

MARYLAND HIGHER EDUCATION COMMISSION
ACADEMIC PROGRAM PROPOSAL

PROPOSAL FOR:

- NEW INSTRUCTIONAL PROGRAM
 SUBSTANTIAL EXPANSION/MAJOR MODIFICATION
 COOPERATIVE DEGREE PROGRAM
 WITHIN EXISTING RESOURCES or REQUIRING NEW RESOURCES

(For each proposed program, attach a separate cover page. For example, two cover pages would accompany a proposal for a degree program and a certificate program.)

Maryland University of Integrative Health

Institution Submitting Proposal

Fall 2018

Projected Implementation Date

Post Baccalaureate Certificate

Award to be Offered

1299.20

Suggested HEGIS Code

Health Promotion

Department of Proposed Program

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Workplace Wellness

Title of Proposed Program

51.2207

Suggested CIP Code

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Signature and Date

October 25, 2017

Date

President/Chief Executive Approval

Date Endorsed/Approved by Governing Board

**Maryland Higher Education Commission Proposal
for New Instructional Program**

**Post-Baccalaureate Certificate in Workplace Wellness
Maryland University of Integrative Health**

Maryland University of Integrative Health (MUIH) proposes the creation of a new Post-Baccalaureate Certificate (PBC) in Workplace Wellness, within their Health Promotion program area. This will be a one-year (three trimesters), fully online program, effective Fall 2018.

A. Centrality to Institutional Mission Statement and Planning Priorities

1. Program description and alignment with mission

The mission of Maryland University of Integrative Health (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.

Our vision 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 medicine such as acupuncture, 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 2647 wellness professionals and has a current, annual unduplicated headcount enrollment of 1754 graduate students.

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.

Health promotion, “the process of enabling people to increase control over, and to improve, their health,”¹ emphasizes interventions that increase knowledge and learning about their health. A workplace wellness program is “an employment-based activity or employer-sponsored benefit aimed at promoting health-related behaviors ... and disease management.”² Many organizations are interested in these approaches because of their potential to increase employee productivity and morale and to decrease healthcare costs.

The proposed PBC in Workplace Wellness offers graduate-level training and knowledge concerning corporate health, and development and implementation of health and wellness programming in the employer setting. As a stand-alone certificate, the three-trimester program can provide a complementary add-on to other MUIH degrees; it may also be used for beginning preparation for the Certified Health Education Specialist (CHES) exam; and it offers an opportunity to achieve advanced standing for the M.S. in Health Promotion.

As with all MUIH programs, the emphasis on establishing rapport with the client and developing a “healing presence” will be integrated into this program. 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 certificate will continue to advance MUIH’s leadership in the emerging wellness system.

2. Priority and support of institutional strategic goals

The creation of the Workplace Wellness certificate 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 creation of this program supports goals and objectives in the University’s strategic plan and 2017-2018 strategic action plan:

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

¹ World Health Organization, “Health Topics: Health Promotion,” http://www.who.int/topics/health_promotion/en/. Retrieved August 15, 2017.

² Mattke, Soeren, et al., “A Review of the U.S. Workplace Wellness Market,” Rand Corporation, 2013.

- 2017-2018 Strategic Priority 2G: Launch new and revised academic programs for 2018-2020.

The proposed certificate 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. According to the Centers for Disease Control and Prevention (CDC), 159 million Americans currently spend over one-third of their day at work, at least five days a week. Many employers are increasing their wellness offerings and commitment to supporting the health of their employees in order to reduce costs and improve employee productivity, resilience, and satisfaction.³ This provides an opportunity and need for competent, well-trained professionals to play a vital role in the national transformation from disease-focused health care to a wellness-based model focused on prevention and education in the workplace. MUIH has created this program in keeping with its existing strategies around evidence-based health behavior modification, with a distinctive relationship-centered philosophy for maximizing positive behavior change.

The Workplace Wellness certificate will provide additional educational and career opportunities for professionals in a variety of fields, including employee health nurses and occupational health workers as well as others who need expertise in workplace wellness, such as human resource professionals, personnel directors, safety department personnel, health care insurance professionals, and upper-level management. Focusing specifically on the workplace setting for health promotion activities and building student competencies around program needs assessment, development, and evaluation will increase their marketability among organizations that desire to implement such programs to improve health and reduce costs.

The workplace wellness model, as with all of the disciplines at MUIH, is prevention- and education-oriented, nature-based, community-focused and relationship-centered. The proposed certificate in Workplace Wellness expands and complements MUIH's curricular content and diversifies career options for graduates. It will help to enhance existing programs by offering opportunities for adding to other degrees, as well as for concentration within or advanced standing in existing degrees.

B. Adequacy of Curriculum Design and Delivery to Related Learning Outcomes

The proposed PBC in Workplace Wellness is a three-trimester, six-course (13-credit) program designed for human resource and employee assistance specialists, personnel directors, employee health nurses, occupational health workers, safety department personnel, health care insurance professionals, upper-level management, health educators, life coaches, fitness instructors, and other healthcare professionals with a strong interest in health and wellness. It will prepare them with the skills to institute research-based workplace wellness practices in a multitude of settings including corporations, schools, health facilities, physicians' offices, private practice, and county, state and federal workplaces. The program will teach students how to create sustainable behavior changes in order to have a powerful impact on individuals or

³ CDC, "Workplace Health Model," <https://www.cdc.gov/workplacehealthpromotion/index.html>. Retrieved August 25, 2017.

organizations to support positive lifestyle choices. Students will gain the knowledge and understanding to articulate the mechanisms among psychological, social, and environmental factors and formulate practical applications for innovative integrative health promotion programs in the workplace setting.

1. Courses and program requirements

The curriculum for the certificate program is designed to establish an understanding of workplace wellness, the principles and practices of health behavior and self-care, and the principles of health education. Students also learn the components of program needs assessment and planning, fundamentals of practice, and effective program evaluation.

Prospective students for the program will have completed an undergraduate degree in keeping with the requirements for all MUIH programs. In addition to the PBC, the courses may be shared by other programs at the university as electives or required courses.

The certificate was built predominantly from courses already in place in the Master of Science in Health Promotion, which is aligned with the seven competencies of health education and health promotion needed to sit for the CHES (Certified Health Education Specialist) exam: assessment, planning, implementation, evaluation and research, administration and management, serving as a resource, and communication and advocacy.⁴ These competencies delineate the essential skills for any type of health program, including community health and workplace wellness.

The curriculum also includes two new courses – IHED 633 A Culture of Wellness: Introduction to Workplace Wellness and IHED 635 Workplace Wellness: Fundamentals of Practice. Full course descriptions are provided in Appendix A.

Requirements for the Workplace Wellness PBC program include 13 credits taken over one year (three trimesters):

Trimester 1	
IHED 633 A Culture of Wellness: Introduction to Workplace Wellness*	1.5 credits
IHED 637 Principles and Practices of Health Behavior and Self Care	1.5 credits
Trimester 2	
IHED 621 Communication Strategies in Health Education	3.0 credits
IHED 626 Health Education Needs Assessment and Integrative Program Planning	3.0 credits
Trimester 3	
IHED 635 Workplace Wellness: Fundamentals of Practice*	2.0 credits
IHED 623 Health Education Program Evaluation	2.0 credits
Total Credits for Post-Baccalaureate Certificate	13.0 credits

*New course

⁴ See https://www.nchec.org/assets/2251/hespa_competencies.pdf.

This required coursework aligns with the seven CHES competencies as follows:

Area I: Assess Needs, Resources, and Capacity for Health Education	IHED 626
Area II: Plan Health Education/Promotion	IHED 626
Area III: Implement Health Education/Promotion	IHED 637
Area IV: Conduct Evaluation and Research Related to Health Education/Promotion	IHED623
Area V: Administer and Manage Health Education/Promotion	IHED635
Area VI: Serve as a Health Education/Promotion Resource Person	IHED637 and IHED633
Area VII: Communicate, Promote and Advocate for Health, Health Education/Promotion, and the Profession	IHED621

In addition to a stand-alone option, the proposed certificate may apply to advanced standing for the M.S. in Health Promotion, as described below.

Advanced Standing for M.S. in Health Promotion

The Master of Science in Health Promotion requires a total of 33-34 credits and includes a choice of area of concentration in Community Health Education or Workplace Wellness. Students with the proposed certificate who have chosen the Workplace Wellness area of concentration will have completed eight credits of required courses: IHED 621, IHED 623, and IHED 626. In addition, students' completion of IHED 633 and IHED 637 (totaling three credits) will exempt them from the related course, IHED 620 Health Behavior and Health Education (two credits). Students would also be exempt from IHED 675 Business of Workplace Wellness (1.5 credits), due to their completion of IHED 635 Workplace Wellness: Fundamentals of Practice (2 credits).

Completion of the proposed certificate in Workplace Wellness would thus qualify students for nine credits of advanced standing for the M.S. in Health Promotion with an AOC in Community Health, or 10.5 credits if the AOC of Workplace Wellness is chosen. Remaining requirements for the M.S. would not change.

2. Educational objectives and student learning outcomes

Students who complete the PBC in Workplace Wellness will:

- Have the skills to effectively educate employees to initiate and maintain behavioral changes that support health and wellness, and be able to:

- Articulate best practices in integrative workplace wellness program creation from a business and leadership perspective.
 - Assess diverse population needs relevant to workplace wellness program design.
 - Design and plan integrative workplace wellness programs with tools and resources that build comprehensive skill sets.
 - Implement effective and sustainable workplace wellness programs from an evidence base of best practices by creating health-maintenance activities, and managing their progress and accountability.
 - Evaluate workplace wellness programs and speak the business language of the business of workplace wellness with various levels of employees and organizational leadership.
 - Have the skills to administer and manage workplace wellness programs.
- Have an evidence-based understanding of employee health and wellness that integrates traditional, complementary and conventional medicine, as well as self-care practices, and be able to:
 - Articulate the inter-relationship between psychological, social, and biological processes.
 - Evaluate the evidence base for integrative health and wellness approaches in workplace wellness.
 - Articulate the various roles played in related careers by workplace wellness professionals.
 - Have the skills to succeed professionally as a workplace wellness professional and contribute to the overall field of workplace wellness.

3. General education requirements

Not applicable.

4. Specialized accreditation or graduate certification requirements

Not applicable. (As described in Section B, certificate courses are aligned with requirements to sit for the CHES exam, but are not sufficient in themselves.)

5. Contractual agreement with other institutions

MUIH utilizes a three-pronged approach to identifying and establishing contractual agreements with other institutions. First, the Provost's office, academic program leadership, Office of Academic Partnerships, and Office of Admissions work collaboratively to develop and maintain articulation agreements and memoranda of understanding with other institutions, organizations, and employers to facilitate pathways to enrollment. Second, the Director of Academic Partnerships functions on a global level to actively identify and pursue partnerships that could lead to multiple academic placements as well as opportunities for partnership in research and curriculum. Third, using a more focused approach, each academic department actively fields external solicitations for partnership and works in collaboration with the Office of Academic Partnerships to ensure a streamlined process for

formalizing placements. Once placements have been identified and vetted through MUIH's administrative and academic leadership, the placements are properly established via contractual agreements that outline the specifics of the placements.

Staffing that supports these partnerships includes:

- Christina Sax, Provost and Vice President for Academic and Student Affairs
- Chad Egresi, Interim Vice President for Enrollment Management
- James Snow, Dean of Academic Affairs
- Alexandra York, Director of Academic Partnerships
- Claudia Joy Wingo, Program Director for Health Promotion Programs
- Janet Padgett, Program Director for Acupuncture and Oriental Medicine Doctoral Programs
- Rhonda Sapp, Associate Director for Acupuncture and Oriental Medicine Programs
- Michael Tims, Academic Director for Herbal Medicine
- Elizabeth Owens, Manager of Experiential Programs Nutrition and Integrative Health
- Aimee McBride, Clinic Coordinator, Yoga Therapy Program
- Robert Brooks, Coordinator, Career Services

A sample agreement that serves as a template for partnering with other institutions can be found in Appendix B.

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

1. Demand and need for the program

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 2022.⁵ 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 2025.⁶ 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."⁷

⁵ 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>.

⁶ 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>.

⁷ A. Shapiro, "What's Driving Medical-Care Spending Growth?" Federal Reserve Bank of San Francisco, 2013.

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 Western medicine. A 2013 McKinsey and Company report called the wellness industry “a demographic sweet spot of enormous potential” and calculated this market as close to \$16.5 billion per annum.⁸

Individuals often use integrative health approaches to improve health and wellbeing⁹ or to relieve symptoms associated with chronic diseases or the side effects of conventional medicine.¹⁰ In the U.S., most persons who use complementary health approaches do so to complement conventional care, rather than as a replacement.¹¹

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.¹² 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 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 2015.¹³

Traditional health care organizations, employers, and regulators are responding to increased consumer demand for integrative health therapies.¹⁴ In 1999, only 7.7% of hospitals offered

⁸ P. Cloos, et al., “Healthy, Wealthy, and (Maybe) Wise: The Emerging Trillion-Dollar Market for Health and Wellness,” McKinsey and Company, 2013.

⁹ 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.

¹⁰ 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.

¹¹ 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.

¹² 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.

¹³ Report Linker, Alternative Medicine Industry: Market Research Reports, Statistics and Analysis. <https://www.reportlinker.com/>.

¹⁴ B. Horrigan, “Integrative Medicine Best Practices: Introduction and Summary.” Bravewell Collaborative, 2007.

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. In fact, allopathic health care providers are personally using integrative therapies at an increased rate.¹⁵

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.¹⁶ 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.¹⁷

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,¹⁸ and in an analysis of research from medical literature, data from corporate wellness programs, and pilot projects at insurance companies.¹⁹ 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.²⁰ 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 in the U.S.²¹ MUIH's programs, including the workplace wellness certificate program, prepare individuals to provide such integrative health care.

Workplace Wellness

The Centers for Disease Control and Prevention (CDC) notes, "Many businesses have realized the benefits of health promotion, and to curb the costs of rising health care offer workplace health programs to their employees. Ideally, the office should be a place protecting the safety and well-being of employees while providing them with opportunities

¹⁵ 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.

¹⁶ 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.

¹⁷ 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.

¹⁸ P. Herman, et al., "Are Complementary Therapies and Integrative Care Cost-Effective? A Systematic Review of Economic Evaluations," *BMJ Open* 2(5): e001046, 2012.

¹⁹ E. Guarneri, B. Horigan, and C. Pechura, "The Efficacy and Cost-Effectiveness of integrative Medicine," The Bravewell Collaborative, 2010.

²⁰ The Advisory Board, "Build Your Workforce from the Outside-In," 2016.

²¹ "Health Professions: Capitalizing on Creative Disruption," COE Forum Industry Futures Series, Education Advisory Board, 2017.

for better long-term health. A workplace health program aimed at keeping employees healthy is a key long-term human asset management strategy." Such workplace programs "consist of activities such as health education and coaching, weight management programs, medical screenings, on-site fitness programs, and more. [They] also include policies intended to facilitate employee health, including allowing time for exercise, providing on-site kitchens and eating areas, offering healthful food options in vending machines, holding 'walk and talk' meetings, and offering financial and other incentives for participation. Effective workplace programs, policies, and environments that are health-focused and worker-centered have the potential to significantly benefit employers, employees, their families, and communities."²²

Employer interest and participation have grown as evidence accumulates of the financial value of workforce wellness programs, which have been shown to save money "both in direct medical payments and indirect costs resulting from absenteeism and presenteeism."²³ This value is becoming increasingly evident with the current aging of the workforce and rise in chronic diseases and conditions. As a result, "many businesses are taking a holistic approach to health by offering wellness programs to their employees....Through the social and organizational support structures of the workplace, wellness programs can be integrated effectively into the lives of a demographically shifting workforce that is steadily growing less healthy. Because more than 60% of Americans obtain their health insurance coverage through an employment-based plan, employee wellness programs are uniquely positioned to respond to the varied health needs of a multigenerational workforce."²⁴

MUIH is especially well positioned to support such holistic approaches. Its commitment to the advancement and evolution of knowledge in the emerging field of wellness, relationship-centered healthcare, understanding of complementary and integrative medicine, and collaborative teamwork to support individual and collective health are central to the success of models for workplace wellness. It already has significant programs and faculty expertise in related areas, including an area of concentration in the Health Promotion M.S. program. MUIH is well prepared to offer and support this important certificate.

2. Consistency with the Maryland State Plan for Post-Secondary 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 (*Maryland Ready: The 2013-2017 Maryland State Plan for Postsecondary Education*).²⁵

Quality and Effectiveness

Goal 1 of the 2013-2017 Maryland State Plan for Postsecondary Education is to "enhance Maryland's array of postsecondary institutions and programs, which are recognized nationally and internationally for academic excellence, and more effectively fulfill the evolving educational needs of its students, the State, and the nation." By

²² Centers for Disease Control and Prevention (CDC), "Wellness at Work," <https://www.cdc.gov/features/workingwellness/index.html>. Retrieved August 16, 2017.

²³ Anderko, Roffenbender, Goetzl, Wildenhaus et al., "Promoting Prevention through the Affordable Care Act: Workplace Wellness." *Preventing Chronic Disease* 2012, https://www.cdc.gov/pcd/issues/2012/12_0092.htm.

²⁴ Anderko et al.

²⁵ http://mhec.maryland.gov/Documents/MHECStatePlan_2014.pdf.

offering the certificate in Workplace Wellness, MUIH will add to its portfolio of programs that position Maryland as a national leader in the healthcare industry, build on its existing expertise in health promotion and health coaching, and further the State's goal of helping citizens expand their knowledge and supporting their personal, professional, and intellectual advancement in this emerging field. The focus on the workplace will address a state and national need that is increasingly recognized by employers and employees.

Economic Growth and Vitality

Goal 5 of the Maryland State Plan for Postsecondary Education is to "stimulate economic growth, innovation, and vitality by supporting a knowledge-based economy, especially through increasing education and training and promoting the advancement and commercialization of research." As the State Plan observes, "An educated workforce that can adapt to changes in the global market is a vital resource in creating and attracting new businesses and in supporting a healthy, knowledge-based economy." The proposed program addresses this goal by educating professionals, providing substantive, research-based curricula and an academic credential that is useful to a variety of professional positions.

Workforce wellness is a long-term area of public interest that continues to grow with support from insurers and government as well as individual employers. National health laws developed under the Patient Protection and Affordable Care Act include workplace wellness programs. Such programs are likely to continue to grow even if national legislative policy changes, since they are supported by a wide range of foundation and private-sector sources as well as state and local initiatives.

In Howard County, "Healthy Howard,"²⁶ a nonprofit organization based in Columbia, is an example of public interest and involvement in Maryland and of the varied sources of support such programs invite. Healthy Howard focuses on improved access to health care, promotion of healthy lifestyles, and care coordination including strong community partnerships. It includes a "Healthiest Maryland Businesses" program encouraging workplace wellness programs and policies and providing toolkits for program implementation. Partners include the Howard County Health Department, Howard County Department of Citizen Services, Maryland Department of Health and Mental Hygiene, Maryland Health Benefit Exchange/Maryland Health Connection, and the Horizon Foundation. The proposed Workplace Wellness PBC is also aligned with the health and economic growth and vitality mission of other Howard County nonprofit organizations such as the Community Foundation of Howard County and the Howard County Local Health Improvement Coalition, in both of which MUIH staff and representatives are active participants.

²⁶ <http://www.healthyhowardmd.org/>.

D. Quantifiable and Reliable Evidence and Documentation of Market Supply & 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. BLS employment statistics for the period 2004-2014 show exceptionally strong growth in employment in the health care sector, and that sector "is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations, adding about 2.3 million new jobs ... more jobs than any other group of occupations."²⁷ Maryland's Department of Labor also predicts exceptional job growth in this area, exceeding 27 percent for the decade 2014-2024.²⁸ While this includes growth in direct medical services such as hospital care, it is also 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 early intervention even more important for employers.

As a result of all these factors, workplace wellness initiatives are now part of most human resource benefits strategies, using health professionals to encourage overall lifestyle wellness and to target specific behaviors such as exercise, nutrition, smoking, and weight loss.

The 2012 *Workplace Wellness Initiatives* survey conducted by the Society for Human Resource Management (SHRM) found that 55% of responding employers offered workplace wellness programs.²⁹ Of those, 85% indicated an interest in expanding or improving their programs in the next one to three years. Among those that did not offer programs, 69% indicated an interest in developing programs in the next one to three years. A 2013 study sponsored by the U.S. Department of Labor found that "workplace wellness programs have emerged as a common employer-sponsored benefit that is now available at about half of U.S. employers with 50 or more employees, a group that employs three-quarters of the U.S. workforce," and that even smaller employers often offer such programs.³⁰

SHRM's 2016 *National Study of Employers* survey confirmed the growth of workplace wellness programs for employees and their families in the last eleven years: while 47% of

²⁷ BLS, "Occupational Outlook Handbook," updated October 24, 2017, <https://www.bls.gov/ooh/healthcare/home.htm>.

²⁸ Maryland Department of Labor, Licensing and Regulation, "Maryland Long Term Industry Projections - 2014-2024 - Workforce Information and Performance," <https://www.dllr.state.md.us/lmi/iandoproj/industry.shtml>.

²⁹ "SHRM Survey Findings: Workplace Wellness Initiatives," Society for Human Resource Management, December 2012.

³⁰ S. Mattke et al., "Workplace Wellness Programs Study: Final Report," <https://www.rand.org/pubs/periodicals/health-quarterly/issues/v3/n2/07.html>.

employers provided such programs in 2005, 61% provided programs in 2016.³¹ SHRM's 2016 *Strategic Benefits* survey found that 68% of human resource professionals reported their organizations offering some type of workplace wellness program, resource or service to their employees.³²

The investment in workplace wellness continues. The annual survey on corporate *Health and Well-Being* conducted by the National Business Group on Health found that spending on workplace wellness programs increased from an average of \$521 per employee in 2013 to an average of \$742 per employee in 2016.³³ SHRM's 2017 *Employee Benefits* survey indicated that 24% of organizations increased their workplace wellness initiatives from 2016 to 2017.³⁴ Compared to all other benefits, organizations were most likely to make improvements to wellness benefits.

The 2017 *Workplace Wellness Trends* survey conducted by the International Foundation of Employee Benefit Plans found that 90% of organizations surveyed offer at least one kind of workplace wellness initiative, and on average organizations have had their programs in place for 7.6 years.³⁵ Further, 63% of organizations have budgets devoted to wellness, with 51% of these expecting their budgets to increase in the next two years, and 11% of organizations without a wellness budget expect to adopt one in the next two years.

As all of these trends suggest, the U.S. Department of Labor found that "employers overwhelmingly expressed confidence that workplace wellness programs reduce medical cost, absenteeism, and health-related productivity losses."³⁶ The CDC agrees: "Evidence suggests that worksite wellness programs are cost-beneficial, saving companies money in health-care expenditures and producing a positive return on investment (ROI)."³⁷ The human resources consulting firm AON Hewitt Associates found that for every dollar an employer spends on wellness programs, employers could expect a \$3 to \$6 return on investment.³⁸ Another analysis found that "medical costs fall by about \$3.27 for every dollar spent on wellness programs and that absenteeism costs fall by about \$2.73 for every dollar spent," and suggested that "wider adoption of such programs could prove beneficial for budgets and productivity as well as health outcomes."³⁹

The benefits of wellness programs go beyond cost control. A recent survey by the Integrated Benefits Institute found that nearly half of Chief Financial Officers

³¹ K. Matos, E. Galinsky, and J.T. Bond, "2016 National Study of Employers," Society for Human Resource Management, 2017.

³² Society for Human Resource Management, "SHRM Survey Findings: 2016 Strategic Benefits - Wellness Initiatives," November 2016.

³³ National Business Group on Health, "Health & Well-Being," April 2017.

³⁴ Society for Human Resource Management, "2017 Employee Benefits: Remaining Competitive in a Challenging Talent Marketplace," 2017.

³⁵ International Foundation of Employee Benefit Plans, "Workplace Wellness Trends: 2017 Survey Results," 2017.

³⁶ Mattke et al., "A Review of the U.S. Workplace Wellness Market," Rand Report 2013.

³⁷ Anderko et al.

³⁸ AON Hewitt Associates, "Wellness and Beyond: Employers Examine Ways to Improve Employee Health and Productivity and Reduce Costs," 2008, http://www.aon.com/attachments/thought-leadership/Wellness_and_Beyond.pdf.

³⁹ K. Baicker, D. Cutler, Z. Song, "Workplace Wellness Programs Can Generate Savings," *Health Affairs*, 2010, <https://www.bcidaho.com/assets/Employer/2010-Harvard-Wellness-Program-Meta-Study-Health-Affairs.pdf>.

surveyed said that controlling costs was not their sole or even most important goal in workplace health programs. They cited goals including “helping enrollees become healthier, better consumers of care,” “attracting, retaining or improving productivity,” and “improving customer service or business performance.”⁴⁰

As the working population ages, chronic diseases become more prevalent, and evidence on workplace interventions grows, employer involvement will continue to grow and play an important economic role. The proposed PBC in Workplace Wellness will prepare graduates to participate in key workplace solutions for individuals, communities, and the nation as a whole. There is also a growing consensus that health professionals must focus on factors that actively promote health in a more global or holistic sense, which is consistent with MUIH’s approach to health education. One 2016 survey of human resource professionals from large employers found, “While employers are still offering traditional health and wellness programs, there has been a significant shift in the last three years to emerging programs, such as those that support health care access and navigation, and those that address the behavioral, financial and social aspects of well-being.” In other words, “Employers are emphasizing programs that support health ownership.”⁴¹

The increasing interest in natural and holistic health, the rapid growth expected in the health care industry as a whole, and significant employer interest in workplace programs all clearly show market demand for well-trained specialists in health education, promotion, and coaching who understand workplace wellness and program design and evaluation. The cost-saving, health-improving impact that these professionals can have will be increasingly important in the changing world of work and healthcare.

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

2. Educational and training needs, expected vacancies

In parallel to the rise of workplace wellness programs, the Society for Human Resource Management (SHRM) noted the emergence of a new profession as early as 2011.⁴²

Recognition of this role has continued to grow. The 2012 *Workplace Wellness Initiatives* survey conducted by the Society for Human Resource Management indicated that with respect to providers of workplace wellness programs, human resource managers indicated a

⁴⁰ B. Gifford, “The Business Case for a Healthy Workforce,” 2016, <https://www.ibiweb.org/research-resources/make-the-business-case/>.

⁴¹ Optum, “Employee Health: Are You Leading or Lagging? 8th Annual ‘Wellness in the Workplace’ Study,” https://cdn-aem.optum.com/content/dam/optum3/optum/en/resources/white-papers/WIW_final_WP_8th_annual_320.pdf.

⁴² S.J. Wells, “New Calling: Wellness Officer, There’s a Healthy Job Market for Helping to Keep Employees Healthy,” *HR Magazine*, Society for Human Resource Management, Feb 1, 2011.

preference for working with fellow human resource professionals (58%) or workplace wellness specialists (54%) when creating and expanding initiatives.⁴³

A 2015 *Time* magazine article listed “health and wellness educator” as one of the top five job titles for the near future, noting that improved health for employees can “not only curb insurance costs but also boost job satisfaction, a key ingredient to retaining talent.” As a result, “many companies are now hiring in-house specialists to offer health-and-wellness advice and services....The educator works with employees individually to assess personal health issues and create strategies tailored to each person’s needs.” Based on a recent “spike in job postings,” the article predicted 21 percent job growth through 2022 in this position.⁴⁴

Individuals who develop, deliver, and manage workplace wellness programs are classified in 2017 by the U.S. Department of Labor’s Bureau of Labor Statistics’ *Occupational Outlook Handbook*⁴⁵ and O*NET OnLine⁴⁶ as Health Educators and/or Wellness Coordinators. The growth rate for health educators for 2014-2024 is projected to be faster than average (12%); 61,400 health educators were employed nationwide in 2014, with an increase to 68,900 projected for 2024. Wellness coordinators have been further classified by the Department of Labor as a Bright Outlook occupation. Such occupations exhibit at least one of the following characteristics: projected to grow much faster than average (employment increase of 14% or more) over the period 2014-2024, projected to have 100,000 or more job openings over the period 2014-2024, and/or a new and emerging occupation in a high-growth industry.

“The employment outlook for health and wellness professionals with the required knowledge and skills is positive,” says the University of Wisconsin Health and Wellness Management program,⁴⁷ citing the faster than average growth rate. They point out that workplace settings can include white-collar and blue-collar worksites as well as community agencies, insurance companies, and healthcare systems. In addition, they cite a corporate wellness manager’s observation, “In many companies, wellness is managed by human resources,” which offers the opportunity “to broaden or expand the programs.”

Career opportunities for students completing the PBC in Workplace Wellness include human resource and employee assistance specialists, personnel directors, employee health nurses, occupational health workers, safety department personnel, health care insurance professionals, upper-level management, health educators, life coaches, fitness instructors, and other healthcare professionals with a strong interest in health and wellness. Students will gain the skills to institute research-based workplace wellness practices in a multitude of settings including corporations, county, state and federal workplaces, schools, health facilities, physicians’ offices, and private practice. The certificate can also bring an additional

⁴³ “SHRM Survey Findings: Workplace Wellness Initiatives,” Society for Human Resource Management, Dec 2012.

⁴⁴ D. Bortz, “The 5 Best Jobs You’ve Never Heard Of,” *Time*, January 27, 2015, <http://time.com/money/3661833/new-job-titles-2015/>.

⁴⁵ BLS, *Occupational Outlook Handbook*, <https://www.bls.gov/ooh/community-and-social-service/health-educators.htm>.

⁴⁶ O*NET OnLine, <https://www.onetonline.org/link/summary/21-1091.00> and <https://www.onetonline.org/link/summary/11-9039.02>.

⁴⁷ “A Bright Outlook for Health and Wellness Careers,” University of Wisconsin Health and Wellness Management, <https://hwm.wisconsin.edu/a-bright-outlook-for-health-and-wellness-careers/>, accessed 8/23/2017.

area of expertise to other positions within private- and public-sector workplaces – for example, adding workplace wellness specialization to positions in management or communication.

Possible job titles for individuals in this field include (as cited by sources including the U.S. Department of Labor, Society for Human Resource Management, and the University of Wisconsin Health and Wellness Management program):

- Corporate wellness administrator
- Director of fitness/wellness
- Wellness program manager
- Health educator
- Community health and wellness director
- Health management consultant
- Health promotions adviser
- Health improvement manager
- Health and productivity analyst
- Life enrichment coordinator
- Director of health promotion

The 2013 WELCOA National Wellness Compensation Survey⁴⁸ cited the median salary for “worksite wellness and affiliated health management personnel” as \$55,000, consistent with the 2016 median salary noted by the U.S. Department of Labor’s Bureau of Labor Statistics’ *Occupational Outlook Handbook* and O*NET OnLine.

Reflecting the growing demand and employment opportunities, many services offer job listings and advice for jobs in the area of health and wellness, including the Wellness Council of America, HPCareer.net, The Wellness Institute, and organizations related to human resources management specializations.⁴⁹ In addition to CHES certification, there are some other opportunities for professional education. For example, non-credit certificate or training programs in workplace wellness are offered by non-academic providers including the National Wellness Institute, which offers onsite and online continuing education options for its worksite wellness programs: Worksite Wellness Specialist or Worksite Wellness Program Manager. The program is pre-approved for continuing education credit by the American College of Sports Medicine, the National Commission for Health Education Credentialing, and the Society for Human Resource Management (SHRM).⁵⁰ The Wellness Council of America (WELCOA) offers certifications and courses that are approved for Human Resource Certification Institute (HRCI) recertification credit hours and SHRM professional development credits.⁵¹ The Corporate Health & Wellness Association has short courses and exams for Certified Corporate Wellness Specialist and Certified Wellness Provider.⁵² Additional non-credit opportunities are available from the Chapman Institute, International Association for Worksite Health Promotion, and Spencer Institute.

⁴⁸ <https://www.welcoa.org/resources/national-wellness-compensation-survey/>.

⁴⁹ <https://hwm.wisconsin.edu/health-and-wellness-jobs/>.

⁵⁰ nwi@nationalwellness.org.

⁵¹ <https://www.welcoa.org/training/>.

⁵² <http://wellnessassociation.com/corporate-health-wellness-association-certifications/>.

However, in the academic realm only a few programs focus specifically on workforce wellness, and most are offered only onsite.⁵³ Within the Mid-Atlantic region (DE, MD, NJ, PA, VA, DC, WV) no other graduate program in workplace wellness exists. Within the region, two institutions offer face-to-face undergraduate-level workplace wellness programs. Pennsylvania State University Wilkes-Barre⁵⁴ (PA) offers a certificate program and Harrisburg Area Community College⁵⁵ (PA) offers a track within its A.A.S. Wellness and Health Promotion program.

Outside the Mid-Atlantic region, credit-bearing workplace wellness programs are limited to just six. Online Master's degrees are offered by the University of Wisconsin⁵⁶ (WI) and Northcentral University⁵⁷ (CA), online graduate certificates are offered by Western Kentucky University⁵⁸ (KY) and Nebraska Methodist College⁵⁹ (NE), and face-to-face undergraduate certificates are offered by Hudson Valley Community College⁶⁰ (NY) and Moraine Park Technical College⁶¹ (WI).

In sum, the need for such programs is not well served. The proposed MUIH certificate has the advantage of offering academic credit as well as helping to prepare students for the CHES exam and of drawing on MUIH's solid reputation in the area of both online learning and health education.

3. Prospective graduates

The 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 hallmark focus on integrative medicine, holistic approach and healing presence; online presence; the understanding of health coaching and promotion; and the opportunity to concurrently or sequentially cross-train in other integrative health fields.

Given the upward trends in workplace wellness programs and in alternative and integrated healthcare in general, and enrollment history for a similarly stackable certificate and Master's program in health and wellness coaching, the following enrollment projections (based on expected completion of the program in one year) call for solid growth over the first five years.

⁵³ Education Advisory Board, "Market Research Brief: Analysis of Workplace Wellness Certificate Programs," September 2017.

⁵⁴ <http://wilkesbarre.psu.edu/workplace-wellness-leadership-certificate>.

⁵⁵ <https://www.hacc.edu/ProgramsandCourses/Courses-and-Programs-Details.cfm?prn=3610>.

⁵⁶ <https://hwm.wisconsin.edu/health-wellness-program/masters/uw-health-wellness-masters-courses/>.

⁵⁷ <https://www.ncu.edu/programs-degrees/education/corporate-wellness>.

⁵⁸ <http://www.wku.edu/online/worksitehealth/>.

⁵⁹ <http://www.methodistcollege.edu/health-professions/certificates/wellness-and-health-promotion-certificate>.

⁶⁰ <http://www.hvcc.edu/las/worksite-health-promotion-certificate/index.html>.

⁶¹ <http://www.morainepark.edu/programs-and-courses/programs-of-study/?ProgramTitle=Wellness+Promotion+Certificate>.

PROJECTED ENROLLMENTS FOR PROGRAM*

Year	Trimester	New Students	Continuing Students	Total Students
Year 1	Fall 2018	5		5
	Spring 2019	5	4	9
	Summer 2019		8	8
Year 2	Fall 2019	10	4	14
	Spring 2020	10	8	18
	Summer 2020		16	16
Year 3	Fall 2020	15	8	23
	Spring 2021	15	12	27
	Summer 2021		24	24
Year 4	Fall 2021	15	12	27
	Spring 2022	15	12	27
	Summer 2022		24	24
Year 5	Fall 2022	15	12	27
	Spring 2023	15	12	27
	Summer 2023		24	24

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

E. Reasonableness of Program Duplication

In February 2017, a PBC in Integrative Health and Wellness was approved for the University of Maryland Baltimore. The certificate is “designed specifically for busy professionals seeking to develop fluency in integrative health and a holistic approach to their clinical practices,”⁶² thus is focused primarily on intervention and clinical application. It does not focus on the workplace setting, nor does it include the coursework in program needs assessment, integrative program planning, or program evaluation that are central to the MUIH certificate.

Johns Hopkins University offers a PBC in Environmental and Occupational Health. This program “educates and trains students to identify major environmental health issues facing public health

⁶² <https://www.graduate.umaryland.edu/wellness/>.

professionals today.”⁶³ Its focus is not on workplace wellness but on environmental agents, biological mechanisms, and control strategies and intervention.

There are no other related certificate programs in Maryland, and the only related degree program is offered by MUIH. MUIH would be the only higher education institution in Maryland and one of very few nationally to offer such a certificate in Workplace Wellness. The certificate coursework, drawn from the Master of Science program in Health Promotion, grounds it in the only such master’s program in the state of Maryland, with its alignment to the core competencies required for the CHES exam.

F. Relevance to Historically Black Institutions (HBIs)

There are no workplace wellness certificate programs in Maryland HBIs. The proposed program will have no potential impact on high-demand programs at the HBIs or on the uniqueness and institutional identities and missions of the HBIs.

G. Evidence of Principles of Good Practice if online

The proposed program will be offered 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. At MUIH, online courses are considered to be those in which 100 percent 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.

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

H. Adequacy of Faculty Resources

A number of potential faculty for this proposed program have already been teaching at MUIH for years in MUIH’s Master of Science in Health Promotion program, which has been developed with a highly qualified core team of program instructors. All courses are taught by faculty with a master’s degree or higher with significant experience teaching similar coursework. Guest lecturers and adjunct faculty are subject to the same high standards of education and experience.

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 Workplace Wellness certificate program will rely on a combination

⁶³ <https://www.jhu.edu/academics/>.

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, general experience, as well as specialization in discrete areas that will allow for expert instruction, supervision, and guidance.

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 Learning Management System (LMS) training, Big Blue Button web conferencing training, and one-on-one consultation tailored to their individualized needs, all provided by the Center for Teaching and Learning (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 ongoing opportunities for professional development through various face-to-face and online webinars, workshops, trainings, and conferences.

The current MUIH budget already accounts for the needed faculty, including a mix of salaried and adjunct faculty. Criteria for faculty recruitment include:

- Ph.D., M.P.H., or M.S. degree in public health, health communication, human development, or health psychology.
- Qualified to teach graduate courses, and to advise and mentor students.
- Faculty experience in higher education and, in some cases, a public health education environment.
- 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 D contains a list of representative faculty for the program: 33 percent of these are current ranked faculty, another 25 percent are current academic administrators with additional teaching responsibilities, and the remaining 42 percent will serve as adjunct faculty (based on enrollment-driven needs).

I. Adequacy of Library Resources

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 Sherman Cohn Library at MUIH 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.

In 2016, the University opened a Quiet Study Room associated with Sherman Cohn Library that addressed onsite students' expressed need for a place to work in silence. The Library is located in a single room and fosters an information commons environment.

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 Sherman Cohn Library at MUIH has and will continue to expand to support all modalities of teaching and learning, as well as moderate enrollment growth. In FY 2014, the University added online support for faculty and students with a newly purchased and significantly enhanced integrated library system. All online courses contain a direct link to the Sherman Cohn Library at MUIH, prominently positioned in the Canvas online classrooms.

J. Adequacy of Facilities, Infrastructure, and 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;
- An herbal dispensary;
- A library;
- A quiet study room;
- A Career Center
- 22 clinical treatment rooms, assigned to the Student Teaching Clinic;
- Space for faculty offices;
- A faculty kitchen;
- A student lounge with an adjacent kitchen;
- A bookstore/café that includes seating

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. Other space is leased in Howard County as needed, and offices for general administration of the university and faculty will continue to be located at the current campus locations.

Since the program will be fully online, this physical space will not be affected except inasmuch as students may wish to use the Library, Career Center, and student spaces, and concurrently enroll in other programs offered on campus.

Those enrolled in the program will be served by the current infrastructure including admissions, financial aid, registrar, advising, student success services, disabilities support services, and career services. Students enrolled in online and blended courses have online and other remote access to these services, as well as the University-wide Orientation, Library and Program Community Sites.

The Student Success Office 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 services. An online University Wide Orientation provides an introduction to academic resources. 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 selected online course learning modules, and resources that assist students in their study and practice for national licensing exams.

K. Adequacy of Financial Resources

Table 1: Resources

Reallocated funds

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. Additionally, the impact of this reallocation is minimal since four of the six courses in the program are existing courses.

Tuition and Fee Revenue

The intake assumptions for years 1 through 5 are 10, 20, 30, 30, and 30 new students respectively. 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 stackable certificate and Master's program in health and wellness coaching. The model also accounts for a modest level of attrition of students prior to completion of their program (overall average retention rate of 80% for all students, consistent with that of MUIH's existing programs).

Table 2: Expenditures

New and/or renovated space

Not applicable.

Other Expenses

Other expenses include faculty development, office supplies, data processing and communications, maintenance, marketing, course development costs, and building operating costs not already included in the health promotion program.

**PBC in Workplace Wellness
Resources and Expenditures**

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)	\$85,052	\$190,934	\$302,949	\$328,715	\$338,442
a. # f/t Students NOTE: p/t duplicated headcount for 3 trimesters/year	22	48	74	78	78
b. Annual tuition fee/rate NOTE: tuition rate/credit	\$870/credit \$125 fee/trimester	\$896/credit \$125 fee/trimester	\$923/credit \$125 fee/trimester	\$951/credit \$125 fee/trimester	\$980/credit \$125 fee/trimester
c. Credit Hours per student per year NOTE: Credit hours per p/t student per trimester	4.3	4.3	4.3	4.3	4.3
d. Total Tuition Revenue (a x b x c)	\$85,052	\$190,934	\$302,949	\$328,715	\$338,442
3. Grants, Contracts, & Other External Sources	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 - 4)	\$85,052	\$190,934	\$302,949	\$328,715	\$338,442

Expenditures					
Expenditure Categories	Year 1	Year 2	Year 3	Year 4	Year 5
1. Total Faculty Expenses (b + c below)	\$7,995	\$8,158	\$8,320	\$8,489	\$8,658
a. #FTE NOTE: #Credit Course Assignments (adjunct and salaried); total credits split with Masters program	6.5 cr	6.5 cr	6.5 cr	6.5 cr	6.5 cr

b. Total Salary NOTE: MUIH starting mid-point adjunct compensation rate of \$1230/credit	\$7,995	\$8,158	\$8,320	\$8,489	\$8,658
c. Total Benefits	\$0	\$0	\$0	\$0	\$0
2. Total Administrative Staff Expenses (b + c below)	\$8,780	\$8,947	\$9,118	\$9,292	\$9,470
a. # FTE	0.22	0.22	0.22	0.22	0.22
b. Total Salary	\$8,364	\$8,531	\$8,702	\$8,876	\$9,054
c. Total Benefits	\$416	\$416	\$416	\$416	\$416
3. Total Support Staff Expenses (b + c below)	\$4,291	\$4,373	\$4,456	\$4,541	\$4,627
a. # FTE	0.073	0.073	0.073	0.073	0.073
b. Total Salary	\$4,073	\$4,155	\$4,238	\$4,323	\$4,409
c. Total Benefits	\$218	\$218	\$218	\$218	\$218
4. Equipment	\$0	\$0	\$0	\$0	\$0
5. Library	\$0	\$0	\$0	\$0	\$0
6. New or Renovated Space	\$0	\$0	\$0	\$0	\$0
7. Other Expenses (Course development, marketing, overhead)	\$11,517	\$10,370	\$10,474	\$8,081	\$8,189
TOTAL (Add 1 - 7)	\$32,583	\$31,848	\$32,368	\$30,403	\$30,944

L. Adequacy of provisions for evaluation of program

Since its establishment, MUIH has nurtured a culture of assessment and feedback. Expected student learning outcomes are clearly stated at the course and programmatic levels, and these outcomes are well designed to align with the University's mission and, for this program, with the Certified Health Education Specialist (CHES) examination of the National Commission for Health Education Credentialing (NCHEC), as well as the standards established by higher education in general.

Learning outcomes assessment is multilevel and predominantly utilizes a 360-degree design. Course outcomes and measures are consistent with the specific subject matter, and the achievement of outcomes is documented from both the faculty and student perspectives.

The academic departments, programs, and curriculum committees, subject matter experts (SMEs), and faculty responsible for designing, delivering, and assessing learning outcomes receive support from a 360-degree team. This team is led by the Learning Outcomes Assessment Team (LOAT), which serves as an umbrella committee to guide and facilitate academic assessment initiatives. Additional support is provided by the Assistant Provost for Academic Assessment and Accreditation, University Curriculum Committee, Student Affairs, Alumni Affairs, Natural Care Center clinic administration, and the Provost in gathering and interpreting assessment results. The involvement of all of these groups in assessment practices demonstrates that MUIH invests necessary institutional resources and is committed to outcomes assessment.

In 2011, MUIH piloted and then adopted the IDEA Student Rating of Instruction tool as the system students would use to evaluate courses and faculty. 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 LOAT Committee. 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. In 2016, MUIH shifted its use of the IDEA tool to the Campus Labs online platform, allowing for use of this tool by students in face-to-face, blended, and online classes alike.

Outcomes assessment is ongoing and based on the academic performance of students, as well as communication, collaboration, and leadership qualities and behaviors assessed in other settings. 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. Further details on assessment and evaluation in online courses are provided in Appendix C.

M. 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.

N. Relationship to low productivity programs identified by the Commission

Not applicable.

Appendix A Course Descriptions

Workplace Wellness PBC Courses

IHED 621 Communication Strategies in Health Education (3 credits)

This course examines theories, models, and best practices in health communication, including the use of technology, media, and imagery in health communication campaigns. Students will create and tailor messages, select appropriate communication channels, and pilot test messages. This overview introduces students to the many ways that health promotion professionals reach and communicate, going beyond teaching individuals, groups and mass media campaigns to new forms of communication such as social media, “edutainment” and “gameification” of health education messages. This course will integrate an underpinning and philosophy and approach of healing presence for all communication efforts in health promotion.

IHED 623 Health Education Program Evaluation (2 credits)

Students become familiar with evaluation strategies and theories for health education programs and policies. The course reviews logic models, and impact, outcome, and process evaluations. In addition, students gain skills needed to understand and critique published evaluation literature.

IHED 626 Health Education Needs Assessment and Program Planning (3 credits)

Students plan a comprehensive health education program. Based on specific health topics and populations, students conduct epidemiological and health education needs assessments, utilize theory-based strategies on assessment, evaluate applicable policy, identify barriers and assets, and design a health education program. The latter part of the course provides students with an opportunity to apply qualitative and quantitative data to support the design of a health education program. This course also provides students with tools to work with specific populations, including a framework to apply when working with specific cultures or age groups.

IHED 633 A Culture of Wellness: Introduction to Workplace Wellness (1.5 credits, new)

Students will learn techniques and designs for creating a culture of wellness in the workplace with a focus on integrative health for population health. They will also examine concepts that are deeply embedded to the practice of health promotion and health education such as the social determinants of health, health disparities and cultural ecology in order to develop ‘socio-cultural competent’ strategies and expanded models of health and wellness for use within workplace wellness programs.

IHED 635 Workplace Wellness: Fundamentals of Practice (2 credits, new)

This course educates students about the fundamental practices in corporate wellness. These practices from successful workplace wellness programs are highlighted as students develop strategies for a results-oriented wellness program. The impact of wellness on productivity enhancement, calculation of return on investment for healthy employees, integration of technological resources, budget administration and the building of individual wellness plans will all be covered.

IHED 637 Principles and Practices of Health Behavior and Self-Care (1.5 credits)

This course introduces the principles and practices of health behavior change and self-care by identifying and exploring personal, social, and environmental factors that influence behavior. Students will research evidence-based approaches and engage in self-care practices to deepen their understanding of health behavior change and its impact on the individual and the community.

Appendix B Sample Agreement with Partnering Institutions

MEMORANDUM OF AGREEMENT BETWEEN

Maryland University of Integrative Health Laurel, MD 20723 AND

This Agreement is made this ____ day of _____, 20____, between Maryland University of Integrative Health, Inc. (the "University") and _____ (the "Provider") (sometimes collectively referred to as the "Parties").

WHEREAS, the University desires to offer its students the opportunity to learn to practice in a collaborative environment, including the opportunity to collaborate with physicians, nurses, and other allopathic health providers in an integrative healthcare setting at Provider's facilities.

WHEREAS, the Provider recognizes the need for providing the community, which it undertakes to serve, with adequate staff in all allied health areas at Provider's facilities, and,

WHEREAS, the Parties are desirous of cooperating to furnish educational experiences to students of the University, based on the terms and conditions contained in this Agreement,

NOW THEREFORE, it is mutually agreed by and between parties, to wit:

1. Definitions.

1.1 "Student Clinical Intern" shall mean a student enrolled in an academic program at the University who provides acupuncture treatments, yoga therapy, health and wellness coaching, nutritional counseling, or other services as mutually agreed to by the parties, to Provider's patients or provides any of these therapies in an educational series at Provider's facilities, under the supervision of a Faculty Supervisor (as defined below).

1.2 "Student Educator" shall mean a student enrolled in an academic program at the University who may provide patient and/or staff education and or the demonstration of a therapy on a patient and or staff member under the Supervision of a Faculty Education Supervisor, in the following areas: acupuncture treatments, yoga therapy, health and wellness coaching, or one-to-one nutritional counseling to Provider's patients.

1.3 "Faculty Supervisor" shall mean a faculty member employed by the University who will provide supervision to Student Clinical Interns.

1.4 "Faculty Education Supervisor" shall mean a faculty member employed by the University who may provide patient and/or staff education and who will provide supervision to Student Educators demonstrating therapies in any education series, but who will not provide supervision to Student Clinical Interns. The Student Clinical Interns and Student Educators may collectively be referred herein as "Students" and the Faculty Supervisors and Faculty Education Supervisors may collectively be referred herein as "Faculty Members".

2. Scope of Agreement.

2.1 Patient and Staff Education.

2.1.1. The Provider and the University shall collaborate on the University's offering patient and staff education regarding a variety of topics pertaining to integrative healthcare, including but not limited to, acupuncture, yoga therapy, nutrition, and health and wellness coaching.

2.1.2 Each education session shall be conducted by Faculty Education Supervisors and/or Student Educators, provided however that any education session in which a Student Educator will be demonstrating a therapy shall be supervised by a Faculty Education Supervisor. The content and the method of supervision for each discipline or during the delivery of a particular modality shall be in the sole discretion of the University. The faculty-to-student ratio is in the sole discretion of the University, in accordance with the University's accreditation, insurance requirements and regulatory requirements.

2.1.3 The University will ensure that all participating patients and staff are provided with the appropriate education and information and that they execute all necessary consent forms prior to the provision of any services contemplated under this Agreement. The Provider agrees to permit the University to use the University's unique patient information and consent forms that are required and approved by the University's professional liability insurance carrier. The University shall submit the information and consent forms to the Provider for review in advance of usage.

2.1.4 The Provider shall be responsible for communicating the availability of services by the University under this Agreement to its patients at Provider's facilities. Provider shall submit all such patient communication materials to the University for its approval prior to distribution. The University shall be permitted to publicize the availability of its services at the Provider's facilities to Provider's patients and staff provided however that any such communications and or publications shall be subject to Provider's standard vendor marketing policies and procedures. The University shall submit all such communication materials to Provider for its approval prior to distribution.

2.2 Clinical Experience.

2.2.1. The Parties will work together to develop a clinical internship program at Provider's facilities for the Student Clinical Interns in the University's various academic programs with the understanding that that the University is ultimately responsible for the academic clinical content of the internship. As of the effective date of this Agreement, the academic programs which shall be included under this Agreement include acupuncture, yoga therapy, nutritional counseling, and health and wellness coaching, and any other additional academic program mutually agreed by the parties. The clinical experience shall afford Student Clinical Interns with the opportunity to provide treatment to the Provider's patients under the supervision of a Faculty Supervisor. During the clinical experience, the Provider shall permit Student Clinical Interns with the opportunity to observe treatments provided by other Student Clinical Interns. The Provider retains the right to restrict any services provided hereunder, including patient care activities, at its sole discretion. In addition to providing treatment to Provider's patients, at the request of the Provider and subject to all applicable consent requirements, the University shall allow the Student Clinical Interns to treat Provider's staff in order to educate them on the specific therapies so that they may be better equipped to discuss treatment options with patients.

3. Faculty Supervisors' Qualifications.

The University shall identify Faculty Members who will provide supervision of Students consistent with the requirements of appropriate licensing boards, accrediting bodies, and the University's professional and general liability insurance carriers. The Provider shall not require any Faculty Members in the University's Acupuncture and Oriental Medicine programs to hold NCCAOM certification or any Faculty Member to have specialized or advanced training regarding caring for Patients with any particular condition (including but not limited to cancer) at the time that the University identifies the Faculty Members. However, the Provider may require that the Faculty Members complete specialized patient care training prior to beginning work at the Provider's facility and Provider will provide such training. Notwithstanding the foregoing, it is the sole responsibility of the University to ensure that Students are supervised by competent and qualified Faculty Members, including any requirements under applicable laws and regulations and accreditation requirements.

4. Patient Medical Records.

The Parties agree that all patient records shall be maintained in accordance with State and Federal law. All direct patient care provided by Student Clinical Interns will be documented in the patient's electronic medical record maintained by the Provider, in accordance with Provider's policies and procedures. The Parties agree that patient electronic records shall remain confidential and shall not be disclosed except as required or permitted by State or Federal law. The Provider acknowledges that the University may provide treatment record forms that are unique to the various treatment modalities provided by the Student Clinical Interns and shall permit usage of such forms. The University shall submit these forms to the Provider in advance of such usage to allow the Provider to determine whether and how such forms can be incorporated into the Provider's electronic recordkeeping system. In addition, the Provider agrees to permit the University to use the University's unique Patient information and consent forms that are required and approved by the University's professional liability insurance carrier. The University shall submit the information and consent forms to the Provider for review in advance of usage. The Provider shall permit Student Clinical Interns under the supervision of the Faculty Supervisor, to have access to patient medical records for treatment planning purposes in accordance with Provider's policies and procedures. The Student Clinical Interns shall also have access to patient medical records to prepare clinical tracking forms (treatment and patient contact hours) which are required to track Student Clinical Interns' academic progress and to satisfy accreditation standards. These clinical tracking forms shall only include de-identified patient information as that term is defined in the Health Insurance Portability and Accountability Act and or its implementing regulations as amended. The University agrees to execute as of the same date as this Agreement, the Provider's standard Business Associate Agreement.

5. Supplies, Furniture, and Equipment.

Provider shall be responsible for the cost of all supplies, furniture, and equipment necessary for the University's provision of services under this Agreement. For some services, the University will purchase supplies (for example, acupuncture needles) and the Provider will reimburse the University. For other services, the Provider will purchase supplies, furniture, and equipment directly (for example, yoga mats and straps). All supplies will be stored at Provider's facilities. When deemed necessary by the University, the Provider will provide a locked cabinet for storage of certain supplies (for example, for acupuncture needles).

6. Patient Care and Supervision of Student Clinical Interns.

The Parties agree that the Provider shall retain complete control over patient care in accordance with clinical care guidelines, including cancer center practice guidelines, during the clinical experience except that the Faculty Supervisors shall provide supervision of and direct all treatments provided by the Student Clinical Interns. The method of supervision shall be mutually agreed upon by the parties, provided however that the supervision for each discipline or during the delivery of a particular modality shall be in the sole discretion of the University such that supervision of Student Clinical Interns may be either on-site (direct) or off-site (indirect), in accordance with the University's accreditation and insurance requirements, and regulatory requirements. The faculty-to-student ratio is in the sole discretion of the University, in accordance with the University's accreditation, insurance requirements and regulatory requirements, provided however that the University will provide this information to the Provider's Director of Education [or equivalent] in advance to the provision of services hereunder and will be willing to discuss any questions or concerns that the Director may have. The Faculty Supervisors shall approve all treatment records prepared by the Student Clinical Interns and submit the approved treatment records to Provider's team members who shall be responsible for incorporating the Student Clinical Interns' treatment records into the Patients' medical record.

7. Provider's Policies and Procedures.

All Faculty Members and Students when onsite at Provider's facilities will comply with Provider's policies and procedures including, but not limited to, dress code requirements.

7.1. The University will abide by the Risk Management and Safety programs of the Provider. All Faculty Members and Students will report and complete an incident report for all incidents occurring on the premises of Provider's facilities as a result of their clinical experience and or education session, and will in addition, notify the Provider's Director of Education [or equivalent] of any incident that involves a Student and/or Faculty member. The Provider's clinical area Supervisor/Charge Nurse will complete an incident report upon notification by the Student or Faculty Member of an incident discovered by the Student or Faculty Member that occurred on the Provider's premises. Subject to applicable privacy laws, the Provider agrees to inform the University of all incidents in which Students or Faculty Members are involved in so that the University can provide all necessary reports to the University's professional and general liability insurance carriers.

7.2. Faculty Supervisors and Student Clinical Interns will wear a picture ID badge while on the premises of Provider's facilities. Provider will provide one picture badge to each Faculty Supervisor and Student Clinical Intern. In the event the badge is not with the individual on a particular day, a temporary Student Clinical Intern or Faculty Supervisor badge will be secured from the Provider's Education Department until a replacement badge is purchased by the individual at the cost of \$_____. A temporary badge may be used for one day only.

7.3 Faculty Members and Students shall have no access to the Provider's Medication Room.

8. Removal of Students or Faculty Members.

The Parties agree that the Provider shall have the right, after consultation with the University, to require the immediate removal of a Student or Faculty Member from the clinical experience under this Agreement, at the facility of the Provider if, in the sole discretion of the Provider, the

Student or Faculty Member is disruptive, disreputable or otherwise a risk to the operation of the facility or to patient care or if the Student or Faculty Member refuses to abide by the Provider's policies and procedures. Nothing under this paragraph shall prohibit the University from removing any Student or Faculty Member in its discretion. The University shall be solely responsible for promptly informing the Faculty Member and or Student regarding his/her removal, whether required by the Provider or the University.

9. Provider's Dining Facilities.

Students and Faculty Members shall be permitted to use the Provider's dining facilities.

10. Responsibilities of the University.

10.1 University's Insurance.

10.1.1. The University shall maintain, throughout the term of this Agreement, professional and general liability insurance that covers the Students and Faculty Members under this Agreement.

10.1.2. The University agrees to carry professional liability insurance for Faculty Members and Students and will supply the Provider with a copy of the current insurance certificates immediately upon request. Professional and general liability insurance with minimum limits of \$1 million per occurrence or claim, \$3 million annual aggregate, as well as Workers Compensation Insurance that meets statutory requirements of the State of Maryland will be provided by the University.

10.1.3. The University shall promptly notify the Provider of any claim that has been filed against a Student or Faculty Member as a result of their participating in any clinical training under this Agreement.

10.2 Health and Training Requirements.

Prior to participation of a Student Clinical Intern or Faculty Supervisor in the clinical experience onsite at Provider's facilities, the University shall:

10.2.1 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has had a PPD within one year of the Student Clinical Intern or Faculty Supervisor's participation in the clinical experience (chest x-ray every five years for history of a positive PPD);

10.2.2 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has had a seasonal flu shot or has signed the Provider's declination form prior to participation in the clinical experience;

10.2.3 Require each Student Clinical Intern and Faculty Supervisor to provide evidence, satisfactory to the Provider, that the Student Clinical Intern or Faculty Supervisor has received adequate immunizations for MMR and varicella/chicken pox (vaccinations and/or positive titers);

10.2.4. Inform each Student Clinical Intern and Faculty Supervisor, in writing, of the risk of Hepatitis B and require each Student Clinical Intern or Faculty Supervisor to either (a) provide proof an adequate vaccination, or (b) sign a written proof of understanding of the risk of

Hepatitis B and their decline of vaccination; and

10.2.5. Require that prior to commencement of the clinical experience, each Student Clinical Intern and Faculty Supervisor has completed a blood borne pathogen and tuberculosis education program, and HIPAA training which will be offered by the Provider;

10.2.6. Require each Student Clinical Intern and Faculty Supervisor to complete OSHA training that will be offered by the Provider.

10.2.7. This evidence must be on file at the University and available to the Provider upon request before any particular Student Clinical Intern may begin his/her clinical experience under this Agreement.

Each Student Clinical Intern and Faculty Supervisor must be approved in writing via email by the Provider's Director of Education [or equivalent] prior to participating under this Agreement, such approval acknowledging compliance with the above health and training requirements. The University shall forward to Provider's Director of Education [or equivalent] a letter verifying completion of the health requirements upon request.

11. Indemnification by University.

The University shall indemnify and hold harmless the Provider, its directors, officers, agents and employees from any claims, injuries, losses or demands caused by the negligent or willful misconduct of Faculty Members or Students during the clinical experience under this Agreement and any attorney's fees associated with those claims, injuries, losses or demands. The indemnification obligation of the University includes the cost of any damage to the Provider's furniture or equipment caused by Faculty Members, Students or other agents and employees of the University during the clinical experience. Furthermore, it is understood and agreed that the University, by the terms of this Agreement, is not waiving or relinquishing in any manner any defenses that may be available to the University nor is the University relinquishing any defenses that may become available to it at any time during the term of this Agreement and that the University is free to assert all defenses that may be available to it. Provider will promptly notify the University of any claim for which it seeks indemnity under this Section.

12. Legal Compliance.

The Parties shall perform their duties, responsibilities and obligations in compliance with all applicable federal, state, and local laws, rules, regulations and ordinances, as well as Joint Commission standards as applicable. The University represents that it has obtained all licenses and permits required by law to engage in the activities necessary to perform its duties, responsibilities and obligations under the terms of this Agreement.

13. HIPAA Compliance.

13.1 Students and or Faculty Members assigned to work at Provider's premises may not remove any patient information, including but not limited to information relating to treatment and or care provided to patients under this Agreement, from Provider's premises. The foregoing does not pertain to the clinical tracking forms that are maintained by the Student Clinical Interns as these clinical tracking forms only contain de-identified patient information.

13.2. Prior to beginning work at Provider's premises, each Student and Faculty Member will complete Provider's training module regarding the Health Insurance Portability and Accountability Act (HIPAA) and Provider's policies designed to promote compliance with that Act and its associated regulations, including execution of the confidentiality statement that is part of that training.

13.3 The Parties agree to execute Provider's standard Business Associate Agreement at the same time this Agreement is executed.

14. University's Accreditation. During the term of this Agreement, the University shall maintain full accreditation by Middle States Commission on Higher Education. Should the University lose accreditation, or should its accreditation change in any way that will negatively affect the University's ability to deliver services under this Agreement, it shall immediately notify the Provider. Such event shall be cause for the Provider to terminate this Agreement immediately.

15. Status of Students and Faculty Members. The Students and Faculty Members shall not be considered employees or agents of the Provider for any purpose including reimbursement for rendering services to patients during the term of this Agreement, or workers' compensation claims for injuries incurred while the Students or Faculty Members are onsite at Provider's facilities.

16. Use of a Party's Name and/or Logo. The Parties shall not use each other's name and/or logo in connection with any publicity or advertisement regarding the clinical experience without the prior consent of the other. The University shall obtain written approval of the Provider prior to publication of any information related to Provider or the clinical experience under this Agreement.

17. Details for Each Academic Program. The University and the Provider shall mutually agree on the hours, days, place of assignments with respect to the academic programs covered under this Agreement.

18. Qualifications of Students. The University has sole responsibility for planning and determining the content and clinical education goals for each academic program, including the educational experience of the Students in theoretical background, basic skills, professional ethics, attitude, and behavior, and shall refer only those Students who have satisfactorily completed the prerequisite portions of the University's curriculum.

19. University's Curriculum and Clinical Education Goals. Upon request, the University will provide the Provider with current information about its curriculum and clinical education goals.

20. Parking at Provider's Facilities. Faculty and Students will be provided a parking permit from the Director of Education [or equivalent] once approved. Faculty and Students must park in designated team member parking areas and the parking permit must be visible and displayed while on the Provider's property.

21. Responsibilities of Provider. The Provider shall:

21.1 Appropriately inform and orient internal Provider employees about the Student Clinical Interns, their roles and responsibilities, access to patient records and other related activities. The Provider will not ask Student Clinical Interns to perform duties outside their scope of practice or to perform activities that were not included in the Agreement.

21.2 Work with the University to develop a plan to inform individuals that could benefit from the disciplines or modalities offered under this Agreement about upcoming educational events.

21.3 Identify a point of contact for the University who will serve as contact person for this project.

21.4. Accept Students for each clinical experience in the academic programs established under this Agreement.

21.5. Retain absolute control over its facilities and the care of its patients, except that Faculty Supervisors shall have responsibility for supervising Students as provided in this Agreement;

21.6 Provide the facilities and qualified personnel required for each clinical experience under this Agreement, including a designated team member who will be available to the Student Clinical Interns and Faculty Supervisors during the clinical experience;

21.7. If requested by the University, provide the University with input on the Student Clinical Interns' academic progress with regard to the clinical experience;

21.8 Inform the University of any changes to the services or operation of Provider's facilities that will affect the clinical experience;

21.9. Provide Students and Faculty with all necessary training and orientation regarding the Provider's policies, procedures, systems and tools for maintaining medical records, and risk management/safety; and

21.10. Provide emergency medical care to Students and Faculty for injuries that may occur while the Student or Faculty is participating in a clinical experience at Provider's facilities. The Faculty and Students will be covered by the Occupational Health Service policies on the same basis as Provider's team members. Health Service includes prophylaxis and exposure investigation follow-up for blood borne diseases following accidental exposure as defined in the Hospitals' Bloodborne Pathogen Exposure Control Plan. The Provider will not be responsible for payment for prophylaxis for the Students or Faculty Members.

22. Provider's Insurance.

22.1 The Provider shall maintain, throughout the term of this Agreement, professional liability insurance that covers its officers, trustees, directors, agents and employees involved in the clinical experience.

22.2 The Provider agrees to carry professional liability insurance with minimum limits of one million dollars (\$1, 000,000) per occurrence or claim, and three million dollars (\$3,000,000)

annual aggregate and will supply the University with a copy of the current insurance certificates immediately upon request.

22.3 The Provider agrees to carry workers compensation insurance that meets statutory requirements of the State of Maryland.

22.4 The Provider shall promptly notify the University of any claim that has been filed against its employees or agents as a result of the University's Students or Faculty Members participating in any clinical training.

23. Provider's Indemnification of University.

The Provider shall indemnify and hold harmless the University, its officers, trustees, directors, agents, employees, students and faculty from any claims, injuries, losses or demands caused by the negligent or willful misconduct of its employees or agents during the clinical training and any attorneys fees associated with those claims, injuries, losses or demands. The University will promptly notify the Provider of any claim for which it seeks indemnity under this Section.

24. Term and Termination of Agreement.

24.1 This Agreement shall commence on _____, 20____ and end on _____, 20____. Thereafter, this Agreement is automatically renewable for one-year periods for up to 5 years after which time the Agreement will terminate unless extended by the parties in writing.

24.2. Either party upon sixty (60) calendar days notice may terminate this Agreement for any reason or no reason; provided, however, if notice of termination is given by the Provider during any of the University's academic trimesters and such notice is not provided as a result of a breach of this Agreement by the University, Student Clinical Interns currently assigned to the Provider's facilities for that trimester will be provided the opportunity to continue their clinical experience through the end of that trimester, subject to the requirements of this Agreement.

Research Collaboration Opportunities.

Both parties will work together to identify, establish and support opportunities for research collaboration, where available. As an institution of higher education, the University is committed to advancing scholarship and building the evidence-base related to integrative practices. Ranked faculty members are obligated to engage in scholarship, and the University's students are increasingly interested in gaining research experience during their studies. Where research interests overlap between institutions, the formation of collaborative working groups can be used to help identify appropriate mechanisms for evaluating the impact of integrated services. Where research infrastructure exists, it will be made available to individuals from both parties in order to foster greater efficiency and rigor. Both parties will also encourage guest lectures and presentations to students and other faculty in order to capitalize on the diverse expertise within each institution. Any publications resulting from collaborative scholarship will result in shared authorship between members of both institutions.

26. Evaluation.

The parties agree to collaborate regarding establishing methods to evaluate the effectiveness of the education of patients and staff, the students' clinical experience, and the clinical services provided to patients, as well as the viability and sustainability of the education and clinical

services.

27. Miscellaneous.

27.1. Discrimination. Each Party warrants that it is an equal opportunity employer and does not discriminate with regard to race, color, gender, gender identity, sexual orientation, sexual identity, religion, creed, ancestry, age, marital status, pregnancy, citizenship, national or ethnic origin, genetic information, disability, or any other characteristic protected by law with regard to the provision of services, use of facilities, and/or assignment of personnel. Neither party shall discriminate with respect to acceptance of qualified Students or with respect to instruction of such Students during their clinical training. Receipt by either Party of evidence of such discrimination shall be cause for immediate termination of this Agreement. The Parties agree to maintain the privacy and security of personally identifiable education records and health information and to prevent disclosure in compliance with State and Federal laws.

27.2 The parties agree to report appropriate information (including but not limited to suspected child abuse and/or neglect, imminent threat of danger to self or others, and abuse of vulnerable adults) as mandated by applicable laws.

27.3. Policy Conflicts. Where areas of differences exist or occur in policies, procedures, rules, regulations or questions of clinical or medical practices (collectively, "Policies") of Hospital and University, Hospital's Policies shall prevail. In the event that a material conflict arises between the Parties' Policies, the Parties agree to discuss and determine whether either or both Parties' Policies may be appropriately modified to eliminate the conflict, any such modification to be made in the applicable Party's sole and absolute discretion.

27.4. No amendment or modification of or addendum to this Agreement shall be effective unless in writing and executed by authorized representatives of the parties hereto.

27.5. Governing Law. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of Maryland.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective authorized officers as of the day, month, and year as stated in the first paragraph of this Agreement.

PROVIDER

BY: _____ Date: _____

UNIVERSITY

**Maryland University of Integrative Health, Inc. 7750 Montpelier Road Laurel,
Maryland 20723**

President and Chief Executive Officer

Date: _____

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

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.

Appendix D Representative Faculty for the Workplace Wellness Certificate Program

Academic Administrators with Teaching Responsibilities

**Claudia Joy Wingo, MPH, RN, CN
Program Director of Health Promotion, MUIH
Possible Courses: IHED637, IHED633, IHED626**

Claudia Joy Wingo is the Program Director for Health Promotion at the Maryland University of Integrative Health (MUIH) and teaching faculty in the nutrition, integrative science, acupuncture, coaching programs there. She has been a faculty member at universities and colleges in the US and Australia, at a graduate, and undergraduate level, focusing in biomedicine, public health and integrative health, in both the community and workplace. She is currently adjunct faculty at Georgetown School of Medicine, teaching in their MS in Physiology and CAM. Claudia earned her Master of Public Health at James Cook University in Health Promotion and completed training as a RN in 1984 at University of Sydney, Australia. Her time spent working as an RN and public health educator in Papua New Guinea, Bangladesh, Pacific Islands and with Aboriginal communities in Central Australia, Far Northern Queensland and the Torres Straits has given her a unique outlook on cultural diversity, health behavior change and health communication which she brings to her program director's position. Claudia has a long history of working in both biomedical and complementary health as the previous Clinical Chair for the MS in Herbal Medicine at MUIH from 2001-2008, Integrative Therapies Liaison at Royal Prince Alfred Hospital in Sydney, Australia for 8 years and as Health Counsel on the Executive Board of the Rachel Carson Council for the past 7 years.

**Rebecca Owens Pille, PhD, MS, CWP
Program Director of Health and Wellness Coaching, MUIH
Possible Courses: IHED637, IHED633, IHED635**

Dr. Pille is the Program Director for Health and Wellness Coaching at the Maryland University of Integrative Health (MUIH) graduate school. Previously, Dr. Pille was a recognized leader in workplace wellness in the federal government. She directed all aspects of a federal agency's Health Promotion & Wellness department, to include managing a staff of clinical and administrative personnel, and overseeing an annual budget for delivering holistic health programs and services to a global workforce. To engender a culture of wellness at work, she established a corporate wellness infrastructure consisting of a senior executive-level Wellness Council, a health practitioner Wellness Working Group, and an employee Wellness Ambassadors program. She has presented for the DoD, Federal Occupational Health Nurses, Institute of Medicine, NIH, and UM's Center for Integrative Medicine. Dr. Pille is a peer reviewer for the *Health Literacy Research and Practice* journal, a reviewer for MUIH's Annual Research Symposium, and a member of the Institute of Coaching. She holds a Ph.D. in Psychology, specializing in Health Psychology/Behavioral Medicine and is a Certified Wellness Practitioner through the National Wellness Institute.

**Steffany Moonaz, PhD
Director of Clinical and Academic Research, MUIH
Possible Courses: IHED637**

Dr. Moonaz is a yoga therapist and researcher in Baltimore, MD and serves as Assistant Director of Academic Research at the Maryland University of Integrative Health. She completed

undergraduate work in biology and dance at Oberlin College, earned a MFA from University of Maryland as well as a CMA from the Laban Institute, and spent seven years at Johns Hopkins University, helping to develop and evaluate a yoga program for individuals with the chronic diseases of rheumatoid arthritis and osteoarthritis, which became the basis for her PhD in public health. This work is currently being replicated at the National Institutes of Health through intramural research collaboration. Dr. Moonaz serves as a mentor for several emerging researchers in complementary and integrative health disciplines and is leading the development of yoga research reporting guidelines.

Current Ranked Faculty

Katherine Smith, MPH, CHWC

Ranked Faculty - Instructor, Health Promotion and Health and Wellness Coaching, MUIH

Possible Courses: IHED633, IHED635

Katherine Smith is a public health researcher and health and wellness coach, and ranked faculty in the Health and Wellness Coaching and Health Promotion Departments at Maryland University of Integrative Health (MUIH). She facilitates mind-body and meditation course(s) for medical and graduate-level students at Georgetown University School of Medicine and George Washington University and is Senior Trainer for MINDS (Mindfulness in DC Area Schools), bringing mindfulness into public and private schools in Washington, D.C., MD, and VA. She has taught mindfulness and other mind-body skills to multiple populations, including children, medical students, physicians, nurses, adults, Native Americans, members of the military, corporate executives, and Members of Congress and their staff. Ms. Smith received her Master's of Public Health (MPH) from the University of Michigan and has a Bachelor of Science in psychology from Duke University. Ms. Smith has over 20 years of experience developing, implementing, and evaluating health-related programs and services. For the last 10 years, Ms. Smith served as Senior Consultant and Program Manager at the Samueli Institute where she developed and evaluated programs that contribute to human flourishing. Prior, she was Director, Stress Management Services & Cardiovascular Executive Health Program at the University of Michigan (U-M) Preventive Cardiology clinic and worked at the University of Michigan (U-M) Complementary and Alternative Medicine Research Center (CAMRC), a National Institutes of Health (NIH)-funded research center, where she led and evaluated mind-body skills programs for faculty and medical and allied health students. She also developed CAM-related education curricula for the U-M Medical School.

Casey Fay, MS, CHES

Ranked Faculty - Instructor, MS Health Promotion Program

Possible Courses: IHED621, IHED626

Casey Fay is currently ranked faculty in the Master of Health Promotion program and has worked as a content expert since its inception in 2013, focusing on health communications and health behavior change. Previously she served as program coordinator in Perinatal and Women's Health at the Maryland Department of Health and Mental Hygiene and program coordinator of the Project Connect grant from the Office on Women's Health. Project Connect was a public health initiative to change the way health care responds to violence in the community. The program trained over 1,000 health care providers on screening in family

planning settings and ways to respond with de-escalation, harm reduction strategies and referrals. The project received the Governor's Office of Crime Control and Prevention's Outstanding Contribution to Victim Services Award worked for a health organization responsible for the training and education of health center staff as well as special projects related to substance use, trauma and LGBTQ healthcare in the community. She has also been an adjunct professor in both the psychology and health sciences program at Anne Arundel Community College, the Community College of Baltimore County and Towson University teaching classes on personal and community health, health behavior change, women's health, women's studies and gender and human sexuality.

Elizabeth Ahmann, ScD, RN, PCC

Ranked Faculty - Instructor, MA, Health and Wellness Coaching Program, MUIH

Possible Courses: IHED637, IHED633, IHED635

Elizabeth Ahmann has a Master of Science, Nursing and PhD. in Public Health from Johns Hopkins. She practiced for many years as a nurse practitioner in women's health and as a pediatric nurse, both in-patient and as part of a home care team. She has been a health and wellness coach for the past 10 years and is certified by the International Coach Federation as a Professional Certified Coach (PCC), and International Consortium for Health and Wellness Coaching.

Marybeth Missenda, MS, RPh, CNSC

Ranked Faculty - Instructor, Integrative Health Sciences, MUIH

Possible Courses: IHED637

Marybeth Missenda has over 20 years of experience as a health system pharmacist specializing in Parenteral Nutrition and medication therapy management. With a BS in Pharmacy from Duquesne University and a Master's in Nutrition and Integrative Health from Maryland University of Integrative Health, she has worked with the World Health Organization in its Essential Drug Program in Haiti and as a director of pharmacy on the island of Montserrat. Prof. Missenda has been teaching at the graduate level since 2013 and currently teaches in MUIH's Integrative Science and Herbal Medicine departments at the Maryland University of Integrative Health. She teaches both online and face-to-face courses and collaborated in the development of the University's Introduction to Complementary and Integrative Health course.

Adjunct Faculty, Health Promotion Program

Sophia Kuziel, MPH, CHES, CHHC

Adjunct Faculty, MS Health Promotion Program

Possible Courses: IHED621, IHED626, IHED623

Sophia Kuziel earned her Master in Public Health in Prevention and Community Health with a concentration in Maternal and Child Health from The Milken Institute School of Public Health at The George Washington University. She is a Certified Health Education Specialist (CHES) and has experience developing, implementing and evaluating health education programs for adolescents and young adults. Sophia is also a Certified Holistic Health Counselor (CHHC) and has worked one-on-one with clients wishing to redefine their health.

Dr. Judith Grunwald, PhD, CCC/SLP, ACC
Adjunct Faculty, MS Health Promotion Program
Possible Courses: IHED637, IHED633

Judith Grunwald's professional life began as a speech-language pathologist. In this capacity, she has worked with individuals of all ages who have communication disorders. After working in schools, her life took a turn toward academia, becoming a professor at Towson University, and completing a doctorate in Human Development at the University of Maryland. In 2011, she completed both foundation and advanced coaching courses, and in 2013, earned a Certificate in Integrative Health and Wellness at the University of Arizona, under the auspices of Dr. Andrew Weil. To that end, she now works as a health and wellness coach, working with special populations which fits with the fact that she has worked with individuals with traumatic brain injuries for the past 20 years, primarily specializing in cognitive rehabilitation, and returning back to a healthy lifestyle. Currently, in addition to her mentor coaching and teaching roles at MUIH, she coaches individuals in Baltimore City involved in a movement dedicated to helping those people with particular challenges get back to work.

Lori Bednarchik, PhD, MPH, CHES
Adjunct Faculty, MS Health Promotion Program
Possible Courses: IHED623

Lori Bednarchik attended the University of Maryland on an athletic scholarship and studied English and Gender Studies for her undergraduate degree. She continued her education at Maryland in the School of Public Health and received her MPH in Community Health Education. During graduate school, Dr. Bednarchik became more interested in designing and implementing programs, campaigns, and messages for public health and community programs. She currently works as a Health Educator for San Diego State University where she continues to design health programming for college students. Her PhD studies at Arizona State University focused in methods of inquiry, particularly various types of quantitative methods. Dr. Bednarchik has taught numerous health education classes both in-person and on-line over the last 12 years.

Raha Janka, MPH
Adjunct Faculty, MS Health Promotion Program
Possible Courses: IHED626, IHED623

Raha Janka brings many years of multi-disciplinary public health and international development training and experience to her teaching, specifically in monitoring & evaluation, statistical research, and instructional design. She has managed global health and economic development programs both domestically and internationally for the World Bank, supporting health promotion, health systems strengthening, health infrastructure, water/sanitation projects, HIV/AIDS/reproductive health, and equitable access to gender-sensitive health care services. Her field experience supports her conviction that behind every discovery of a new medicine and treatment are thousands of people who were involved in health research. Without research, many diseases that can now be treated would be crippling or result in early death. Holistic remedies, new ways to treat old and new illnesses, and new ways to prevent diseases can only result from health research.

Fushena Cruickshank, MS
Adjunct Faculty, MS Health Promotion Program
Possible Courses: IHED637, IHED626, IHED633

Fushena Cruickshank completed an MS in Health Promotion with a concentration in health coaching at Maryland University of Integrated Health; and has been adjunct faculty at MUIH for the past two years. She currently works for Kaiser Health as a Health Educator in women's health. After completing her undergraduate degree in Community Health, she worked alongside different groups of individuals, preparing them to advocate for their health rights; with a heavy emphasis on working with teenage females in protecting themselves against sexual pressure, HIV/AIDS, and reproductive rights and wellness. Through this work she set up wellness programs at schools and community centers, was part of the text messaging campaign for teens, and incorporated a wellness section into the workflow of many programs. She provides Technical Assistance in the form of training, conferences, and webinars on different Evidence Based Practices to improve different organizations system of care to women, children, and families living in residential treatment facilities.