good Practice for Distance Education and comply with C-RAC's guidelines. These principles and practices will be incorporated into the design and delivery of the PBC in Narrative Health.

Appendix C provides a full description of how this program and others at MUIH comply with the Principles of Good Practice for Distance Education of MHEC and C-RAC.

Appendix A

Course Descriptions

NARR630 Narrative Health (3 credits)

Narrative Health applies Narrative Theory in the context of client care. Narrative health employs close reading, reflective writing, and witnessing to develop our ability to attend to, interpret, assimilate and be moved by the stories of those being served. These tools aid in the development of resilience and act as a deterrent in the loss of empathy for those attending to others.

NARR631 Expressive Writing and Poetic Care (3 credits)

Students learn various writing applications to aid the health and well-being of their constituents. Supported by faculty, individuals develop meaning from life transitions and stressors through the use of personal writing. Students explore evidence-informed practices that support the ability of writing to reduce anxiety and increase resilience.

NARR632 Personal Narrative (3 credits)

Working in small groups, students engage with one another's written work, searching together for what a work wants to be. Students employ Appreciative Inquiry to fully understand the narrative. The writer entertains questions and possibilities, drawing on what is already on the page rather than venturing into remote hypotheticals. This course allows the students to more fully develop their personal narrative and to discern that the material presented is telling the story its creator intends.

NARR633 Group Facilitation (3 credits)

Drawing on the experience of developing their own narrative through Appreciative Inquiry and empathetic peer review, students tailor individual and group Narrative Health facilitation plans for specific individuals and populations. Using the individual plans, students work with current clients to facilitate the creation of client health narratives. During the final weekend students utilize the group plans with their peers.

Appendix B Representative Faculty

1. Academic Administrators with Teaching Responsibilities

Diane Finlayson, M.A., PBC Expressive Writing

- Department Chair for Yoga Therapy, Ayurveda, and Narrative Health
- Faculty member in Yoga Therapy, Narrative Health
- Narrative Health Courses: NARR631, NARR632

Steffany Moonaz, Ph.D.

- Department Chair for Clinical and Academic Research
- Faculty member in Research, Yoga Therapy, Narrative Health
- Narrative Health Courses: NARR631, NARR632

2. Adjunct Faculty

Laurie Kovens, M.S.W., PBC Narrative Healthcare

- Adjunct Faculty, Narrative Health
- Narrative Health Courses: NARR630, NARR633

Appendix C

MUIH and Principles of Good Practice for Distance Education

1. Curriculum and Instruction

(i) A distance education program shall be established and overseen by qualified faculty.

MUIH faculty have Master's, doctoral, or professional degrees and academic, clinical, or practical expertise in the content areas of the courses they are assigned to teach. Online and blended programs are established and overseen through a collaborative process that includes such qualified faculty. Each program is led by an Academic Director or Program Director, who is also a faculty member. Larger programs include faculty positions such as Director of Academic Development and Division Chair, who lead particular academic aspects of their programs. Curriculum committees composed of faculty members exist in each academic department to oversee courses and programs, including those that involve online and blended delivery methods.

A comprehensive program review of each program in the University is conducted every five years, involving program faculty and using internal and external experts. The University Curriculum Committee, which includes representation from the Faculty Senate, provides integrated and institutional oversight of courses and programs, including online or blended offerings.

(ii) A program's curriculum shall be coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.

MUIH's curricula, regardless of delivery format, are designed in consultation with experts in the field, MUIH's qualified faculty, and external environmental scanning and workforce needs analyses to ensure coherence, cohesiveness, and academic rigor. The curriculum, learning outcomes, and academic expectations of faculty and students of a program, regardless of the delivery format, are the same and are overseen and approved by the same program faculty and curriculum committees. They are also overseen by the same University bodies including the University Curriculum Committee, Faculty Senate, Executive Management Committee, and the Board of Trustees.

(iii) A program shall result in learning outcomes appropriate to the rigor and breadth of the program.

Program learning outcomes are developed based on input from MUIH's qualified faculty and academic leaders, consultation with expert professionals in the field, and external environmental scanning and workforce needs analyses. The academic rigor and expectations of programs, regardless of their delivery format, are aligned with the nationally recognized standards specified by the Council of Graduate Schools and the Lumina Foundation's Degree Qualification Profile (DQP). The content, learning outcomes, rigor, depth, and breadth of programs, regardless of their delivery format, are also aligned with external program-specific accrediting and curriculum-guiding bodies, where available. These include the Council on Naturopathic Medical Education (CNME), Council of Chief Academic and Clinical Officers of the Association of Accredited Naturopathic Medical Colleges (AANMC), Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), Accreditation Council for Nutrition Professional Education (ACNPE), Board for Certification of Nutrition Specialists (BCNS), International Coach Federation (ICF), National Consortium for Credentialing Health and Wellness Coaches (NCCHWC), Certified Health Education Specialist (CHES)

examination of the National Commission for Health Education Credentialing (NCHEC), and International Association of Yoga Therapists (IAYT).

(iv) A program shall provide for appropriate real-time or delayed interaction between faculty and students.

Online and blended courses and programs are delivered using the Canvas Learning Management System (LMS). This platform supports asynchronous interaction between faculty and students through a variety of embedded tools. Faculty and students also have the opportunity for synchronous interaction using the Big Blue Button web conferencing system, which can be directly accessed from the Canvas online classroom.

MUIH develops its online and blended courses according to the “master course philosophy.” For each online and blended course, a master version is developed, with components and activities designed to foster ongoing engagement between faculty and students. These components include online asynchronous discussion forms and synchronous lectures, chats, and office hours. Appropriate asynchronous and synchronous interactions between faculty and students are designed and included in online and blended courses as guided by Standard 4 (Instructional Materials) and Standard 5 (Course Activities and Learner Engagement) of the Quality Matters Rubric.

(v) Faculty members in appropriate disciplines in collaboration with other institutional personnel shall participate in the design of courses offered through a distance education program.

MUIH uses a collaborative team approach to develop its online and blended courses. Faculty subject matter experts (SMEs) design, develop and offer online and blended courses appropriate to the mission and objectives of the program. Faculty SMEs are selected based on their discipline expertise, professional and teaching experience, and their completion of onboarding and training activities for online and blended faculty. Academic and Program Directors, who are also faculty members, lead the course development teams and guide and collaborate with the faculty SMEs.

The Center for Teaching and Learning (CTL) supports the faculty SMEs and academic departments in online and blended course development, and in teaching and assessing the quality of online and blended learning. The Center’s instructional designers, instructional technologists, digital learning specialists, multimedia specialists, and learning management system administrator are collaborative members of the online and blended course development teams. The Center’s Assistant Provost provides oversight and guidance for the course development teams, who are also supported by the Assistant Provost for Academic Assessment and Accreditation.

The University develops its online and blended courses according to the “master course philosophy,” developing and maintaining a master version of each online and blended course. The master version contains certain course components as determined by the University’s academic leadership, including the learning outcomes, a syllabus, content learning modules, reading assignments, key learning objects, and key assessment tools, thus ensuring consistency of delivery of online and blended courses and allowing more precise assessment across various occurrences/sections of online and blended courses. Each instructor of online and blended courses receives a copy of the master course and reviews it to determine whether any edits are necessary. The faculty then make all appropriate edits to the master course, and each instructor supplements the master course with his/her unique teaching materials, including discussion forums and other activities.

2. Role and Mission

(i) A distance education program shall be consistent with the institution's mission.

MUIH's mission is ... "A distinctive community of scholars, researchers, practitioners, and advocates, Maryland University of Integrative Health promotes whole person, relationship-centered healthcare. Through discovery and exploration, we deliver progressive educational programs, advance innovative clinical models, build mutually beneficial partnerships, and provide opportunities for fulfilling careers." All of MUIH's programs, regardless of their delivery method, are aligned with this mission and emphasize innovative and progressive practices and philosophies in the emergent fields of integrative health.

While such programs constitute the foundation and core of MUIH's academic offerings, they are unique among other colleges and universities across Maryland, the Mid-Atlantic region, and the United States. To ensure consistency with the university's mission, new programs are developed according to a process flowchart that emphasizes cross-functional input at early and frequent decision points, from initial exploration to program launch. In addition to faculty, academic program leadership, the Faculty Senate, and program and university curriculum committees, the Executive Management Committee provides a further level of oversight with respect to institutional mission alignment and the impact and integration of the curriculum with student affairs, admissions, marketing, budget and finance, facilities and technology, and legal and compliance issues.

(ii) Review and approval processes shall ensure the appropriateness of the technology being used to meet a program's objectives.

As part of the online and blended course development process, the development team conducts a review of technology needs and potential uses in the course and program. Technologies are selected for inclusion based on their ability to support the achievement of the course learning objectives, alignment with the discipline, and the principles of Standard 6 (Course Technology) and Standard 8 (Accessibility and Usability) of the Quality Matters Rubric.

All online and blended courses are designed with the support of instructional designers, instructional technologists, digital learning specialists, multimedia specialists, and learning management system administrators. These specialists assist faculty and the Academic and Program Directors in identifying and recommending the most effective learning technologies to facilitate and achieve the course's learning objectives. The Academic and Program Directors and the Assistant Provost of CTL use these recommendations to approve the inclusion of particular technologies in particular online and blended courses.

The adoption of new learning technologies across the curriculum is considered by the Academic Leadership Council (ALC) in collaboration with the Director of Information Technology. The ALC is composed of the Provost, all Associate and Assistant Provosts, and all of the Academic and Program Directors, who are faculty members.

3. Faculty Support

(i) An institution shall provide for training for faculty who teach with the use of technology in a distance education format, including training in the learning management system and the pedagogy of distance education.

Faculty developing and teaching online and blended courses are supported by CTL (The Center for Teaching and Learning), which provides both group and one-on-one support. CTL recognizes the central role of teaching and learning at MUIH and its deep commitment to academic excellence. Its activities and initiatives, designed to enhance students' learning experience and support faculty teaching excellence in all disciplines and formats, include: fostering quality and innovation in pedagogical approaches, the meaningful use of technology in teaching and learning, the role of assessment in teaching and learning, the scholarship of teaching and learning, and the application of learning science and research.

CTL comprises an integrated set of units: the digital learning team of instructional designers, instructional technologists, digital learning specialists, and multimedia specialists; the learning management system (LMS) administration team; the faculty onboarding and engagement team; and the faculty professional development team. It is led by an Assistant Provost, who provides oversight for all online and blended course developments and for faculty training and professional development.

Before beginning their first online or blended course development or teaching assignment, MUIH requires faculty to complete the Best Practices in Online/Blended training focused on online pedagogy/andragogy, the Canvas LMS training, Big Blue Button web conferencing training, and one-on-one consultation tailored to their individualized needs, all provided by CTL. These faculty are also provided the Quality Matters Rubric as a guiding resource and access to 24/7 support through the Canvas Help Desk. Faculty developing and teaching online and blended classes also have with ongoing opportunities for professional development through various face-to-face and online webinars, workshops, trainings, and conferences.

(ii) Principles of best practice for teaching in a distance education format shall be developed and maintained by the faculty.

MUIH's principles of best practice for developing and teaching online and blended courses are based on nationally recognized research-based standards, including those of Quality Matters, the Online Learning Consortium (OLC), EDUCAUSE, WICHE Cooperative for Educational Technologies (WCET), National University Technology Network (NUTN), the Middle States Commission on Higher Education, and the Council of Regional Accrediting Commissions (C-RAC). Ongoing opportunities for the dissemination of best practices in online and blended course development and teaching are coordinated jointly by CTL and the Faculty Development subcommittee of the Faculty Senate. Such opportunities include the Annual All Faculty Meeting, the Faculty Explorations Webinar Series, program-specific faculty meetings, and informal faculty peer review, shadowing, and mentoring activities. These activities highlight the best practices of MUIH's faculty teaching online and blended courses in areas such as differential pedagogies for face-to-face, online, blended, and digitally-enhanced teaching and learning; student learning outcomes assessment; strategies that foster student engagement; and the effective use of the Canvas LMS and other learning technologies.

(iii) An institution shall provide faculty support services specifically related to teaching through a distance education format.

Faculty who teach online and blended courses are provided the extensive training and support specifically related to online and blended teaching that are detailed in section 3.i. In addition, they have access to the same support services as faculty who teach face-to-face classes.

Through online and other digital means, CTL's faculty onboarding and engagement team provides support to online and blended course faculty through their transition from recruitment and hiring, to onboarding and orientation, to teaching and university engagement. Faculty teaching online and blended courses have online and other remote access to the university's library, student academic advising office, student academic support office, student information system, Registrar, academic program leadership and support staff, human resources office, and 24/7 Canvas support. Through online and other remote means, faculty teaching online and blended courses have the opportunity to participate in ongoing university activities such as the All Staff, Faculty Senate, and academic program meetings; faculty journal club; academic, administrative, and search committees and working groups; and trainings and professional development activities.

4. Appropriate Learning Resources

(i) An institution shall ensure that appropriate learning resources are available to students including appropriate and adequate library services and resources.

Students enrolled in online and blended courses have online and other remote access to the Library, Student Academic Support office, and Program Community Sites. The University provides online support for faculty and students with an enhanced integrated and online library system, and the Library continues to expand to support all modalities of teaching and learning as well as enrollment growth. The Library's computerized systems and licensing agreements with vendors permit access to online and open-access journals and other free Internet resources, as well as selected journal articles from individual subscriptions and from the Library's EBSCO host databases. The Library uses the National Library of Medicine's Docline service for document delivery. When the Library does not own an article, it can be obtained in a timely manner for faculty and students through the Library's use of Docline. The Library also conducts the MUIH550 Academic Research and Scholarship non-credit course that required of all students during their first trimester at MUIH; this course is available online to all students.

All Canvas classrooms contain a direct link to the Library. In addition, each department maintains a Community Site in the Canvas LMS for all students enrolled in its programs. These sites contain learning resources that cut across the program, access to a selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

The Student Academic Support office conducts the online University Wide Orientation, which provides an introduction to academic resources. The office also provides individualized academic success support to students who are either self-directed or referred by faculty. Such services include writing and scientific tutoring, study skills, and academic success strategies and planning.

5. Students and Student Services

(i) A distance education program shall provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions

about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and costs and payment policies.

MUIH's public website (www.muih.edu) and password-protected portal (MyMUIH) provide all students with information regarding their curriculum, course and degree requirements, tuition and fees, payment policies and procedures, financial aid resources, academic advising and support services, and all university academic policies. The website and portal also provide information about online and blended course expectations, technical skills, hardware and software requirements for online and blended courses, and access to the Canvas LMS, tutorials, and 24/7 help desk. These aspects are also provided in the online University Wide Orientation and students' academic program online orientation, both of which are required for new online and blended learning students, as well as students' online Program Community Site. MUIH's online and blended courses are also designed to provide access to such information through the Syllabus and course information, as specified by Standard 1 (Course Overview and Introduction) and Standard 7 (Learner Support) of the Quality Matters Rubric.

(ii) Enrolled students shall have reasonable and adequate access to the range of student services to support their distance education activities.

MUIH's public website (www.muih.edu) and password-protected portal (MyMUIH) provide all students with information regarding student services including registration dates and processes, disability support services, student complaint and grievance processes, graduation and commencement application and review, textbook and instructional material purchasing, as well as all university administrative policies. This information and access are also provided in the online University Wide Orientation and students' academic program online orientation, both of which are required for new online and blended learning students, as well as students' online Program Community Site. MUIH's online and blended courses are also designed to provide access to such information through the Syllabus and course information, as specified by Standard 1 (Course Overview and Introduction) and Standard 7 (Learner Support) of the Quality Matters Rubric.

(iii) Accepted students shall have the background, knowledge, and technical skills needed to undertake a distance education program.

The same admissions requirements and criteria apply to all students in a particular program, regardless of the program's delivery format. Prior to admission, prospective students are invited to participate in open houses, webinars, and interviews to learn about the nature of online and blended courses and to determine whether the online learning environment is suitable to their circumstances and learning style. All new students are required to complete the online MUIH550 Academic Research and Scholarship non-credit course and the online University Wide Orientation, which includes an introduction to the university's academic resources, academic success and planning strategies, and strategies for being a successful online student.

(iv) Advertising, recruiting, and admissions materials shall clearly and accurately represent the program and the services available.

All relevant program information is kept up-to-date on the university's public website (www.muih.edu); print, online, social, and broadcast media; open house presentations and materials; online informational webinar presentations; campus visitation materials; and information tables at off-campus education fairs and conferences.

6. Commitment to Support

(i) Policies for faculty evaluation shall include appropriate consideration of teaching and scholarly activities related to distance education programs.

The criteria for faculty appointment, evaluation, rank, and promotion are the same regardless of the delivery method in which the faculty member teaches. With respect to faculty workload and the number of credits taught annually, online or blended courses are weighted the same as face-to-face instruction. Faculty, including ranked faculty, who teach online or blended courses are eligible and encouraged to participate in scholarly activities, including those related to distance education.

(ii) An institution shall demonstrate a commitment to ongoing support, both financial and technical, and to continuation of a program for a period sufficient to enable students to complete a degree or certificate.

The University's five-year strategic plan includes innovative course and program delivery formats such as online, blended, and digitally-enhanced learning to provide flexible and accessible programs. The university's budget, directly linked to its strategic plan and approved annually by the Board of Trustees, outlines all resource requirements (financial, personnel, administrative, support, compliance, and technical) to maintain and grow. As part of its commitment to the sustainability of online and blended teaching and learning, MUIH maintains a rolling annual online and blended course development schedule. It adheres to the nationally recognized Hallmarks of the Excellence in Online Leadership specified by the University Professional and Continuing Education Association (UPCEA) and the Quality Scorecard: Criteria for Excellence in the Administration of Online Programs specified by the Online Learning Consortium (OLC).

In the event that the University decides to cease admitting students for an academic program, it will ensure that courses continue to be offered to allow students already enrolled in that program to complete their degree or certificate.

7. Evaluation and Assessment

(i) An institution shall evaluate a distance education program's educational effectiveness, including assessments of student learning outcomes, student retention, student and faculty satisfaction, and cost-effectiveness.

MUIH administers a standardized online student evaluation process at the end of each trimester for all courses, using the IDEA course evaluation tool and Campus Labs online platform. Individual faculty members may also add course-specific items to the standardized evaluation instrument. Faculty members have access to the results of their student course evaluation results. Academic and Program Directors also have access to the student course evaluation results of the faculty teaching courses in their department/program. The Directors review and discuss these results with faculty on an ongoing basis, and use these results to guide referrals of faculty for additional support, future staffing assignments, and recommendations for appointment, rank, and promotion.

When an online or blended course first launches, the design team continually monitors it, and consults with the instructors and Academic and Program Directors to make adjustments to the course as needed. Academic and Program Directors, in collaboration with faculty in their department/program, review the curriculum, learning objectives, and learning outcome results of all courses, regardless of the delivery format, on an annual basis. Any needed substantive curricular changes are reviewed and approved by the faculty, department curriculum committee, and University curriculum committee. Any needed changes to the online or blended course Syllabus, course structure, learning modules, activities, instructional materials, or assessments are reviewed with CTL, and placed on the university's annual online and blended course development schedule.

Enrollments and retention rates for all programs, specific to each delivery format, and their impact on the university's budget are tracked and analyzed on an ongoing basis by the university's Vice Presidents, Associate Vice President for Enrollment Management, and the Academic and Program Directors. The results of comprehensive exams and projects, clinical evaluations, portfolios, peer-to-peer evaluations, patient outcomes and feedback, licensure examinations, and graduate surveys for all programs, specific to each delivery format, are also tracked and analyzed. The results of all such reports are used to make adjustments as needed in online and blended courses and programs with respect to curriculum, course development, student and faculty support, staffing, library and technology resources, marketing, recruitment and admissions, tuition/fees and budget, new course and program development, and course and program discontinuation.

(ii) An institution shall demonstrate an evidence-based approach to best online teaching practices.

MUIH's principles of best practice for developing and teaching online and blended courses are based on nationally recognized research-based standards, including those of Quality Matters, the Online Learning Consortium (OLC), EDUCAUSE, WICHE Cooperative for Educational Technologies (WCET), National University Technology Network (NUTN), the Middle States Commission on Higher Education, and the Council of Regional Accrediting Commissions (C-RAC). CTL and the academic leadership continually participate in professional development activities to keep abreast of evidence-based approaches in online and blended teaching and learning practices. When appropriate, such opportunities are also provided to faculty. These online and blended teaching practices are then incorporated into faculty, student, and course development practices conducted by CTL, the Faculty Senate, and academic programs.

(iii) An institution shall provide for assessment and documentation of student achievement of learning outcomes in a distance education program.

Online and blended courses are included in the university's overarching academic assessment plan. Expected student learning outcomes are clearly stated centrally and in syllabi at the course and programmatic levels, and are the same for each course regardless of the delivery format of each section of the course. With MUIH's master course philosophy, consistent delivery of certain content and utilization of common key assessment tools allows more precise learning outcomes assessment across various occurrences or sections of the online course. As part of the standard online and blended course design process at MUIH, course assessments are required to be aligned with the stated course learning outcomes, as specified by Standard 2 (Learning Objectives/Competencies) and Standard 3 (Assessment and Measurement) of the Quality Matters Rubric.

The Academic and Program Directors, in collaboration with the Learning Outcomes Assessment Team (LOAT), Assistant Provost for Academic Assessment and Accreditation, and Assistant Provost of CTL

compare attainment of course and programmatic learning objectives by students in online, blended, and face-to-face courses, reporting this data to the Provost to ensure its inclusion in continuous assessment of the University's courses and programs. Any needed changes to the online or blended courses, revealed by learning outcome discrepancies with the face-to-face instances of the same course, are reviewed with CTL, and placed on the university's annual online and blended course development schedule.

Addendum

Maryland Higher Education Commission Proposal for New Instructional Program

Post-Baccalaureate Certificate in Narrative Health Maryland University of Integrative Health

Appendix B Representative Faculty Updated 6/12/19

1. Academic Administrators with Teaching Responsibilities

Diane Finlayson (fulltime)

- Credentials
 - M.F.A. Creative Writing, Mississippi University for Women (Candidate)
 - M.L.A. Ayurveda in America, Johns Hopkins University
 - Yoga Therapy 1000 hour certificate, Integrative Yoga Therapy
 - Therapeutic Yoga Teacher, Advanced - 500 hour, Integrative Yoga Therapy
 - Therapeutic Yoga Teacher - 200 hour, Integrative Yoga Therapy
- Department Chair for Yoga Therapy, Ayurveda, and Narrative Health
- Faculty member in Yoga Therapy, Narrative Health
- Narrative Health Courses: NARR631, NARR632

Steffany Moonaz (fulltime)

- Credentials
 - Ph.D. Public Health, Johns Hopkins University
 - Registered Yoga Teacher, Yoga Alliance
 - Certified Movement Analyst, Laban Institute for Movement Studies
- Department Chair for Clinical and Academic Research
- Faculty member in Research, Yoga Therapy, Narrative Health
- Narrative Health Courses: NARR631, NARR632

2. Adjunct Faculty

Laurie Kovens (part time)

- Credentials
 - M.A. Writing and Narrative Healthcare, Lenoir-Rhyne University (Candidate)
 - Master of Social Work, University of Maryland
 - Clinical Supervision Certificate, National Association of Social Workers
 - Licensed Clinical Social Worker
- Adjunct Faculty, Narrative Health
- Narrative Health Courses: NARR630, NARR633