

**University of North Florida  
Doctor of Health Administration  
CIP 51.0701**

Proposal Documents

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The student survey results and the faculty curriculum vitae are available upon request.



State University System of Florida Board of Governors  
**REQUEST TO OFFER A NEW DEGREE PROGRAM**

In accordance with Board of Governors Regulation 8.011

(Please do not revise this proposal format without prior approval from Board staff)

University of North Florida  
 Institution Submitting Proposal

Fall 2024  
 Proposed Implementation Term

Brooks College of Health  
 Name of College(s) or School(s)

Health Administration  
 Name of Department(s)/Division(s)

Health Administration  
 Academic Specialty or Field

Doctor of Health Administration  
 Complete Name of Degree

51.0701  
 Proposed CIP Code (2020 CIP)

Proposed Program Type  
 E&G Program  
 Market Tuition Rate Program  
 Self-Supporting Program

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial resources and the criteria for establishing new programs have been met before the program's initiation.

12/8/2023  
 Date Approved by the University Board of Trustees

Moz Zin 12/7/2023  
 President's Signature Date

[Signature] 12/7/23  
 Board of Trustees Chair's Signature Date

[Signature] 12/7/2023  
 Provost's Signature Date

**Projected Enrollments and Program Costs**

Provide headcount (HC) and full-time equivalent (FTE) student estimates for Years 1 through 5. HC and FTE estimates should be identical to those in Appendix A – Table 1. Indicate the program costs for the first and the fifth years of implementation as shown in the appropriate columns in Appendix A – Table 3A or 3B. Calculate an Educational and General (E&G) cost per FTE for Years 1 and 5 by dividing the total E&G by FTE.

Implementation Timeframe	HC	FTE	E&G Cost per FTE	E&G Funds	Contract & Grants Funds	Auxiliary/Philanthropy Funds	Total Cost
Year 1	10	7.5	\$15,594	116958			\$ 116,958
Year 2	22	16.5					
Year 3	36	24.5					
Year 4	42	28.5					
Year 5	48	32.5	\$5,493	178535			\$178,535

**Programs of Strategic Emphasis Waiver (for baccalaureate programs only)**

Does the program fall under one of the CIP codes listed below?

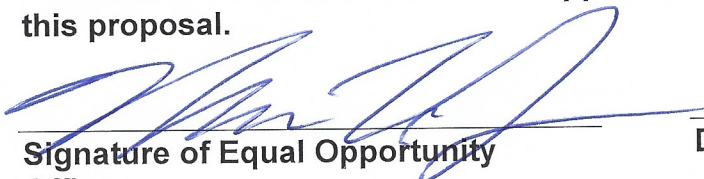
- Yes
- No

If yes, students in the program will be eligible for the Programs of Strategic Emphasis (PSE) waiver. See [Board Regulation 7.008](#) and the [PSE Waiver Guidance](#) for additional details.

CIP CODE	CIP TITLE	CATEGORY
11.0101	Computer and Information Sciences	STEM
11.0103	Information Technology	STEM
14.0801	Civil Engineering	STEM
14.0901	Computer Engineering	STEM
14.1001	Electrical and Electronics Engineering	STEM
27.0101	Mathematics	STEM
40.0801	Physics	STEM
52.0301	Accounting	GAP ANALYSIS
52.0801	Finance	GAP ANALYSIS
52.1201	Management Information Systems	STEM

**Additional Required Signatures**

I confirm that I have reviewed and approved Need and Demand Section III.F. of this proposal.

  
 Signature of Equal Opportunity Officer

7-19-2023  
 Date

I confirm that I have reviewed and approved Non-Faculty Resources Section IX.A. and IX.B. of this proposal.

*Brent Mai*  
Signature of Library Dean/Director

26 July 2023  
Date

## Introduction

### I. Program Description and Relationship to System-Level Goals

#### A. Describe within a few paragraphs the proposed program under consideration and its overall purpose, including:

- degree level(s)
- majors, concentrations, tracks, specializations, or areas of emphasis
- total number of credit hours
- possible career outcomes for each major (provide additional details on meeting workforce need in Section III)

This proposal for the establishment of a Doctor of Health Administration Program (DHA) at the UNF is based on an identified need in Northeast Florida. The proposed DHA Program is a unique and scientifically designed doctoral program with emphasis on global health management and leadership, advanced evidence-based management of healthcare facilities and institutions. The DHA is considered an applied doctorate, which focuses on taking the evidence available in clinical, organizational, and policy areas and using it to directly solve complex problems in healthcare.

The UNF DHA Program is designed to prepare experienced clinicians and health administration leaders with the knowledge and skills to meet the changing healthcare industry. It will consist of 48 credit hours total - 36 semester hours of didactic coursework and 12 semester hours for the pragmatic and challenging Doctoral Project.

Our graduates will be able to assume leadership roles at the highest levels of healthcare management and administration in academic/teaching hospitals and institutions, with sample titles such as Clinical Director, Healthcare System Director, Medical Records Director, Medical Records Manager, etc. We currently use Health Administration alumni as adjunct professors, and many express the desire to one day teach full time in an academic institution. The DHA Program is needed because there are no equivalent programs available in Northeast Florida, which has a large and rapidly expanding healthcare sector. UNF continues to field inquiries about the availability of a DHA program for healthcare practitioners and executives.

#### B. If the proposed program qualifies as a Program of Strategic Emphasis, as described in the Florida Board of Governors 2025 System Strategic Plan, indicate the category.

- **Critical Workforce**
  - Education
  - Health
  - Gap Analysis

- **Economic Development**
  - Global Competitiveness
  - Science, Technology, Engineering, and Math (STEM)
- Does not qualify as a Program of Strategic Emphasis.**

## **II. Strategic Plan Alignment, Projected Benefits, and Institutional Mission and Strength**

### **A. Describe how the proposed program directly or indirectly supports the following:**

- **System strategic planning goals (see the link to the 2025 System Strategic Plan on the [New Program Proposals & Resources](#) webpage)**
- **the institution’s mission**
- **the institution’s strategic plan**

### **2025 University System of Florida Strategic Plan - 2025 Goals**

#### ***Strengthen Quality and Reputation of the Universities***

One of the courses in the proposed DHA Program is “Scientific Writing for the Healthcare Professional”. We fully expect that students and graduates of the program publish papers in peer-reviewed journals and present at state, national, and international conferences. It is the expectation of the DHA Program to broaden the reach of our DHA students to impact healthcare from a big picture perspective.

It is a goal of UNF to move up in the U.S. News and World Report rankings. While many of the criteria are focused on undergraduate metrics, one of the measures is alumni giving. We believe strongly that our MHA and EMHA graduate programs, along with a mentoring program using alumni in Health Administration have contributed to increased alumni giving. The proposed DHA Program will provide another avenue to engage senior healthcare executives who are more likely to donate to the University.

You will note in Appendix J that we have three letters of support from community healthcare executive leaders from Mayo Clinic, Baptist Health, and Brooks Rehabilitation. This will be a positive opportunity for both their future leaders and those who might become involved in guest lectures and symposiums.

#### ***Increase Degree Productivity and Program Efficiency***

The University of North Florida is already one of the most efficient universities in the nation, with an impressive record of providing an exceptional education and accelerating students on successful career paths with a modest investment by the state. Our in state and out of state tuition for graduate programs is one of the lowest in the country. This will be a benefit to individuals and also to organizations providing tuition reimbursement for these graduate students.

The proposed DHA Program has been thoughtfully designed with a hybrid format, combining 80% online coursework with 20% on-campus weekend executive

seminar sessions. By adopting this approach, the DHA Program will cater to the distinct educational requirements of senior-career professionals, while facilitating networking opportunities with peers and fostering learning from esteemed faculty members and local healthcare executives. This schedule and graduate program structure are specifically tailored to meet the needs of busy professionals, allowing them to effectively balance their executive-level commitments. Each semester has two courses of 3 credits each. This is similar to other doctoral programs attracting working adults. They will be able to finish their degree in 3 years.

### ***Increase the Number of Degrees Awarded in STEM/Health and Other Programs of Strategic Emphasis***

While Health Administration is not a Program of Strategic Emphasis this year, we know from the inquiries about the program, our survey of students and alumni, and the support of our Health Administration Advisory Board, this is a Program of need. Healthcare is a dynamic and ever-changing business and more education and expertise are needed to weather the storms ahead.

### ***Strengthen the Quality and Reputation of Scholarship, Research, and Innovation***

There is no doubt that the DHA Program will improve the quality and impact of scholarship, research, and innovation. With courses in Research Methodologies and Evidence-based Decision-making, students will become proficient in evaluating research and applying it to innovative solutions. Since the proposed DHA Program is a graduate program, the primary focus will be addressing innovation in the dynamic and evolving healthcare industry.

### ***Increase Research Activity and Attract More External Funding***

The proposed DHA Program will have an evidence-based doctoral project (rather than a research dissertation), however, there would still be opportunities for application of funding for these projects. With 10 students the first year and increasing the cohorts by 2 in subsequent years, that allows many opportunities to consider external funding.

### ***Increase Research Commercialization Activities***

While the proposed DHA Program would not directly impact the number of patents, licenses, and start-up companies, adding the number of doctoral prepared healthcare administrators would increase the chance of innovation and global impact related to healthcare.

We also have a role model in our University President. UNF President Moez Limayem was awarded the National Academy of Inventors (NAI) Sentinel Award in late June 2023 at their 12th Annual Meeting in Washington, D.C. for his many contributions to innovation and invention. President Limayem has been an honorary NAI member for several years and previously served as a principal investigator for the organization. President Limayem has been an active supporter of our Brooks College of Health and has participated in numerous health administration events.

### ***Strengthen the Quality and Recognition of Commitment to Community and Business Engagement***

Our proposal for the DHA Program was reviewed and supported by three of our large healthcare organization CEO's/CAO's. They are excited for the opportunity for either themselves or their staff to participate in this program and will likely be continued supporters either financially or through UNF's Health Administration Advisory Board participation.

### ***Increase Levels of Community and Business Engagement***

UNF's DHA program will be designed in collaboration with local healthcare executives to provide education to individuals with demonstrated leadership potential. The specific intent of the Program is serving the regional healthcare workforce with a focus on teaching hospitals and academic medical centers. It will likely expand beyond the regional borders; however, Northeast Florida will be the primary market.

### ***Increase Community and Business Workforce***

The DHA degree is a terminal degree and students will either be employed full-time while attending school or will have a high likelihood of contributing to the healthcare workforce full-time after graduating.

## **UNF Mission 2023–2028**

***UNF Mission:*** “At the University of North Florida, we ignite a passion for learning and discovery through transformational education in a supportive environment that leads students to rewarding careers and lifelong success. Our beautiful campus is a hub for talent development, relevant research and community engagement, where we enrich lives and fuel the economic and overall prosperity of Northeast Florida and beyond.”

The proposed DHA Program is a clear extension of the community-based focus of both the Brooks College of Health (BCH), UNF, and the State University System's focus on community engagement. Jacksonville, Florida is a mecca for healthcare with over 12 hospitals, new hospitals being planned and built in the next 5 years, and home to the Florida Blue Corporate Headquarters. Strong University Programs related to healthcare are a critical community need. Healthcare needs highly educated innovative and transformative change agents and leaders to pave the way. Furthermore, the future executives have to be adequately prepared for handling data-based decision making and process in order to navigate the organizational change in a turbulent world.

## **UNF Strategic Plan 2023–2028: Soaring Higher Together**

### ***Priority 1: Ensure Student Success from Enrollment to Employment and Beyond***

The proposed DHA Program will start with a small cohort of 10 students. This is needed for a doctoral program to allow faculty time to individually coach and mentor

these advanced students. The goal would be a 100% success rate for graduation from the program.

***Priority 2: Inspire Relevant Research and Impactful Innovation***

The proposed DHA Program will have an evidence-based doctoral project which requires investigation of the research in order to apply innovative solutions to continuous problems. Our external consultant also emphasized that we include developing national and global leaders who can play important roles in transforming healthcare management and practice. That will be incorporated into the curriculum, the weekend seminars, and the annual Leadership Summit at UNF.

***Priority 3: Expand Mutually Beneficial Partnerships with the Community***

UNF's proposed DHA Program is designed in collaboration with local healthcare executives with the specific intent of serving the regional and national healthcare workforce. DHA graduates will serve as global leaders at the highest levels in large hospitals and academic medical centers. The semester weekend seminar also provides an opportunity to partner with the community hospitals for speakers, tours, case studies, and exemplars.

***Priority 4: Accelerate the Success of Faculty and Staff***

One of the goals for this priority is to recruit and retain the top talent for all UNF employee positions. This proposed DHA program will also provide candidates with credentials to be able to teach in our Health Administration programs and a local recruitment pool for adjunct and full-time professors. It also allows a professional development pathway for current faculty as they develop new courses for the DHA curriculum.

**B. Describe how the proposed program specifically relates to existing institutional strengths. This can include:**

- **existing related academic programs**
- **existing programs of strategic emphasis**
- **institutes and centers**
- **other strengths of the institution**

The University of North Florida is ranked among the nation's Best Graduate Schools by U.S. News & World Report for 2023-24. UNF is highly recognized for excellence in healthcare management for the following programs:

- The Bachelor of Health Administration (BHA) Program is certified by the Association of University Programs in Health Administration (AUPHA) and was recertified for the maximum 7-year period in 2022 through 2029.
- The Master of Health Administration (MHA) Program is accredited by the Council for Accreditation of Health Management Education (CAHME) and was reaccredited in 2023 for the maximum 7-year period through 2030.
- The Executive Master of Health Administration (EMHA) Program was



established in 2019 and has consistently and significantly grown in enrollment since that time.

This DHA Program will continue to put UNF on the forefront of innovation in education. UNF's BCH has a history of developing successful doctoral programs in healthcare. Currently, doctorates are offered in Clinical Nutrition, Family Nurse Practitioner, Nurse Anesthesiology, Nursing, Physical Therapy, and Psychiatric Mental Health. UNF's BCH has more doctoral programs than any other college in the University.

Some of the doctoral projects by students could also align with the mission and objectives in the UNF Center for Aging Research. Their mission is to support "...interdisciplinary research that seeks to identify, evaluate and disseminate new knowledge related to health, equity, and social services needed to ensure optimum quality of life for our growing Older Adult population."

**C. Provide the date the pre-proposal was presented to the Council of Academic Vice Presidents Academic Program Coordination (CAVP ACG). Specify any concerns raised and provide a narrative explaining how each concern has been or will be addressed.**

On April 19, 2023, the Academic Coordination Group (ACG) of CAVP convened to discuss the DHA proposal, and no significant issues were reported. However, the University of Florida (UF) did express a formal concern specifically regarding the potential inclusion of a research component or track within the DHA Program. This concern arose from UF's PhD Public Health Program, which focuses on health services research, and they expressed a desire to avoid any competition in this area. In response, the UNF DHA Program has been designed to be an applied-based program. It will feature an evidence-based Doctoral Project aimed at exploring administrative and clinical challenges within hospital practice. This approach ensures that the UNF DHA Program maintains its distinct focus while addressing the concerns raised by UF.

**D. In the table below provide an overview of the institutional planning and approval process leading up to the submission of this proposal to the Board office. Include a chronology of all activities, providing the names and positions of university personnel and external individuals who participated.**

- **If the proposed program is at the bachelor's level, provide the date the program was entered into the APPRiSe system, and, if applicable, provide a narrative responding to any comments received through APPRiSe.**
- **If the proposed program is a doctoral-level program, provide the date(s) of the external consultant's review in the planning table. Include the external consultant's report and the institution's responses to the report as Appendix B.**

**Planning Process**

<b>Date</b>	<b>Participants</b>	<b>Planning Activity Description</b>
8/18/2021	Dr. Mei Zhao, Chair, Health Admin	Health Administration Faculty Retreat Meeting Agenda item
8/19/2021	Dr. Mei Zhao, Chair, Health Admin	Health Administration Advisory Board Meeting Agenda item
12/21/2021	Encoura Eduventures Research, Ashley Hanson, Client Research Analyst	Doctor in Health Administration: Program Feasibility Study completed (Appendix B)
1/19/2022	Dr. Jeff Harrison, HA Professor Dr. Mei Zhao, Chair, Health Admin	Agenda item at Health Administration Faculty Meeting
8/2/2022	Dr. Jeff Harrison, HA Professor	Submitted "New Academic Degree Program Authorization Pre-Proposal Form" to Dr. Mei Zhao
2/21/2023	Dr. Mei Zhao, Chair, Health Admin Chadwick Lockley, Director of Academic Programs and Accreditation	Proposal forwarded to Dean Curt Lox
3/14/2023	Dr. John Kantner, Associate Provost of Faculty & Research	Academic & Student Affairs approval
4/19/2023	Dr. Karen Patterson, Provost, Chair of CAVP ACG	CAVP Academic Coordination Group approval; UF had an official concern and desires a clear distinction as a professional degree versus a research doctorate
7/4/2023	Dr. Thomas Wan, Professor Emeritus of School of Global Health Management and Informatics, University of Central Florida	External consultant hired to review proposal
Fall 2023	Karen Patterson, Provost John Kantner, Associate Provost Others on team at the time	RTO review and approval by the Provost Leadership Team
Fall 2023	College Deans of UNF	Review and approval by Council of Deans
December 7 2023		APC
January 11 2024		Faculty Association
January 2024		UNF BOT approval

February 2024		Submission Deadline to BOG
June 2024		Florida Board of Governors approval

The planning process above began with first getting the buy-in from our own faculty and the Health Administration Advisory Board of community healthcare leaders. With their strong support, they assigned Dr. Jeff Harrison to develop a pre-proposal that was reviewed by the Health Administration Chair, faculty, and then to the Dean of the Brooks College of Health, Dr. Curt Lox. With the Dean's approval, it was moved on to the Academic & Student Affairs Committee on 3/14/2023. It was approved and moved on to the CAVP Academic Coordination Group. They approved the pre-proposal with a note that the University of Florida had one official concern about the DHA competing with their PhD in Public Health. The full proposal has addressed that concern and we feel we will not compete for the same students. The emphasis for the proposed DHA is to provide an applied and evidence-based management program focused on hospital administration, not Public Health.

**E. In the table below, provide a timetable of key events necessary for implementing the proposed program following approval of the program by the Board office or the Board of Governors through to the addition of the program to the State University System Academic Degree Program Inventory.**

**Events Leading to Implementation**

<b>Date</b>	<b>Implementation Activity</b>
January 2024	Marketing and Student Recruitment begin
February – April 2024	Faculty assignment and begin developing new courses for the program.
March 2024	Determine need for adjunct faculty and hire for Fall semester
August 2024	First cohort of 10 students begin program

**Institutional and State-Level Accountability**

**III. Need and Demand**

**A. Describe the workforce need for the proposed program. The response should, at a minimum, include the following:**

- **current state workforce data as provided by Florida's Department of Economic Opportunity**
- **current national workforce data as provided by the U.S. Department of Labor's Bureau of Labor Statistics**
- **requests for the proposed program from agencies or industries in the university's service area**
- **any specific needs for research and service that the program would fulfill**

## **Current state workforce data as provided by Florida's Department of Economic Opportunity**

Florida's Department of Economic Opportunity shows a growing demand for Medical and Health Services Managers with a predicted 31.5% growth from 2022 to 2030 in Duval County. This will generate 1,656 new positions with an average hourly wage of \$47.01 ([Florida DEO, 2023](#)). In the 2021-2029 College Projections, Fastest Growing Occupations, Medical and Health Services Managers are listed as #6 of the top 10 ([College Projections - FloridaJobs.org, 2023](#)).

Healthcare Administration EDU also reported that Florida's Department of Economic Opportunity estimates a 25.6% increase in jobs for healthcare administrators in the state between 2016 and 2026, slightly above the national average. In a state this size, that amounts to 1,440 positions vacant annually during that period, a combination of new job creation and attrition in existing roles ([Healthcare AdministrationEDU.org](#)). This rapid growth requires an experienced and educated workforce.

Florida's Department of Economic Opportunity also shows a growing demand for postsecondary teachers. It predicts an 18.5% job growth between 2022 and 2030 for Duval County, resulting in 1,219 new jobs with a median annual salary of \$61,028 ([Floridajobs.org, 2023](#)).

## **Current national workforce data as provided by the U.S. Department of Labor's Bureau of Labor Statistics**

The U.S. Bureau of Labor Statistics category for job projections that are most closely aligned with the DHA Program is the Medical and Health Services Managers. That is defined as "Medical and health services managers plan, direct, and coordinate the business activities of healthcare providers". The table below titled "Labor Market Demand, CIP Code 51.0701" and the narrative below describes the national workforce data related to this position. As stated, employment of medical and health services managers is projected to grow 28 percent from 2021 to 2031, much faster than the average for all occupations. The median annual wage for medical and health services managers was \$101,340 in May 2021. Florida is listed as one of the top 5 states with the highest employment level in Medical and Health Services Managers ([BLS, 2023](#)). The DHA Program will benefit the state of Florida by producing more qualified workers for jobs that are in increasing demand in Florida.

O\*NET online identifies Bright Outlook occupations that are expected to grow rapidly in the next several years, will have large numbers of job openings, or are new and emerging occupations. [Medical and Health Services Managers](#) is identified as a Bright Outlook occupation.

Additionally, according to the U.S. Census Bureau's article [The Graying of America: More Older Adults Than Kids by 2035](#), the population of people ages 65 and older is projected to grow significantly over the next few decades. This increase in the retirement-aged population is expected to create a higher demand for health care services, leading to a higher demand for health care professionals. The BLS notes that nursing care facilities, group practices and health practitioners' offices will particularly experience significant growth. Individuals with prior experience in the healthcare industry and business management skills should have the best employment opportunities.

## Requests for the proposed program from agencies or industries in the university's service area

A significant gap in meeting local educational needs of experienced clinicians and health administration executives was identified in 2021 by the UNF Health Administration Advisory Board. The UNF Health Administration Advisory Board, comprised of regional healthcare executives, identified a significant gap in meeting the local educational needs of mid- and upper-level administrators and physicians and thus recommended a new online Doctor of Health Administration degree. Program proponents have had extensive discussions with healthcare and academic leaders in Northeast Florida. Hospital leaders have stated their overwhelming support for the program and have indicated interest in attending the program. See Appendix J for Advisory Board minutes showing support and approval of this program and letters of support from healthcare organizations in the community.

## Specific needs for research and service that the program would fulfill

The proposed DHA Program doctoral project will focus on a problem or question that requires a change in healthcare or educational services, administrative practices and/or policies that might be addressed in a particular leadership role. This problem will have relevance to current and emerging health care or educational issues. The result of the project will be a scholarly work, written at a doctoral level of complexity, dealing with the results of the evidence-based analysis of the service, practice or policy examined. An emphasis will be placed on dissemination of evaluative outcomes and implications for healthcare administration.

In addition to job opportunities related to health administration, this DHA Program would also prepare students as faculty for teaching in the Health Administration Program. Overall employment of postsecondary teachers is projected to grow 7.1 percent nationally and 11.8 percent in Florida from 2022 to 2030. The median annual wage for postsecondary teachers was \$79,640 in May 2021 ([BLS, 2023](#)).

## National and Florida Workforce Demand

In the table below, provide occupational linkages or jobs graduates will be qualified to perform based on the training provided for the proposed program that does not currently appear in the most recent version of the Search by CIP or SOC Employment Projections Data Tool provided periodically by Board staff.

### Occupational Linkages for the Proposed Program

SOC Code (XX-XXXX)	Occupation Title	Source / Reason for Inclusion
11-9111	Medical and Health Services Managers	O*Net Online /Description fits program
25-1199	Postsecondary teachers, All other	O*Net Online/Description fits program

The SOC code for this DHA Program that is most aligned is 11-9111, Medical and Health Services Managers. The description of that SOC code is to plan, direct, or coordinate medical and health services in hospitals, clinics, managed care organizations, public health agencies, or similar organizations ([O-Net Online, 2023](#)).

The SOC code 25-1199 Postsecondary teachers, all other, includes the CIP code of 51.3299, Health Professions Education, Ethics, and Humanities, Other. The annual wage in Florida is \$76,920 annually ([O-Net Online, 2023](#)). Graduates of the DHA Program would be qualified to teach in Health Administration.

**Complete the table below and summarize its contents in narrative form. Include data for all linked occupations, including those in the table above. Use data from the Search by CIP or SOC Employment Projections Data Tool provided periodically by Board staff.**

**Labor Market Demand, CIP Code 51.0701 and CIP Code 51.3299**

Occupations	Percent Change in Job Openings		Annual Average Job Openings		Total # of New Jobs		Education Level Needed for Entry
	FL 2022-30*	U.S. 2021-31	FL 2022-30	U.S. 2021-31	FL 2021-31	U.S. 2021-31	
Medical and Health Services Managers CIP Code 51.0701	Not available	28%	Not available	56,600	Not available	136,200	Bachelor's Degree
Postsecondary teachers/ All others CIP Code 51.3299	11.8%	7.1%	2,167	23,600	2,284	18,000	Doctoral degree

Employment of medical and health services managers is projected to grow 28 percent nationally from 2021 to 2031, much faster than the average for all occupations. About 56,600 openings for medical and health services managers are projected each year, on average, over the decade ([BLS, 2023](#)). Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire. ([BLS, 2023](#)).

Post-secondary teachers instruct students in a variety of academic subjects beyond the high school level. Overall employment of postsecondary teachers is projected to grow 11.8% in Florida from 2022 to 2030, resulting in 2,167 jobs available. Nationally, 23,600 openings for postsecondary teachers are projected each year, on average, over the decade. ([BLS, 2023](#)).

Sources:

Date Retrieved: 07/15/2023

U.S. Bureau of Labor Statistics - <https://data.bls.gov/projections/occupationProj>

\*Florida Department of Economic Opportunity - <http://www.floridajobs.org/labor-market-information/data-center/statistical-programs/employment-projections>

**B. Provide and describe data that support student demand for the proposed program. Include questions asked, results, and other communications with prospective students.**

No Florida SUS Universities offer DHA Programs at this time. A recent study contracted by UNF with Encoura Eduventures Research showed that for fields of study directly related to health administration, doctoral conferrals grew at a compounded annual growth rate (CAGR) of 8% between 2012 and 2020 nationally. They also found regionally, demand is outpacing supply, which indicates the market could be ripe for a new provider. Doctoral programs in health-related areas are growing faster than any other credential level.

Over the past 10 years, more than 10 senior executives inquired about Health Administration Doctoral Programs and some of those currently teach for us. We currently have another 6 individuals inquiring about the start of the DHA Program.

A brief Qualtrics survey was distributed to current UNF MHA, MHA/MBA and EMHA students to assess graduate student demand for a Doctor of Health Administration, and 47 EMHA students, 17 MHA, and 1 MHA/MBA student responded. The entire survey can be found in Appendix K. The results are summarized below and demonstrate a strong student demand for the program:

**Q1 - Would you be interested in pursuing a Doctor in Health Administration (DHA) degree at UNF sometime in the future?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	37	57%
Maybe	10	15%
No	18	28%

**Q2 - Do you know any non-UNF students who may be interested in pursuing a DHA degree at UNF sometime in the future?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	17	26%
Maybe	14	22%
No	34	52%

**Q3 - Would you like more information about this DHA Program?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	52	80%
No	13	20%

**Q4 - If interested in UNF's new Doctor in Health Administration degree program, please provide your email address**

49 students left their contact information that included their name and email address

asking for more information about the degree.

A brief Qualtrics survey was also distributed to UNF MHA and MHA/MBA alumni to assess graduate student demand for a Doctor in Health Administration, and 70 MHA alumni and 4 MHA/MBA alumni responded. The entire survey can be found in Appendix K. The results are summarized below and demonstrate a strong alumni demand for the program:

**Q1 - Would you be interested in pursuing a Doctor in Health Administration (DHA) degree at UNF sometime in the future?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	28	38%
Maybe	29	39%
No	17	23%

**Q2 - Do you know any non-UNF students who may be interested in pursuing a DHA degree at UNF sometime in the future?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	15	20%
Maybe	24	33%
No	35	47%

**Q3 - Would you like more information about this DHA Program?**

<b>Answer</b>	<b>N</b>	<b>Percent</b>
Yes	54	74%
No	19	26%

**Q4 - If interested in UNF's new Doctor in Health Administration degree program, please provide your email address**

51 UNF MHA and MHA/MBA alumni left their email address and name asking for more information about the degree. Between the two surveys, we have the ability to do direct marketing to those giving us their email address.

**C. Complete Appendix A – Table 1 (1-A for undergraduate and 1-B for graduate) with projected student headcount (HC) and full-time equivalents (FTE).**

- Undergraduate FTE must be calculated based on 30 credit hours per year
- Graduate FTE must be calculated based on 24 credit hours per year

**In the space below, explain the enrollment projections. If students within the institution are expected to change academic programs to enroll in the proposed program, describe the anticipated enrollment shifts and impact on enrollment in other programs.**



Given the demand expressed by our students and by hospital leaders in Jacksonville, we are confident in our enrollment projections in Appendix A – Table 1-B). We plan to admit 10 students (7.5 FTE) in the first year of the program. Students will only be admitted in the fall semester (once a year) so will be in a cohort model. The cohort would be together for 3 years or a total of 8 semesters. Two years would be 18 credits total and the third year would be 12 credits total. For each subsequent year, we would add 2 students to the cohort. Year 2 would be 12 students, Year 3 would be 14 students, Year 4 would be 16 students, Year 5 would be 18 students. The maximum doctoral students at any given time (in three cohorts) would be 54 (36 FTE), with 18 working on their doctoral projects.

Based on student interest received thus far and the degree programs anticipated to feed into the DHA Program, we anticipate approximately 50% of our students will come from our MHA and EMHA programs or other university programs, while 50% will be individuals drawn from healthcare organizations in our region (e.g., returning alumni and other hospital leaders). In addition, we expect to draw from a national pool beginning on year 2 and increasing out of state student recruitment each year (1 student on Year 2, 2 students on Year 3, 3 students on Year 4, and 4 students on Year 5).

We do not expect students at UNF to change academic programs to enroll in the DHA Program.

**D. Describe the anticipated benefits of the proposed program to the university, local community, and the state. The benefits of the program should be described both quantitatively and qualitatively.**

Based on the information from Table 1-B Graduate Enrollment and Table 3 E & G Budget, the projected benefits of the DHA are as follows:

**University:** The DHA will retain current graduate students and recruit outside students interested in pursuing a Doctoral degree. This will likely serve as a pipeline for needed faculty positions in the future. These students will have the opportunity to participate in evidence-based research activities and will be in a pool of mentors for our MHA and EMHA students. Based on tuition and projected enrollment, the program will be financially self-sustaining by Year 2.

**Local Community:** Northeast Florida is home to four multihospital health systems, Ascension St Vincent's, Baptist Health, HCA and UF Health, which include twelve hospitals. Mayo Clinic and UF Health are academic medical centers. Flagler Hospital and other specialty hospitals are in the service area. Among these hospitals, at least five have large residency training programs which would support the need for experienced clinicians and health administration executives with advanced training provided by a DHA Program. In addition, there are other healthcare organizations such as Florida Blue which serve northeast Florida and southern Georgia and are growing at an unprecedented rate. The need for doctoral-prepared executives will be ongoing.

**State:** In a Press Release by the Florida Hospital Association in Feb. 28 2023, it states “Florida has one of the nation’s most enviable and growing economies, and our hospitals are foundational economic pillars and economic engines,” said Mary Mayhew, president and CEO, Florida Hospital Association. “As Florida’s population continues to grow, the state’s future economic success is intertwined with sustaining a vibrant, financially strong, and sophisticated health care system ready to deliver high-quality modern health care services today and into the future.” ([FHA, 2023](#)).

**National:** There are two DHA programs in North and South Carolina. Their emphasis is centered in health services research and management.

- E. If other public or private institutions in Florida have similar programs at the four- or six-digit CIP Code or in other CIP Codes where 60 percent of the coursework is comparable, identify the institution(s) and geographic location(s). Summarize the outcome(s) of communication with appropriate personnel (e.g., department chairs, program coordinators, deans) at those institutions regarding the potential impact on their enrollment and opportunities for possible collaboration in the areas of instruction and research.**

As mentioned in III.B., no Florida SUS Universities offer DHA Programs at this time. As also stated earlier, a concern came up at the CAVP’s Academic Coordination Group (ACG) from UF’s PhD Public Health Program which has a public health services research concentration. UF does not want any competition with that program. In response, the proposed UNF DHA Program is not research-based. It will have an evidence-based Doctoral Project designed to explore challenging and complex administrative and clinical issues associated with organizational and technology innovation in hospital practice.

- F. If the proposed program substantially duplicates a program at Florida Agricultural and Mechanical University (FAMU), a letter of support from FAMU must be provided. The letter must address whether the proposed program may adversely affect FAMU's ability to achieve or maintain student diversity in its existing program. The institution's Equal Opportunity Officer shall review this section of the proposal, sign, and date the additional signature page to indicate that all requirements of this section have been completed.**

The proposed UNF DHA Program will not compete for students in the current doctoral programs offered at FAMU. They do have a PhD in Public Health which conducts evidence-based research in addressing health disparities that disproportionately impact the poor and underserved. The UNF DHA Program will have a different evidence-based management focus and targets health administration students, a different student audience.

## IV. Curriculum

**A. Describe all admission standards and all graduation requirements for the program. Hyperlinks to institutional websites may be used to supplement the information provided in this subsection; however, these links may not serve as a standalone response. For graduation requirements, describe any additional requirements that do not appear in the program of study (e.g., milestones, academic engagement, publication requirements).**

The proposed UNF DHA Program will recruit and admit students once a year in the fall and will follow a cohort model. Once all required application materials have been received, they will be shared with the DHA admissions committee for review. Admissions decisions are generally available in 2–4 weeks after an application is complete.

DHA Applicants must meet the following requirements:

- Significant experience in clinical care or another health administration related position. A wide variety of related backgrounds could apply.
- A post-baccalaureate degree or master's degree in a clinical field, or related health administration program such as public health and health information technology.

Applicants would start with the UNF Graduate Application process as found at <https://www.unf.edu/graduateschool/admissions/index.html>

### **Application Process**

1. Submit the UNF Graduate Application for Admission.
2. Pay \$30 university application fee.
3. Submit all supplemental items (detailed below) directly to the Graduate School via the application portal or by mail.
  - 3 Professional References (names and email addresses will be needed for the application)
  - Career Goal Essay
  - Current Resume or Curriculum Vitae. Please include any relevant publications, presentations, or research experience. There are no length requirements.
  - Personal interview by a panel of faculty.
4. Submit official transcripts\* for all college credits from each awarding institution to the Graduate School at the following address:  
University of North Florida  
Attn: Graduate School  
1 UNF Drive  
Jacksonville, FL 32224
5. Minimum graduate GPA of 3.30.

\*Test Scores, such as the GRE or GMAT are not required.

Application Deadline  
Fall Term 2024: May 1

### **Graduation requirements**

Students will graduate from the DHA Program if they maintain a 3.0 GPA throughout the program, complete all course requirements in good standing, and attend each semester on-campus weekend and the annual Brooks College of Health Symposium. They must also submit and defend a doctoral project in their last year. Two semesters are dedicated to the development and execution of the project. A faculty committee will assign a pass/fail grade on the project after presentation by the student.

- B. Describe the specific expected student learning outcomes associated with the proposed program and include strategies for assessing the proposed program's learning outcomes. If the proposed program is a baccalaureate degree, include a hyperlink to the published Academic Learning Compact and the document itself as Appendix C.**

### **Learning Outcomes**

Upon completion of the DHA Program requirements, students will be able to:

1. Develop leadership skills using current theory and advanced practice to fulfill new roles in the evolving, complex healthcare environment.
2. Analyze and interpret data from research and evidence-based resources to apply cultivated skills to solve problems within their organizations.
3. Apply theory to real world healthcare settings and issues including public policy implications, population health priorities, and strategic planning.
4. Model accountability for quality care and patient safety and create a culture of personal accountability.
5. Build long-term mutually beneficial professional relationships among other healthcare professionals and academicians and share knowledge gained.

The program will also utilize graduate competencies validated through the Commission on Accreditation of Healthcare Management Education (CAHME) accreditation. Currently, CAHME does not offer separate competencies for the doctoral-level MHA. Therefore, the program will utilize the master's-level competencies. There are 6 competency constructs supported by 23 individual competencies. The constructs include:

1. Communication – both oral and written
2. Interpersonal effectiveness
3. Critical thinking
4. Business Analysis and Problem Solving
5. Management and Leadership.
6. Professionalism and Ethics.

### **Assessment Strategies**

The competency assessment process will include oral and written feedback to the students throughout the program. During orientation, students will complete a competency self-assessment to establish a baseline. Then, throughout the program, faculty evaluate didactic competencies and regularly meet with students to provide feedback.

Strategies to assess learning outcomes will include student self-assessments, instructor-assessed sentinel assignments and student reflection of performance, doctoral project self-assessments and instructor-assessed doctoral project assignments.

- C. If the proposed program is an AS-to-BS capstone, provide evidence that it adheres to the guidelines approved by the Articulation Coordinating Committee for such programs, as outlined in [State Board of Education Rule 6A-10.024](#). Additionally, list any prerequisites and identify the specific AS degrees that may transfer into the proposed program.**

**Not applicable to this program because it is not an AS-to-BS Capstone.**

- D. Describe the curricular framework for the proposed program, including the following information where applicable:**

- **total number of semester credit hours for the degree**
- **number of credit hours for each course**
- **required courses, restricted electives, and unrestricted electives**
- **a sequenced course of study for all majors, concentrations, tracks, or areas of emphasis**

The proposed DHA is a 48-credit program comprised of 12 on-line required courses of 3 credits each and 12 credits for a doctoral project. Students may enter the program beginning in fall semesters. Some prerequisites are required depending on the student's graduate coursework. For example, if statistics was not a requirement in their Master's program, they may be required to take a graduate level course. Some courses may be waived if a comparable course was taken or with a certain amount of experience. The Program Director will make that determination. There will be a two-day weekend on campus session each semester required to attend. Below is the recommended course sequence:

Year	Semester	Course		Credit Hours
1	Fall	HSA7348	Organizational Behavior	3
		HSA7702	Research Methodologies	3
1	Spring	HSA7437	Financial Management	3
		HSA7193	Planning for Health Information Systems	3
1	Summer	HSA7156	Public Policy and Healthcare	3
		HSA7389	Population Health Management	3
			<b>Total Year Credits</b>	<b>18</b>
2	Fall	HSA7351	Managing Change & Negotiation	3
		HSA7384	Leadership Accountability for Quality & Patient Safety	3
2	Spring	HSA7146	Strategic Vision and Planning in Healthcare	3
		HSA7433	Evidence-based Decision Making	3
2	Summer	HSA7803	Advances in Leadership	3
		HSA7801	Scientific Writing for the Healthcare Professional	3
			<b>Total Year Credits</b>	<b>18</b>
3	Fall	HSA7901	Doctoral Project I	6
3	Spring	HSA7903	Doctoral Project II	6
			<b>Total Year Credits</b>	<b>12</b>
			<b>Total Program Credits</b>	<b>48</b>

**E. Provide a brief description for each course in the proposed curriculum.**

**Organizational Behavior – HSA7348**

*Description:* This course will assist students in developing a framework for thinking about the organizational world of healthcare and its complexity. The specific emphasis will be health services organizations and management research, with an emphasis on organizational theory and organizational behavior. Organization theory is the sociological study of the structures and operations of organizations that includes the analysis of the productivity and performance of organizations and the actions of the employees and groups within them. Opportunities to gain a better understanding of organizational behavior issues such as motivation, leadership, as well as group and team dynamics are provided in case analyses and readings.

## **Research Methodologies – HSA7702**

*Description:* This course provides students in the Doctor of Health Administration program with an introduction to both quantitative and qualitative research methodologies that are used in health services management and research. The course enables students to understand the key elements of a research proposal and study. The student will begin developing skills in framing a researchable problem, formulating a research question or query, and designing a methodological approach. In addition, the course aims to enhance students' critical thinking skills in evaluating evidence-based research studies.

## **Financial Management – HSA7437**

*Description:* The focus of this course will be to improve the leader's ability to use financial information for strategic decision making. This will be accomplished through a review of the concepts and methods for financial analysis for healthcare organizations. This includes capital investment analysis with an emphasis on valuation, benchmarking, return on investment, and cost/benefit analysis.

## **Planning for Health Information Systems – HSA7193**

*Description:* This course provides a senior-level view of the issues surrounding the adoption and use of information technology in support of healthcare innovation. Students gain insight into national initiatives that further the development, expansion, and deployment of health care information systems (including clinical applications such as electronic health records, e-prescribing, provider order entry, disease management, data security, artificial intelligence). Issues surrounding the management of health information resources at the institutional level are also explored including topics such as system selection and implementation; IT security, IT governance and management; IT budgeting, and assessing and achieving value in healthcare information systems.

## **Public Policy and Healthcare – HSA7156**

*Description:* This course deals with the shifting paradigms of healthcare policy. The origins of policy created through legislative and administrative action will be considered. Strategies for policy creation, implementation, evaluation and change will be examined from the viewpoint of healthcare administration. There is a special focus on examining the current and possible future tradeoffs at the national government level between health services delivery preferences, and growing resource limitations.

## **Population Health Management - HSA7389**

*Description:* This course focuses on new and innovative processes in addressing the health of populations. Population Health Management (PHM) is a set of strategies and mechanisms, tailored to the unique characteristics and needs of populations, designed to optimize health status, patient experiences, cost and utilization: The

course focuses on using data science and analytics to execute the population health management process. Additional course content as it applies to population health management will include community health assessments, evidence-based practice principles, risk identification and epidemiological principles and methods, enabling healthcare access and utilization, and patient engagement management. The use of health information management and decision tools will be included in facilitating student learning and applications of advanced analytics.

### **Managing Change & Negotiation - HSA7351**

*Description:* This course focuses on the leadership and management of change in an organizational setting. Specifically, the course seeks to help students understand the dynamic relationship between external demands for change and internal objectives to meet stakeholder expectations. Resistance to change will be addressed with strategies to overcome the barriers. The course will focus on organizational development strategies as well as individual negotiation skills to facilitate organizational change and innovation in healthcare.

### **Leadership Accountability for Quality & Patient Safety - HSA7384**

*Description:* The process of quality management in healthcare as it pertains to healthcare executives and leadership accountability is analyzed in this course. The focus is on continuous quality improvement with an emphasis on implementation and evaluation. Accreditation guidelines will be examined in relation to their impact on healthcare systems. Topics include: effective communication and teamwork; epidemiology of patient nosocomial injuries and medical errors; evolution in clinical protocols; automation, technological, and computer support; and psychological factors in human error.

### **Strategic Vision and Planning in Healthcare - HSA7146**

*Description:* This course will review the critical nature of creating an organization's mission and vision, as well as implementing a strategic planning process. Successful healthcare strategic planning not only needs to measure how well a hospital or health system is currently performing but also must anticipate what lies ahead. Students will gain insight into the modern healthcare system and explore trends in mergers and acquisitions, system growth, and changes in reimbursements. Innovations such as the use of big data in healthcare, block chain technology; genomics; and artificial intelligence will be introduced and discussed.

### **Evidence-based Decision Making – HSA7433**

*Description:* This course will define evidence-based decision making and reinforces an approach that involves using objective and reliable evidence to inform and guide the decision-making process. It will demonstrate the value in relying on data and research to identify potential solutions, evaluate the effectiveness of alternative options, and ultimately make informed decisions. Using evidence-based decision making can be particularly useful in situations with multiple possible solutions or



where decisions have significant and long-lasting impacts. By relying on evidence and analysis, leaders can help ensure that decisions are made fairly, objectively, and effectively and that they are more likely to achieve their desired outcomes.

### **Advances in Leadership – HSA7803**

*Description:* This class serves as the cumulative leadership course in the DHA Program. Students will apply the knowledge and skills acquired through academic literature, research and lectures as they participate in online class discussions and exercises. Critical analysis will be used to apply theoretical strategic concepts to actual cases in today's dynamic and challenging healthcare environment. The course will address the critical role of strategic thinking associated with paradigm shifts, risk management, and innovation. This course will synthesize all the portions of the program and your experiences in your careers leading to potential changes and personal growth.

### **Scientific Writing for the Healthcare Professional – HSA7801**

*Description:* This course guides students in the writing of scientific manuscripts for publication in an area related to health administration. The goal of the course is to facilitate more effective writing of evidence-based articles using practical examples and peer feedback. Topics include: principles of good writing; tips for writing more efficiently; journal selection; co-author selection, and the anatomy of a manuscript. Students begin the course with a research question (purpose of study) and a summary of quantitative or qualitative (or mixed methods) data they would like to present in a scientific manuscript. This typically takes the form of summary tables. Students end the course with a research topic and at least two sections (e.g., methods and results) of a completed manuscript.

### **Doctoral Project I – HSA7901**

*Prerequisites:* The DHA student must have completed all required course work before starting on the Doctoral Project or received permission from the Program Director.

*Description:* In this course the doctoral student will identify, with advisor approval, a problem or question that requires a change in healthcare or educational services, administrative practices and/or policies that might be addressed in a particular leadership role. This problem should have relevance to current and emerging health care or educational issues. The result of the project will be a scholarly work, written at a doctoral level of complexity, dealing with the results of the evidence-based analysis of the service, practice or policy examined. Focus is on dissemination of evaluative outcomes and implications for healthcare administration.

### **Doctoral Project II – HSA7903**

*Description:* Work will continue as per Doctoral Project I – HSA7901. Upon completion of the Doctoral Project, credit will be applied to complete the degree

requirements. Specific guidelines for the Project and Committee composition are outlined in the DHA Policy Manual.

- F. For degree programs in medicine, nursing, and/or allied health sciences, identify the courses with the competencies necessary to meet the requirements in [Section 1004.08, Florida Statutes](#). For teacher preparation programs, identify the courses with the competencies required in [Section 1004.04, Florida Statutes](#).**

**Not applicable to this program because the program is not a medicine, nursing, allied health sciences, or teacher preparation program.**

Section 1004.08 of the Florida Statutes states “Each public school, college, and university that offers degrees in medicine, nursing, or allied health shall include in the curricula applicable to such degrees, material on patient safety, including patient safety improvement.” One of the required courses for the DHA is Leadership Accountability for Quality & Patient Safety. The course description is: The process of quality management in healthcare as it pertains to healthcare executives and leadership accountability is analyzed in this course. The focus is on continuous quality improvement with an emphasis on implementation and evaluation. Accreditation guidelines will be examined in relation to their impact on healthcare systems. Topics include: effective communication and teamwork; epidemiology of patient nosocomial injuries and medical errors; evolution in clinical protocols; automation, technological, and computer support; and human and psychological factors in medical error and safety problems.

This should meet the Florida Statute as required.

- G. Describe any potential impact on related academic programs or departments, such as an increased need for general education or common prerequisite courses or an increased need for required or elective courses outside of the proposed academic program. If the proposed program is a collaborative effort between multiple academic departments, colleges, or schools within the institution, provide letters of support or MOUs from each department, college, or school in Appendix D.**

There is no anticipated impact on related academic programs or departments. There is no planned collaboration with other academic departments, colleges, or schools within the institution.

- H. Identify any established or planned educational sites where the program will be offered or administered. Provide a rationale if the proposed program will only be offered or administered at a site(s) other than the main campus.**

Each semester will have a requirement of a two-day weekend on campus. Any on-site requirements will be on the main campus. The cohorts are small enough to be accommodated in Building 39 and if held on the weekend to make it more

available to working students, there should not be a problem with room availability.

- I. Describe the anticipated mode of delivery for the proposed program (e.g., face-to-face, distance learning, hybrid). If the method(s) of delivery will require specialized services or additional financial support, describe the projected costs below and discuss how they are reflected in Appendix A – Table 3A or 3B.**

Using a hybrid format design, the program will be conducted 80% online and 20% on-campus in weekend executive seminar sessions. This will provide a schedule and a program that meets specific educational needs of senior-career professionals while allowing opportunities for networking with peers and learning from faculty and local health care executives.

Program proponents will work with UNF's Digital Learning and Innovation team to ensure the program is developed in accordance with UNF's distance learning requirements. The weekend executive seminar sessions will be held on the UNF campus. No incremental funds will be needed from the university for these seminars.

- J. Provide a narrative addressing the feasibility of delivering the proposed program through collaboration with other institutions, both public and private. Cite any specific queries of other institutions concerning shared courses, distance/distributed learning technologies, and joint-use facilities for research or internships.**

No collaboration with other institutions is needed.

- K. Describe any currently available sites for internship and/or practicum experiences. Describe any plans to seek additional sites in Years 1 through 5.**

**Not applicable to this program because the program does not require internships or practicums.**

## **V. Program Quality Indicators - Reviews and Accreditation**

- A. List all accreditation agencies and learned societies concerned with the proposed program. If the institution intends to seek specialized accreditation for the proposed program, as described in [Board of Governors Regulation 3.006](#), provide a timeline for seeking specialized accreditation. If specialized accreditation will not be sought, please explain.**

Currently there is not an accreditation available for Doctoral Programs in Healthcare Administration. The Commission on Accreditation of Healthcare Management Education (CAHME) is a discipline-specific professional accrediting agency that sets high standards for masters of health administration degrees. The UNF MHA program is currently accredited by CAHME and the DHA Program will

utilize the guidelines associated with this accreditation to assure high quality education processes.

**B. Identify all internal or external academic program reviews and/or accreditation visits for any degree programs related to the proposed program at the institution, including but not limited to programs within the academic unit(s) associated with the proposed degree program. List all recommendations from the reviews and summarize the institution's progress in implementing those recommendations.**

The DHA will be located in the Brooks College of Health's Department of Health Administration, which currently has three programs: Master of Health Administration (MHA), Executive Master of Health Administration (EMHA), and Bachelor of Health Administration (BHA).

- The UNF Master of Health Administration (MHA) program was granted reaccreditation on May 18, 2023 by the Board of Directors of the Commission on Accreditation of Healthcare Management Education (CAHME), extending its accreditation for a maximum period of seven years (through 2030). This distinguished recognition represents the highest level of accreditation bestowed upon an MHA program by CAHME. The evaluation process assessed the UNF MHA Program against a comprehensive set of 35 criteria. The MHA Program demonstrated full compliance with 34 of these criteria, indicating a commendable level of proficiency. Only one criterion was found to be partially met, necessitating a more precise alignment of course competencies with course objectives which was completed in May 2023. The successful reaccreditation of the UNF MHA Program affirms its commitment to maintaining exceptional standards in healthcare management education, fostering the development of competent professionals in the field.
- The EMHA is a relatively new program and accepted its first cohort of students in fall 2019. To be eligible for CAHME accreditation, the program must have graduated at least one class. We will apply for CAHME accreditation for this program, likely in 2025.
- The Bachelor of Health Administration program BHA program is currently certified by the Association of University Programs in Health Administration (AUPHA). The re-certification was awarded in October 2022, with the maximum 7-year recertification through 2029. The report stated that "the program is in substantial compliance." There were no criterion recommendations.

**C. For appropriate degree programs, discuss how employer-driven or industry-driven competencies were identified and incorporated into the curriculum. Additionally, indicate whether an industry or employer advisory council exists to provide input for curriculum development, student assessment, and academic-force alignment. If an advisory council is not already in place, describe any plans to develop one or other plans to ensure academic-**

## **workforce alignment.**

The DHA curriculum has been aligned with and incorporates industry-driven competency domains as identified by professional certification bodies in this field: These competencies were developed from the National Center for Healthcare Leadership as well as the American College of Healthcare Executives (ACHE). The competencies were then evaluated by the UNF Health Administration faculty and UNF Health Administration Advisory Board prior to implementation in our graduate programs. The validity of these competencies has been validated by the recent 7-year re-accreditation of our MHA program by the Commission on Accreditation of Healthcare Management Education (CAHME). These competency domains include the following: Communication – both oral and written; Interpersonal effectiveness; Critical thinking; Business Analysis and Problem Solving; Management and Leadership; and Professionalism and Ethics.

The UNF Health Administration Advisory Board will be consulted for ongoing feedback on curriculum, recruitment of students, and ongoing alignment of competencies as industry and employer needs evolve. External consultants with expertise in health services management and research to review the curriculum will be invited if they are needed.

## **VI. Faculty Participation**

**A. Use Appendix A – Table 2 to identify existing and anticipated full-time faculty who will participate in the proposed program through Year 5, excluding visiting or adjunct faculty. Include the following information for each faculty member or position in Appendix A – Table 2:**

- the faculty code associated with the source of funding for the position
- faculty member's name
- the highest degree held
- academic discipline or specialization
- anticipated participation start date in the proposed program
- contract status (e.g., tenure, tenure-earning, or multi-year annual [MYA])
- contract length in months
- percent of annual effort that will support the proposed program (e.g., instruction, advising, supervising)

**This information should be summarized below in narrative form. Additionally, provide the curriculum vitae (CV) for each identified faculty member in Appendix E.**

The faculty code is A, existing faculty on a regular line. Year 3 will add one B faculty code, new faculty to be hired on a vacant line. All faculty CVs are included in Appendix I. The DHA will be comprised of the following faculty:

- Jeffrey Harrison, Ph.D., Professor, Health Administration;
- Mei Zhao, Ph.D.; Professor, Health Administration;

- D. Rob Haley, Ph.D., MBA, Professor, Health Administration and Program Director for the MHA Program;
- Hanadi Hamadi, Ph.D., Professor, Health Administration;
- Jasper Xu, Ph.D., Associate Professor, Health Administration and Statistics;
- Sinyoung Park, Ph.D., Associate Professor, Health Administration;
- Shyam Paryani, MD, MHA, Clinical Professor, Health Administration and Program Director for the EMHA Program.

Drs. Harrison, Zhao, Haley, Hamadi, Xu, and Park are all tenured faculty. Dr. Paryani is a multi-year annual (MYA) faculty. Of the tenured faculty, all are 9-month contracts except for the Dr. Mei Zhao, Chair of Health Administration, with a 12-month contract. Current faculty already teach other courses, and their estimate of effort is calculated to begin when the first cohort enrolls in their respective courses. Appendix A, Table 2, has each of the faculty listed with the percent of effort. There are two courses per semester so the actual date to start teaching in the program will depend on the curriculum schedule. As an estimate, the interim Program Director will be Dr. Jeffrey Harrison and his percent of effort is 16%. The remaining faculty are estimated to have a percent effort of 17-33% based on the number of courses they would be teaching and at what point in the DHA Program.

The current faculty, in association with the Center for Instruction and Research Technology, will create the new HSA courses to be offered in the program. The increase from Year 1 to Year 5 in Faculty Salaries and Benefits is due to compounded COLA of 3% each year. The sole source of funding for E&G costs are E&G funds including tuition and state appropriations. As UNF does not practice activity-based costing or budgeting, the university does not track revenues or indirect expenditures at the program level.

**B. Provide specific evidence demonstrating that the academic unit(s) associated with the proposed program has been productive in teaching, research, and service. Such evidence may include trends over time for average course load, FTE productivity, student HC in major or service courses, degrees granted, external funding attracted, and other qualitative indicators of excellence (e.g., thesis, dissertation, or research supervision).**

The Department of Health Administration has been very productive over the past 4 years in teaching, research, and service. There are 6 full-time tenure track and tenured faculty, and 4 non-tenure track instructors who teach in the department's 3 programs: Bachelor of Health Administration (BHA), Master of Health Administration (MHA), and Executive Master of Health Administration (EMHA). The average course load of the tenure track and tenured faculty is 6 courses annually (3 courses in the fall semester and 3 courses in the spring). However, because of grants our faculty receive and course

releases our program directors receive, our faculty teaching load has been averaging 5 courses annually. The following are the student head counts (HC) for the 3 program courses over 2019 - 2022: 347/313/288. The student HC for degrees granted over 2019 - 2022: 131/128/133. The major reason for the difference in these numbers is that many students from other programs such as public health, nursing, nutrition, and public administration are taking some of our courses as electives, and some of our own students are part-time instead of full-time.

The Health Administration faculty has also been actively involved in service at national, state, and local organizations such as Association of University Programs in Health Administration (AUPHA), American College of Health Care Executives (ACHE), and the Commission on Accreditation of Health Management Education (CAHME). Collectively, they have reviewed over 30 papers per year for prestigious journals such as Journal of Telemedicine and Telecare, Telemedicine and e-Health, and Health Services Research. Faculty received \$136,160 in grants in 2020-2021 and this number increased to \$303,226 in 2021-2022. Most tenure-track or tenured faculty received at least one grant over the past 4 years.

Related to scholarly activity, faculty are very active in publications in peer-reviewed journals. Of the seven faculty who will be teaching in the DHA Program, they have been first author in 136 publications, co-author in 180 publications, and 28 still under review. Hana Hamadi received the 2023 UNF Scholars Transforming Academic Research Symposium (STARS) award for being an author within the past five years of a high-impact journal article as measured by total Web of Science citations. She has completed several research projects, one from 2018-2019 titled, "Organization learning environment and nursing work engagement" for UNF and King Saud University, Saudi Arabia. Dr. Jeffrey Harrison has published the third edition of a textbook used in many Health Administration programs: *Essentials of Strategic Planning in Healthcare*, Third Edition. (2021). Health Administration Press, Chicago, Illinois. ISBN: 9781640552012.

A complete overview of faculty qualifications and achievements can be found in their CV's attached in Appendix I. A snapshot of some of the peer-reviewed research papers and articles since 2019 are listed below:

1. Harrison, J. & Harrison, D. (2021). "COVID-19 Vaccination: A Public and Private Partnership". Academy of Business Research Journal. Special COVID 19 Issue.
2. Harrison, J., Harrison, D.A. & Harrison, L.O. (2022). Does the efficiency frontier of large US hospitals provide a strategy for future success? International Journal of Nursing and Health Care Research. 5: 1306. DOI: 10.29011/2688-9501.101306.
3. Harrison, J.P., Paryani, S.B., & Harrison, D.A. (2023). Mentoring: A Strategy for Future Success. Journal of Health Administration Education (accepted)
4. Qin, X.; Wang, R.; Huang, Y.-N.; Zhao, J.; Chiu, H.-C.; Tung, T.-H.; Harrison, J.; Wang, B.-L. (2023). Organisational Culture Research in Healthcare: A Big Data Bibliometric Study. Healthcare, 11, 169. <https://doi.org/10.3390/healthcare11020169>
5. Paustian-Underdahl, S., Carlson, D., Halbesleben, J., Hamadi, H.Y., (Forthcoming, 2023-2024) Examining Regulatory Focus in the Acceleration and Deceleration of Engagement and Exhaustion cycles Among Nurse. Health Care Management Review.
6. Hamadi, H.Y., Tafili, A., Kates, F., Larson, S.,\*\* Ellison, C.,\*\* Song, J. (forthcoming, 2023-2024). Exploring an Innovative Approach to Enhance Discussion

Board Engagement. TechTrend

7. Hamadi, H.Y, Zhao, M., Park, S., Xu, J., Haley, R., Lox, C., Spaulding, A. (Forthcoming, 2023) Improving health and addressing social determinants of health through hospital partnerships. *Population Health Management*  
<https://doi.org/10.1089/pop.2023.0002>

8. Boggs, C., Rule, M., Terrell, K., Brantley, M., Hamadi, H.Y., Ross, J., (Forthcoming, 2023-2024) Normative Does Not Mean Inclusive: A Diverse Approach to Size in CMHC Training. *Journal of Counselor Preparation and Supervision*.

9. Menser, T., Hamadi, H.Y., Dorsey, K., Zhao, M., Boamah, S., & Spaulding, A., (Forthcoming, 2022/2023) The Role of Community Health in Comparing United States Hospital Performance by Magnet Designation: A Propensity Score Matched Study. *Journal of Advanced Nursing*. DOI: 10.1111/jan.15446

10. Kates, F., Hamadi, H.Y., Ellison, C.,\*\* & Larson, S.,\*\* (Forthcoming, 2022/2023) Examining the Impact of Student-Created Infographics on Creativity, Understanding, and Retention. *Journal of Educators Online*

11. Zhao, M., Hamadi, H.Y., Haley, D.R., Xu, J., Dunn, A., & Spaulding, A. (Forthcoming, 2022/2023) Hospital COVID-19 Preparedness: Are (Were) We Ready?. *Journal of Emergency Management*.

12. Hanson, C., Calzon, M.,\*\* Hanson, C., Kates, F.R., Calzon, M.,\*\* Simonson, M.,\*\* Romero, R.,\*\* & Hamadi, H.Y., (Forthcoming, 2022/2023). Examining University Student Podcasts And Evaluating Apps Using the Mobile App Rating Scale (MARS). *Journal of Educators Online*

13. Van Horn, L.,\*\* Arikawa, A., Wright, L., Sealey-Potts, C., & Hamadi, H.Y. (Forthcoming, 2022/23). Determinant Factors Associated with the Use of Evidence-Based Dietetic Practices Among Registered Dietitian Nutritionists. *Nutrition & Dietetics*.

14. Terrell, K.R., Stanton, B.R.,\*\* Hamadi, H.Y., Merten, J.W., & Quinn, N. (Ahead of Print, 2022). Exploring life stressors, depression, and coping strategies in college students. *Journal of American College Health*. doi: 10.1080/07448481.2022.2061311.

15. Hamadi, H.Y., Stalling-Smith, S., Apatu, E., Peterson, B.,\*\* & Spaulding, A., (Forthcoming) Smoke-Free Policies and 30-Day Mortality Rates for Chronic Obstructive Pulmonary Disease. *International Journal of Health Policy and Management*.

16. Aljarallah, K., Alrukban, M., Alghamdi, Y., Alenazi, B., Alturki, K., Alkhunaifer, H., Alshammari, M., Alamri, F. & Hamadi, H.Y. (Forthcoming) Hospital Visitors' Awareness and Adaptation of Preventive Measures for Middle East Respiratory Syndrome-Coronavirus. *Disaster Medicine and Public Health Preparedness*. 52(3), 460-466. Available at: [https://www.injuryjournal.com/article/S0020-1383\(20\)30924-4/fulltext](https://www.injuryjournal.com/article/S0020-1383(20)30924-4/fulltext).

17. Merten, J.W., Hamadi, H.Y., & King, J.L.,\*\* (Forthcoming). Cancer Risk Perceptions Among People Who Check Their Skin for Skin Cancer: Results from the 2017 US Health Information National Trends Survey (HINTS). *Journal Page 25 of 40 Revised 12-8-21 of Cancer Education*, pp.1-9. doi: 10.1007/s13187-020-01880-5. Available at: <http://link.springer.com/article/10.1007/s13187-020-01880-5>.

18. Hamadi, H.Y., Martinez, D.,\*\* Xu, J., Silvera, G., Mallea, J., Hamadi, W., Li, X., Li, Y., & Zhao, M. (Forthcoming). Effects of PostDischarge Telemonitoring on 30 Day Chronic Obstructive Pulmonary Disease Readmissions and Mortality. *Journal of Telemedicine and Telecare*.



19. Boamah SA, Hamadi H.Y., & Spaulding AC. (2022) Hospital-Acquired Conditions Reduction Program, Racial and Ethnic Diversity, and Magnet Designation in the United States. *J Patient Saf*, 18 (7), 1090-1095 doi: 10.1097/PTS.0000000000001014. Epub. PMID: 35532988.
20. Terrell, K. R., Stanton, B. R., & Hamadi, H. Y. (2022). Disordered Eating and Risky Sexual Behaviors in College Women. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 4(1), 31-41.
21. Alzahrani, M. G., Zakari, N. M., Abuabah, D. I.,\*\* Ousman, M. S., Xu, J., & Hamadi, H. Y. (2022). Examining Healthcare Professionals' Telehealth Usability before and during COVID-19 in Saudi Arabia: A Cross-Sectional Study. *Nursing Reports*, 12(3), 648-654.
22. Hicks-Roof, K. K., Xu, J., Zeglin, R. J., Bailey, C. E.,\*\* Hamadi, H. Y., & Osborne, R. (2022). Covid-19 Impacts on Florida's Healthcare Professionals. *Hospital Topics*, 100(3), 112-122, DOI: 10.1080/00185868.2021.1927277
23. Hicks-Roof, K., Walker, K.,\*\* Marsh, T.,\*\* Reyes-Gonzalez, C.,\*\* LeBlanc, K.,\*\* Xu, J., & Hamadi, H.Y., (2022) Do Nutrition Students' and Professionals' Whole-Grain Knowledge, Perceptions, and Experiences Differ?. *Nutrition Today: 7/8 2022 - Volume 57 - Issue 4 - p 200-208* doi: 10.1097/NT.0000000000000550
24. Spaulding, A., Tafili,\*\* A., Dunn, A.J., & Hamadi, H.Y. (2022) The Hospital Value-Based Purchasing Program: Do Hospitalists Improve Health Care Value. *Journal of Hospital Medicine*, *Journal of Hospital Medicine*, 17(7), 517-526. doi: 10.1002/jhm.12892.
25. Tafili, A. ,\*\* Zakari, N. M. A., Hamadi, H. Y., & Spaulding, A. (2022). Association of hospital and community factors on the attainment of Baby-Friendly designation: A breastfeeding health promotion. *Maternal & Child Nutrition*, 18(3), e13388. doi: 10.1111/mcn.13388.
26. Zakari, N. M., Hamadi, H. Y., Bailey, C. E.,\*\* & Jibreel, E. A. (2022). Grandparents' Mental Health and Lived Experiences while Raising Their Grandchildren at the Forefront of COVID-19 in Saudi Arabia. *Journal of Gerontological Social Work*, 65(5), 512-528. doi: 10.1080/01634372.2021.1983684.
27. Hamadi, H. Y., Niazi, S. K., Zhao, M., & Spaulding, A. (2022). Single-Vendor Electronic Health Record Use Is Associated With Greater Opportunities for Organizational and Clinical Care Improvements. *Mayo Clinic Proceedings: Page 26 of 40 Revised 12-8-21 Innovations, Quality & Outcomes*, 6(3), 269-278. doi: 10.1016/j.mayocpiqo.2022.05.001.
28. Hamadi, H.Y., Zhao, M., Haley D.R., Xu, J., Paryani, S., & Spaulding, A., (2022) Observational Trends in Publicly Reported Quality Measures of Hospital Outpatient Quality Reporting Program, 2013-2019. *Journal of Ambulatory Care Management. Journal of Ambulatory Care Management: July/September 2022 - Volume 45 - Issue 3 - p 202-211.* doi: 10.1097/JAC.0000000000000416.
29. Park, S., Hamadi, H.Y., Nguyen, A.T.,\*\* Tran, V.,\*\* Haley, D.R., & Zhao, M., (2022) Examining the Relationship Between Community-Hospital Partnerships and COVID-19 Case-Fatality Rates. *Population Health Management*. 2022 Feb;25(1):134-140. doi: 10.1089/pop.2021.0136. Epub 2021 Aug 9. PMID: 34374579.
30. Hamadi, H.Y., Xu, J., Tafili, A. A.,\*\* Smith, F. S.,\*\* & Spaulding, A. C. (2022). Hospital Geographic Location and Unexpected Complications in term Newborns in

Florida. *Maternal and Child Health Journal*, 26(2), 358-366. doi:10.1007/s10995-021-03240-1.

31. Xu J, Park S, Xu J, Hamadi H.Y., Zhao M, Otani K. (2022) Factors Impacting Patients' Willingness to Recommend: A Structural Equation Modeling Approach. *J Patient Exp*. 9: 1-10, 2022 Feb 1;9:23743735221077538. doi: 10.1177/23743735221077538. PMID: 35128045; PMCID: PMC8814971.

32. Zhao, M., Hamadi, H.Y., Xu, J., Haley, D. R., Park, S., & White-Williams, C. (2022). Telehealth and hospital performance: Does it matter? *Journal of Telemedicine and Telecare*. 28(5). doi: 1357633X20932440.

33. Hamadi, H.Y., Wadei, H., Xu, J., Martinez, D.,\*\* Spaulding, A., Niazi, S., & Jarmi, T., (2022) Impact of Change in Allocation Score Methodology on Post Kidney Transplant Average Length of Stay. *Journal of clinical Medicine Research*. 14(3):111-118. Doi: 10.14740/jocmr4673. Available at: <https://www.jocmr.org/index.php/JOCMR/article/view/4673>.

34. Marin, L.,\*\* Mayo, M., Paryani, S., Haley, D.R., Hamadi, H.Y., Zakari, N.M.A, & Zhao, M., (2022) Supporting the Healthcare Imaging Force in Northeast Florida During the COVID-19 Pandemic. *Radiology Management*. 44(1):29-41.

35. Boamah SA, Hamadi HY, Bailey CE,\*\* Apatu E, & Spaulding AC. (2022) The influence of community health on hospitals attainment of Magnet designation: Implications for policy and practice. *J Adv Nurs*.78(4):970-90. doi: 10.1111/jan.15015. Epub. PMID: 34553781.

36. Boamah S.A, Hamadi H.Y., Havaei F, Smith H, & Webb F. (2022) Striking a Balance between Work and Play: The Effects of Work& Life Interference and Burnout on Faculty Turnover Intentions and Career Satisfaction. *International Journal of Environmental Research and Public Health*, 19(2):809. doi: 10.3390/ijerph19020809. Page 27 of 40 Revised 12-8-21

37. Hamadi, H.Y., Brownlee, D., Howard,\*\* G., Mahusay, J.,\*\* & Spaulding, A., (2022) COPD Readmissions and Hospital Primary Care Physicians. *Physician Leadership Journal*, January/February, 9(1).

38. Zhao, M., Hamadi, H.Y., Haley, D. R., Pray, K., Heyliger-Fonseca, P. A.,\*\* & Spaulding, A. (2021). Hospital value-based purchasing, market competition, and outpatient imaging efficiency. *Journal of Hospital Management and Health Policy*, 5. Available at: <https://jhmhp.amegroups.com/article/view/6678>.

39. Hamadi, H.Y., Borkar, S., Moody, L., Tafili,\*\* A., Wilkes, J.,\*\* Franco, P., McCaughey, D., & Spaulding, A., (2021) Hospital-Acquired Conditions Reduction Program, Patient Safety, and Magnet Designation in the United States. *Journal of Patient Safety*. 17(8):e1814-e1820. doi: 10.1097/PTS.0000000000000628.

40. Spaulding A.C., Hamadi H.Y., Osagiede O.,\*\* Lemini R., Cochuyt J.J., Watson J., Naessens J.M., Colibaseanu D.T. (2021) Hospital robotic use for colorectal cancer care. *J Robot Surg*. 2021 Aug;15(4):561-569. doi: 10.1007/s11701-020- 01142-y. Epub 2020 Sep 2. PMID: 32876922.

41. Hamadi, H.Y., Paryani, S., Zhao, M., Haley, D.R., & Spaulding, A., (2021) Imaging Payment Models: Outlook for The Post-Pandemic Era. *Radiology Management*, July/August 2021, 43(4).

42. Xu, J., Hicks-Roof, K., Bailey, C. E.,\*\* & Hamadi, H. Y. (2021) Older and Wiser? The Need to Reexamine the Impact of Health Professionals Age and

Experience on Competency-Based Practices. *SAGE Open Nursing*, 7, 23779608211029067.

43. Xu, J., Hamadi, H. Y., Hicks-Roof, K. K., Zeglin, R. J., Bailey, C. E.,\*\* & Zhao, M. (2021) Healthcare Professionals and Telehealth Usability during COVID-19. *Telehealth and Medicine Today*, 6(3). doi: 10.30953/tmt.v6.270.

44. Hamadi, H.Y., Zakari, N.M.A., Jibreel, E., AL Nami, F.N., Smida, J.A.S., & Ben Haddad, H.H. (2021) Stress and Coping Strategies among Nursing Students in Clinical Practice during COVID-19. *Nurs. Rep.*11, 629–639. doi:10.3390/nursrep11030060.

45. Xu, J., Zakari, N., Hamadi, H. Y., Park, S., Haley, D. R., & Zhao, M. (2021) The financial burden of opioid-related abuse among surgical and non-surgical patients in Florida: a longitudinal study. *International journal of environmental research and public health*, 18(17), 9127.

46. Hamadi H.Y., Zhao M, Haley D.R., Dunn A., Paryani S., & Spaulding A. (2021) Medicare and telehealth: The impact of COVID-19 pandemic. *J Eval Clin Pract.*1-6. doi:10.1111/jep.13634.

47. Spaulding, A., Hamadi, H.Y., Xu, J., Tafili, A.,\*\* & Liu, X. (2021) Race to The Top of The Hospital Value-Based Purchasing Program. *Journal of Healthcare Management*. 66(2), 95-108. Page 28 of 40 Revised 12-8-21

48. Audi, G., Zakari, N. M. A., Martinez, D.,\*\* & Hamadi, H. Y. (2021) Main Referral Sources Based on Hospice Organizational Structure Variances in the United States. *Majmaah Journal of Health Sciences*, 9(1), 14 (39-52). doi: 10.5455/mjhs.2021.01.006.

49. Silvera, G., Hamadi, H. Y., & Tafili, A.\*\* (2021) Hands and gloves: The relationship between CEOs and organizational context in U.S. hospitals. *International Journal of Healthcare Management*, 1-8. doi:10.1080/20479700.2020.1870351.

50. Hamadi, H. Y., Zakari, N. M. A., Tafili, A.\*\* , Apatu, E., & Spaulding, A. (2021) A cross-sectional study of trauma certification and hospital referral region diversity: A system theory approach. *Injury*. doi: 10.1016/j.injury.2020.10.101.

51. Hamadi, H. Y., Martinez, D.\*\* , Palenzuela, J.\* , & Spaulding, A. C. (2021) Magnet Hospitals and 30-Day and Mortality Rates for Medicare Beneficiaries. *Med Care*, 59(1), 6-12. doi:10.1097/mlr.0000000000001427.

52. Spaulding, A., Hamadi, H.Y., Moody, L., Lentz, L., Liu, X., & Wu, Y. (2020) Do Magnet Designated Hospitals Perform Better on Medicare's Value-Based Purchasing Program. *Journal of Nursing Administration* 50(7/8), 395-401. doi: 10.1097/NNA.0000000000000906.

53. Alrowaili, M.M.\*\* , Zakari, N.M.A., Hamadi, H.Y., & Moawed, S., 2020. Management of gestational hypertension disorders in Saudi Arabia by primary care nurses. *Saudi Critical Care Journal*, 4(3), p.103.

54. Apatu, E., Owen, D. M., Stallings-Smith, S., Spaulding, A., & Hamadi, H.Y., (2020) A Visit to the World Health Organization: Student Perceptions of Interprofessional Learning after a Short-Term Public Health Study Abroad Course in Switzerland. *Florida Public Health Review*, 17(1), 10.

55. Haley, D. R., Hamadi, H.Y., Xu, J., Zhao, M., Viet Tran Nguyen, A.\*\* , & Martinez, D.\*\* (2020) Structural and Social Determinants of Opioid Abuse Among Florida-Based Hospitals. *Florida Public Health Review*, 17(1), 5.

56. Copello, E.\*\* , Smith, J., Mease, A., Umapathy, K., Richard, D., Knight, A., Albertie, M., Hamadi, H.Y., Apatu, E., & Spaulding, A., (2020) Developing a GIS Dashboard Tool to Inform Non-Profit Hospitals of Community Health Needs at the Neighborhood Level. *Journal of Information Systems Applied research*. 12(2),33-53. Available at: <http://jisar.org/2020-13/n2/JISARv13n2p33.html>.
57. Merten, J. W., Hamadi, H.Y., & Wheeler, M.\*\* (2020) Cancer risk perception predictors for total body skin examinations: a cross-sectional study using Health Information National Trends Survey (HINTS) 2017 data. *International Journal of Dermatology*, 59(7), 829-836. doi: 10.1111/ijd.14935.
58. Williams, C., Hamadi, H.Y., & Cummings, C. L. (2020) Optimizing the Cognitive Space of Nursing Work Through Electronic Medical Records. *Comput Inform Nurs*, 38(11), 545-550. doi:10.1097/CIN.0000000000000666. Page 29 of 40 Revised 12-8-21
59. Zhao, M., Hamadi, H.Y., Haley, D. R., Xu, J., White-Williams, C., & Park, S. (2020) Telehealth: Advances in Alternative Payment Models. *Telemed J E Health*, 26(12), 1492-1499. doi:10.1089/tmj.2019.0294.
60. Park, S., Hamadi, H.Y., Apatu, E., & Spaulding, A. C. (2020) Hospital Partnershi6s in Population Health Initiatives. *Popul Health Manag*, 23(3), 226- 233. doi:10.1089/pop.2019.0074.
61. Wheeler, M.,\*\* Merten, J. W., Gordon, B. T., & Hamadi, H. (2020) CBD product attitudes, knowledge, and use among young adults. *Substance Use and Misuse*, 55(7).
62. Stalling-Smith, S., Hamadi, H.Y., Peterson, B.,\*\* Apatu, E., & Spaulding, A., (2019) Smoke-free policies and 30-day readmission rates for chronic obstructive pulmonary disease. *American Journal of Preventive Medicine*, 57(5).
63. Zakari, N., Hamadi, H.Y., & Audi, G., (2019) Cultural diversity Cultural diversity and work engagement in nursing: A qualitative case study analysis. *Hospital Administration*, 8(4). Available at: <http://www.sciedupress.com/journal/index.php/jha/issue/view/804>.
64. Hamadi, H.Y., Tafili, A.,\*\* Apatu, E., Park, S., & Spaulding, A., (2019) Medicare's Hospital-Acquired Condition Reduction Program and Community Diversity in The United States: The Need to Account for Racial and Ethnic Segregation. *Hospital Topics*, 97(4):148-155.
65. Zhao, M., Hamadi, H.Y., Haley, D.R., Williams, C., Liu, X., & Spaulding, A., (2019) The Relationship Between Health Information Technology Laboratory Tracking Systems and Hospital Financial Performance and Quality. *Hospital Topics*, 97(3): 99-106.
66. Hamadi, H.Y., Moody, L., Apatu, E., Vossos, H., Tafili, A.,\*\* & Spaulding, A., (2019) Impact of hospitals' Referral Region racial and ethnic diversity on 30-day readmission rates of older adults. *Journal of Community Hospital Internal Medicine Perspectives*, 9;9(3):181-188.
67. Hamadi, H.Y., Probst, J.C., Khan, M.M., & Tafili, A.,\*\* (2019) The Role of Training and Work-Related Injury on Home Health Workers' Job satisfaction: Analysis of The National Home and Hospice Care Survey. *Home Health Care Management & Practice*,31(4): 239-248.
68. Hamadi, H.Y., Apatu, E., Spaulding, A., & Osagiede, O.\*\* (2019) Insight into

Healthcare Services: A Characterization of Emergency Room Visits and Economic Hazards in the United States. *Disaster Medicine and Public Health Preparedness*, 13(3): 470-475. doi:10.1017/dmp.2018.75.

## VII. Estimate of Investment

- A. Use Appendix A – Table 3A or 3B to provide projected costs and associated funding sources for Year 1 and Year 5 of program operation. In narrative form, describe all projected costs and funding sources for the proposed program(s). Data for Year 1 and Year 5 should reflect snapshots in time rather than cumulative costs.**

The total E&G costs for the program are \$116,958 in year 1 (\$15,594 per student FTE) and \$178,535 in year 5 (\$5,493 per student FTE). The DHA Program will be staffed by existing UNF faculty and by year 3, one newly hired faculty member. Incremental salary and benefits costs to the university are \$104,000 for the new faculty member who is anticipated to be hired at the Assistant Professor level. E&G costs also include the percent effort by current UNF faculty. The increase from Year 1 to Year 5 in Faculty Salaries and Benefits is due to compounded COLA of 3% each year.

The Program Director will receive an annual stipend of \$8,000, which is included in the budget in years 1-5. The sole source of funding for E&G costs are E&G funds including tuition and state appropriations. As UNF does not practice activity-based costing or budgeting, the university does not track revenues or indirect expenditures at the program level.

The University of North Florida practices incremental budgeting, and each year E&G is budgeted at the college level. Deans determine the amount given to each department, and the chairs then distribute to their programs. Every budget is defined by a fund/index/organization combination. The fund is where the cash is coming from (E&G); index indicates which university department; and the organization indicates the college or division the department is located under. Due to these limitations, UNF does not track budgets or expenditures at the program level. Direct costs such as faculty salaries based on effort and additional E&G costs for startup are exceptions to what we can effectively calculate based on program's expenditures and needs.

- B. Use Appendix A – Table 4 to show how existing Education & General (E&G) funds will be reallocated to support the proposed program in Year 1. Describe each funding source identified in Appendix A – Table 4, and justify below the reallocation of resources. Describe the impact the reallocation of financial resources will have on existing programs, including any possible financial impact of a shift in faculty effort, reallocation of instructional resources, greater use of adjunct faculty and teaching assistants, and explain what steps will be taken to mitigate such impacts.**

Per Appendix A – Table 4, the entire Department of Health Administration's base before allocation is \$1,347,548 for salaries and wages and \$19,347 for operating expenses for a total of \$1,366,895. In year one, \$116,958 is the amount to be reallocated for salary & benefits and \$8000 for other expenses which will leave a base after reallocation of \$1,241,937. There is no reallocation of resources from any undergraduate programs. No undergraduate programs will be negatively impacted

by the implementation of this program.

A vacant Assistant Professor line will be filled in Year 3 to support program growth. Adjunct faculty will be hired to backfill the courses taught by Health Administration faculty as needed. Therefore, it is anticipated that the DHA will have minimal impact on current programs.

**C. If the institution intends to operate the program as self-supporting, market tuition rate, or establish a differentiated graduate-level tuition, as described in [Board of Governors Regulation 8.002](#), provide a rationale and a timeline for seeking Board of Governors' approval.**

**Not applicable to this program because the program will not operate as self-supporting, market tuition rate, or establish a differentiated graduate-level tuition.**

**D. Provide the expected resident and non-resident tuition rate for the proposed program for both resident and non-resident students. The tuition rates should be reported per credit hour unless the institution has received approval for a different tuition structure. If the proposed program will operate as a continuing education program per [Board of Governors Regulation 8.002](#), describe how the tuition amount was calculated and how it is reflected in Appendix A – Table 3B.**

The program will charge its students the standard university graduate tuition and fees of \$493.53 per credit hour (\$408.10 in tuition and \$85.43 in fees) for Florida residents and \$1044.27 per credit hour (\$408.10 in tuition, \$524.51 in non-resident tuition, and \$111.66 in fees) for nonresidents, based on the 2022/2023 UNF schedule of tuition and fees. The full breakdown of tuition and fees can be located [here](#).

**E. Describe external financial and in-kind resources available to support the proposed program and explain how this amount is reflected in Appendix A – Table 3A or 3B.**

There will be no external financial or in-kind resources used to support this proposed program.

## **VIII. Self-Supporting and Market Tuition Rate Programs**

***Note: Skip this section if the proposed program will not operate as a self-supporting or market tuition rate program.***

### **Proposed Program Type**

**Market Tuition Rate Program**

**Online**

- Continuing Education
- Self-Supporting Program
- N/A

**A. Provide supporting documentation in a separate attachment that serves as evidence that the new program will not supplant any existing similar or equivalent E&G degree offering. Describe the evidence in narrative form below. *Note that Board Regulation 8.002 considers a program similar if it is offered under the same CIP code as one funded under the E&G budget entity.***

**B. If the proposed self-supporting or market tuition rate program will be a track under an existing E&G program or has a similar existing E&G program, provide a side-by-side tuition and fee comparison in the table below. Provide a link to the university's website that provides students with information about financial assistance and obligations for repayment of loans for these programs.**

Not applicable because the program will not be a track under an existing E&G program or is not similar to an existing E&G program.

**Tuition and Fee Comparison**

E&G Track or Program	Proposed Program

**C. Explain whether the program leads to initial licensing or certification in occupational areas identified as a state critical workforce need. If so, which licenses and certifications will graduates receive upon completion, and explain why implementing the program as self-supporting or market tuition rate is the best strategy to increase the number of graduates in the state.**

No professional licensure required. Completion of the program will enhance the capabilities of these experienced clinicians and healthcare executives in university teaching hospitals as well as provide advanced knowledge for university teaching faculty.

***Note: Questions D – M pertain only to market tuition rate programs. If the proposed program will be self-supporting, skip to Section IX.***

**D. Explain the process used to determine the proposed market tuition rate and provide the tuition of similar programs offered by other SUS institutions and**



private institutions as appropriate so that the tuition of at least five similar programs is provided. If the proposed tuition rates differ for resident and non-resident students, explain why.

- E. Explain how offering the proposed program at a market tuition rate is aligned with the university's mission. If the program qualifies as a Program of Strategic Emphasis, provide additional justification for charging higher tuition for the proposed program.
- F. Provide a declaratory statement that offering the proposed program at the market tuition rate does not increase the state's fiscal liability or obligation.
- G. Explain any proposed restrictions, limitations, or conditions to be placed on the program.
- H. Explain how the university will ensure sufficient courses are available to meet student demand and facilitate program completion.
- I. If applicable, provide a baseline of current enrollments, including a breakout of resident and non-resident enrollment in similar courses funded by the E&G budget entity.
- J. Describe any outcome measures that will be used to determine the program's success.
- K. List the campuses and/or sites at which the proposed program will be offered. If the program is only offered online, indicate that, and provide the location from which the program will be managed.
- L. Provide an estimate of the total and net annual revenue the university anticipates collecting for Years 1 and 5 if the proposal is approved. This information should be consistent with the data provided in Appendix A – Table 3B, which is required as a part of this proposal.

**M. Describe how revenues will be spent, including whether private vendors will be utilized and for what purpose. Additionally, identify all budget entities used for the program.**

## **IX. Non-Faculty Resources**

**A. Describe library resources currently available to implement and/or sustain the proposed program through Year 5 below, including but not limited to the following:**

- **the total number of volumes and serials available in the discipline and related disciplines**
- **all major journals that are available to the university's students**

**The Library Director must sign the additional signatures page to indicate they have reviewed Sections IX.A. and IX.B.**

All required library and ITS resources necessary for the proposed program are currently available.

Total Volumes in the Discipline: The University of North Florida currently has over 1,800 journals related to health administration, health care, and public health fields. These are journals available on the shelf, or the full text is accessible to UNF students.

There are over 31,000 books related to health administration, health care, and public health fields. These are books available on the shelf, or the full text is accessible to UNF students.

The UNF library also has 33 searchable databases and 69 peer-reviewed journals with a Health Administration subject heading.

All Major Publications Available to UNF Students: UNF students have access to the following publications in addition to journals:

- 565,153 physical books
- 829,245 e-books
- 49,552 physical media such as videos, DVDs, CDs, etc.
- 113,495 e-media such as streaming audio and visual content
- 12,216 print serials
- 379,539 e-serials

**B. Discuss any additional library resources needed to implement and/or sustain the program through Year 5. Describe how those costs are reflected in Appendix A – Table 3A or 3B.**

**Not applicable to this program because no additional library resources are needed to implement or sustain the proposed program.**

**C. Describe any specialized equipment and space currently available to implement and/or sustain the proposed program through Year 5.**

Specialized equipment is not needed to implement or sustain the proposed program. There are small classrooms and conference rooms available on the main campus that will be used for the two-day weekend that students are required to come to campus each term.

**D. Describe any additional specialized equipment or space needed to implement and/or sustain the proposed program through Year 5. Include any projected Instruction and Research (I&R) costs of additional space in Appendix A – Table 3A or 3B. Costs for new construction should be provided in response to Section IX.E. below.**

Not applicable to this program because no new I&R costs are needed to implement or sustain the program through Year 5

**E. If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's fixed capital outlay priority list. Appendix A – Table 3A or 3B includes only I&R costs. If non-I&R costs, such as indirect costs affecting libraries and student services, are expected to increase due to the program, describe and estimate those expenses in narrative form below. High enrollment programs, in particular, are expected to necessitate increased costs in non-I&R activities.**

Not applicable to this program because no new capital expenditures are needed to implement or sustain the program through Year 5.

**F. Describe any additional special categories of resources needed to operate the proposed program through Year 5, such as access to proprietary research facilities, specialized services, or extended travel. Explain how those projected costs of special resources are reflected in Appendix A – Table 3A or 3B.**

Not applicable to this program because no additional special categories of resources are needed to implement or sustain the program through Year 5.

**G. Describe fellowships, scholarships, and graduate assistantships to be allocated to the proposed program through Year 5 and explain how those are reflected in Appendix A – Table 3A or 3B.**

**Not applicable to this program because no fellowships, scholarships, and/or graduate assistantships will be allocated to the proposed program through Year 5.**

## X. Required Appendices

The appendices listed in tables 1 & 2 below are required for all proposed degree programs except where specifically noted. Institutions should check the appropriate box to indicate if a particular appendix is included to ensure all program-specific requirements are met. Institutions may provide additional appendices to supplement the information provided in the proposal and list them in Table 2 below.

**Table 1. Required Appendices by Degree Level**

Appendix	Appendix Title	Supplemental Instructions	Included Yes/No	Required for Degree Program Level		
				Bachelors	Masters/ Specialist	Doctoral/ Professional
A	Tables 1-4		Yes	X	X	X
B	Consultant's Report and Institutional Response		Yes			X
C	Academic Learning Compacts	Include a copy of the approved or proposed Academic Learning Compacts for the program	No – N/A	X		
D	Letters of Support or MOU from Other Academic Units	Required only for programs offered in collaboration with multiple academic units within the institution	No - N/A for DHA	X	X	X
E	Common Prerequisite Request Form	This form should also be emailed directly to the BOG Director of Articulation before submitting the program proposal to the Board	No – N/A	X		

		office for review.				
F	Request for Exemption to the 120 Credit Hour Requirement	Required only for baccalaureate degree programs seeking approval to exceed the 120 credit hour requirement	No – N/A	X		
G	Request for Specialized Admissions Status	Required only for baccalaureate degree programs seeking approval for specialized admissions status	No – N/A	X		
H	Attestations for Self-Supporting and Market Tuition Rate Programs	Required only for self-supporting or market tuition rate programs	No - N/A for DHA		X	X
I	Faculty Curriculum Vitae		Yes	X	X	X

**Table 2. Additional Appendices**

<b>Appendix</b>	<b>Appendix Title</b>	<b>Description</b>
J	Letters of Support Outside of UNF	Includes minutes from the Health Advisory Board for Health Administration; letters of support from local hospital executives
K	Survey Reports	Full survey results from both student and alumni surveys as discussed in III.B (pg 10).

L	DHA Proposal with Consultant Comments/Edits	Document with Dr. Wan's proposal edits
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**University of North Florida  
New Degree Program Application  
Appendix A: Tables 1-4**



**APPENDIX A**  
**TABLE 1-B**  
**PROJECTED HEADCOUNT FROM POTENTIAL SOURCES**  
**(Graduate Degree Program)**

Source of Students (Non-duplicated headcount in any given year)*	Year 1 HC	Year 1 FTE	Year 2 HC	Year 2 FTE	Year 3 HC	Year 3 FTE	Year 4 HC	Year 4 FTE	Year 5 HC	Year 5 FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	5	3.75	10	7.5	16	11	18	12	20	13
Students who transfer from other graduate programs within the university**	5	3.75	11	8.25	17	11.25	19	13	21	14.75
Individuals who have recently graduated from preceding degree programs at this university	0	0	0	0	0	0	0	0	0	0
Individuals who graduated from preceding degree programs at other Florida public universities	0	0	0	0	0	0	0	0	0	0
Individuals who graduated from preceding degree programs at non-public Florida institutions	0	0	0	0	0	0	0	0	0	0
Additional in-state residents***	0	0	0	0	0	0	0	0	0	0
Additional out-of-state residents***	0	0	1	0.75	3	2.25	5	3.5	7	4.75
Additional foreign residents***	0	0	0	0	0	0	0	0	0	0
Other (Explain)***	0	0	0	0	0	0	0	0	0	0
<b>Totals</b>	<b>10</b>	<b>7.5</b>	<b>22</b>	<b>16.5</b>	<b>36</b>	<b>24.5</b>	<b>42</b>	<b>28.5</b>	<b>48</b>	<b>32.5</b>

\* List projected annual headcount of students enrolled in the degree program. List projected yearly cumulative ENROLLMENTS instead of admissions.

\*\* If numbers appear in this category, they should go DOWN in later years.

\*\*\* Do not include individuals counted in any PRIOR category in a given COLUMN.

## APPENDIX A

**Table 2  
Anticipated Faculty Participation**

Faculty Code	Faculty Name or "New Hire" Highest Degree Held Academic Discipline or Specialty	Rank	Contract Status	Initial Date for Participation in Program	Mos. Contract Year 1	FTE Year 1	% Effort for Prg. Year 1	PY Year 1	Mos. Contract Year 5	FTE Year 5	% Effort for Prg. Year 5	PY Year 5
A	Jeffrey Harrison, Ph.D. Health Services Org & Rsrch	Professor	Tenure	Fall 2024	9	0.75	0.16	0.12	9	0.75	0.25	0.19
A	Mei Zhao, Ph.D Health Services Research	Professor	Tenure	Fall 2025	12	1.00	0.000	0.00	12	1.00	0.125	0.13
A	D. Rob Haley, Ph.D. Health Policy & Administration	Professor	Tenure	Fall 2025	9	0.75	0.000	0.00	9	0.75	0.125	0.09
A	Hanadi Hamadi, Ph.D. Health Services Management	Professor	Tenure	Fall 2024	9	0.75	0.170	0.13	9	0.75	0.125	0.09
A	Jasper Xu, Ph.D. Statistics	Assoc. Prof	Tenure	Fall 2024	9	0.75	0.330	0.25	9	0.75	0.125	0.09
A	Sinyoung Park, Ph.D. Health Services Research	Assoc. Prof	Tenure	Fall 2024	9	0.75	0.170	0.13	9	0.75	0.125	0.09
A	Shyam Paryani, MD, MHA Medicine	Instructor	MYA	Fall 2024	9	0.75	0.170	0.13	9	0.75	0.125	0.09
B	Replacement Hire Health Administration	Assist. Prof	Tenure	Fall 2027	9	0.00	0.000	0.00	9	0.75	0.125	0.09
<b>Total Person-Years (PY)</b>								<b>0.75</b>				<b>0.88</b>

Faculty Code	Code Description	Source of Funding	PY Workload by Budget Classification	
			Year 1	Year 5
A	Existing faculty on a regular line	Current Education & General Revenue	0.75	0.79
B	New faculty to be hired on a vacant line	Current Education & General Revenue	0.00	0.09
C	New faculty to be hired on a new line	New Education & General Revenue	0.00	0.00
D	Existing faculty hired on contracts/grants	Contracts/Grants	0.00	0.00
E	New faculty to be hired on contracts/grants	Contracts/Grants	0.00	0.00
F	Existing faculty on endowed lines	Philanthropy & Endowments	0.00	0.00
G	New faculty on endowed lines	Philanthropy & Endowments	0.00	0.00
H	Existing or new faculty teaching outside of regular/tenure-track line course load	Enterprise Auxiliary Funds	0.00	0.00
<b>Overall Totals for</b>			<b>0.75</b>	<b>0.88</b>

**APPENDIX A  
TABLE 3A  
ENROLLMENT AND GROWTH**

**PROJECTED COSTS AND FUNDING SOURCES**

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Institutions should not edit the categories or budget lines in the table below. This table is specific to state-funded (E&G) programs, and institutions are expected to explain all costs and funding sources in Section VII.A. of the proposal. Detailed definitions for each funding category are located at the bottom of the table.															
2	Budget Line Item	Reallocated Base* (E&G) Year 1	Enrollment Growth (E&G) Year 1	New Recurring (E&G) Year 1	New Non-Recurring (E&G) Year 1	Contracts & Grants (C&G) Year 1	Philanthropy/ Endowments Year 1	Other Funding Year 1 - Please Explain in Section VII.A. of the Proposal	Subtotal Year 1	Continuing Base** (E&G) Year 5	New Enrollment Growth (E&G) Year 5	Other*** (E&G) Year 5	Contracts & Grants (C&G) Year 5	Philanthropy/ Endowments Year 5	Other Funding Year 5 - Please Explain in Section VII.A. of the Proposal	Subtotal Year 5
3	Salaries and Benefits (Faculty)	\$ 108,958	0	0	0	0	0	0	\$108,958	\$ 170,535	0	0	0	0	0	\$170,535
4	Salaries and Benefits (A&P and USPS)	0	0	0	0	0	0	0	\$0	0	0	0	0	0	0	\$0
5	OPS (including assistantships & fellowships)	0	0	0	0	0	0	0	\$0	0	0	0	0	0	0	\$0
6	Programmatic Expenses****	8,000	0	0	0	0	0	0	\$8,000	8,000	0	0	0	0	0	\$8,000
7	<b>Total Costs</b>	<b>\$116,958</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$116,958</b>	<b>\$178,535</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$178,535</b>

8 \*Identify reallocation sources in Table 4.  
9 \*\*Includes recurring E&G funded costs ("reallocated base," "enrollment growth," and "new recurring") from Years 1-4 that continue into Year 5.  
10 \*\*\*Identify if non-recurring.  
11 \*\*\*\*include library costs, expenses, OCO, special categories, etc.

12 **Faculty and Staff Summary**

Total Positions	Year 1	Year 5
Faculty (person-years)	0.75	0.88
FTE (A&P and USPS)	0	0

**Calculated Cost per Student FTE**

	Year 1	Year 5
Total E&G Funding	\$116,958	\$178,535
Annual Student FTE	7.5	32.5
E&G Cost per FTE	\$ 15,594	\$ 5,493

18 **Table 3 Column Explanations**

19	Reallocated Base* (E&G)	1	E&G funds that are already available in the university's budget and will be reallocated to support the new program. Please include these funds in the Table 4 – Anticipated reallocation of E&G funds and indicate their source.
20	Enrollment Growth (E&G)	2	Additional E&G funds allocated from the "Student and Other fees Trust Fund" contingent on enrollment increases.
21	New Recurring (E&G)	3	Recurring funds appropriated by the Legislature to support implementation of the program.
22	New Non-Recurring (E&G)	4	Non-recurring funds appropriated by the Legislature to support implementation of the program. Please provide an explanation of the source of these funds in the budget section (section VII.A.) of the proposal. These funds can include initial investments, such as infrastructure.
23	Contracts & Grants (C&G)	5	Contracts and grants funding available for the program.
24	Philanthropy Endowments	6	Funds provided through the foundation or other Direct Support Organizations (DSO) to support the program.
25	Continuing Base** (E&G)	7	Includes the sum of columns 1, 2, and 3 over time.
26	New Enrollment Growth (E&G)	8	See explanation provided for column 2.
27	Other*** (E&G)	9	These are specific funds provided by the Legislature to support implementation of the program.
28	Contracts & Grants (C&G)	10	See explanation provided for column 5.
29	Philanthropy Endowments	11	See explanation provided for column 6.
30	Other Funding	12	Any funding sources not already covered in any other column of the table. Please provide an explanation for any funds listed in these columns in the narrative for Section VII.A. of the proposal.

## APPENDIX A

### TABLE 4

#### ANTICIPATED REALLOCATION OF EDUCATION GENERAL FUNDS\*

Program and/or E&G account from which current funds will be reallocated during Year 1	Base before reallocation	Amount to be reallocated	Base after reallocation
Example: 555-555 World exploration fund (example)	0	0	\$0
Salaries and Wages - for the entire Health Administration Department including the undergraduate and graduate programs. Funds will remain in the same E & G index 640600 they currently reside in.	1,347,548	108,958	\$1,238,590
Operating Expenses	19,347	8,000	\$11,347
	0	0	\$0
	0	0	\$0
	0	0	\$0
	0	0	\$0
	0	0	\$0
<b>Totals</b>	\$1,366,895	\$116,958	\$1,249,937

\* If not reallocating E&G funds, please submit a zeroed Table 4

These are FY21-22 expenditures.

**University of North Florida  
New Degree Program Application  
Appendix B: Consultant's Report and  
Institutional Response**

## Appendix B – Doctoral Program Proposal Consultant’s Report and Response

**Instructions:** Pursuant to Board of Governors Regulation 8.011, all institutions requesting Board of Governor’s approval for a new doctoral-level program are required to submit a formal written review of the proposal by a qualified external academic consultant or for newly emergent fields where there are limited qualified experts, a cross-section of visiting experts. Institutions must submit a copy of the written review and a summary document describing how feedback was incorporated into the proposal or why feedback was not addressed. The format for the consultant’s report and institutional response shall be determined by the individual institution submitting the proposal; however, both the review and the institutional response must be present and clearly identified.

<b>Name of Consultant:</b>	<u>Thomas T.H. Wan, Ph.D., MHS</u>
<b>Affiliation:</b>	<u>University of Central Florida</u>
<b>Qualification/Area of Expertise:</b>	<u>Professor Emeritus of School of Global Health Management and Informatics</u>
<b>Date of Review:</b>	<u>07/04/2023</u>

In the space provided below, please list the recommendations provided by the external consultant and fully explain how those recommendations were or were not incorporated into the full proposal. For recommendations that were not incorporated, please provide an explanation.

Dr. Wan attached a Word document of the proposal with edits that were all accepted in the final version (see Appendix L for Dr. Wan’s proposal edits). The email below is Dr. Wan’s review comments. His one suggestion is to extend the effort in developing national and global leaders who can play an important role in transforming healthcare management and practice. He suggested we create a special seminar course or a capstone course that will complement the doctoral project course in the last year.

In response, we would not plan to add additional courses or credits to the current proposal. We do, however, believe it would be valuable to incorporate “transforming healthcare management and practice” into either the current curriculum, a course seminar, or as part of the doctoral project expectations. We will continue to evaluate that option.

**From:** Thomas Wan <Thomas.Wan@ucf.edu>  
**Sent:** Tuesday, July 4, 2023 10:49 AM  
**To:** Zhao, Mei <mzhao@unf.edu>  
**Cc:** Harrison, Jeffrey <jeffrey.harrison@unf.edu>  
**Subject:** RE: DHA Proposal for Your Review

Mei and Jeff: I have completed the review of your DHA degree proposal. Overall, it is a timely and adequately designed doctoral program for healthcare professionals and executives. There is a critical need for academically prepared leaders in the healthcare field. The proposed curricular design is sound and well developed. I have carefully edited the proposed. The only suggestion is to extend the effort in developing national and global leaders who can play important roles in transforming healthcare management and practice. Perhaps, you could create a special seminar course or a capstone course that will complement the doctoral project course in the last year.

Congratulations on the development of such a needed program in Florida. If you have any questions about my comments, please let me know.

Thomas T.H. Wan, Ph.D., MHS  
Professor Emeritus of School of Global Health Management and Informatics  
University of Central Florida

(Proposal document with Dr. Wan's suggested changes is in Appendix L.)

**University of North Florida  
New Degree Program Application  
Appendix J: Letters of Support outside of UNF**





**Health Administration  
Advisory Board Meeting Minutes  
Friday, February 18, 2022  
Face-to-face/Zoom Meeting**

**Attendance**

M. Zhao, J. Harrison, R. Haley, L. Bowers, J. Byers, J. Cooper, A. Lepkoske, P. Jones, K. Roberts, D. Williams, L. Moody, K. Thiemann, K. Giscombe, G. Josephson, A. Johns  
Guests: C. Lox

Minutes recorded by C. Rakita

**Welcome** Dean Lox welcomed everyone to the meeting and thanked everyone for their service and contribution to the Health Administration Department. He invited everyone to the BCH Barbeque for Homecoming weekend.

**Approval of Minutes August 20, 2021**

Minutes were reviewed and approved.

**Program and Department Updates**

**MHA Program**

Dr. Haley discussed enrollment numbers for the Fall. We have 10 students confirmed and 30 MHA applicants in the queue waiting for application completion. The total class size for the 2022 cohort is anticipated to be at 20-25. In an effort to continue our efforts to ensure a diverse student cohort, the MHA Program conducted an information and recruiting session at the Florida State College at Jacksonville (FSCJ) Virtual Career Resource Fair, virtual session for Edward Waters College, and to increase the frequency of our sessions with UNF's Department of Housing. The MHA Program developed a two-minute informational video based on our assessment that these segments of students like easily accessible, short, and to the point video information sessions.

Dr. Haley presented the annual surveys conducted for the students, alumni, preceptors and faculty competency assessments. The Board reviewed the competencies and their attainment, skill sets, and general thoughts on the program. Two years ago, the board voted to reduce the program credits from 54 to 45 due to the student identification of overlap in classes; the faculty assessed the courses and made several adjustments. Two courses had been combined: *Policy and Law* and *Leadership and Organizational Behavior in Healthcare*. Additionally, electives were reduced from 2 to 1. According to student feedback, far less students indicated that there was an unnecessary overlap of class content. The students indicated that they wanted the program to be better aligned to qualify for fellowships. The Board and faculty had suggested that students should graduate in the spring instead of summer. The data indicates that this revision permitted more students to apply for fellowships (which require an student to have earned an

MHA before they start their fellowship that traditionally begin in the summer). These changes have contributed to an increase in student satisfaction as indicated by the surveys.

There was a segment of students with significant healthcare experience who had identified that the MHA introductory courses were basic. Now far fewer students are indicating that the introductory courses are basic; in fact more students state that these courses are at an appropriate level for their competency attainment. The more experienced students are now enrolling in the EMHA instead of MHA leading to segments of students who are better aligned with the MHA Program's mission of preparing students for entry-level health management positions.

Dr. Haley asked for board input for student professionalism development now that the MHA program students are trending younger and better aligns with the MHA Program's mission of preparing students for entry-level health management positions. Preceptor surveys indicate that 86% of preceptors would grade their MHA student with an "A" and 14% with a "B." This is somewhat lower than the previous year's cohort that indicated that approximately 8% would have graded students with a B and 92% with an A. The goal is at least 90% with an A. The Board discussed how the program can better prepare these younger students for their practicum. Encouraging students to seek volunteer experience was suggested to provide more work experience, boost confidence, and enhance communication skills. The board also discussed student involvement in the advisory board and a skills workshop for students in public speaking. This semester Dr. Haley implemented a Practicum preparation workshop in DR. Parks Managerial Epidemiology course for the first-year cohort.

The Board also discussed the improvement in business analytical thinking and problem-solving skills. The Health Planning, Finance, and Capstone courses were all identified by student surveys as highly effective for this area of student growth. The Board's identification and MHA Program's implementation of the Health Planning Lean Competency System Certification course sponsored by Guidewell/FloridaBlue appears to have significantly improved student competencies within the business analytical thinking and problem-solving domain. Dr. Haley thanked Deb Williams with Guidewell/FloridaBlue for their continued sponsorship of the Health Planning course and each MHA student's Lean Competency System certification.

### **BHA Program**

Dr. Moody discussed the success of the move of the BHA program to an online format. The number of enrollments is increasing. The online program has attracted students across the state as well as to individuals outside of Florida such as individuals overseas in the military. The Minor in Health Administration was approved in August by the board and in December was approved by the university APC. The new course in Leadership, a face-to-face course, has had a slow start. Dr. Johnson will be opening a new elective this fall called Global Health. The proposal for changes to the BHA internship course hours from the current 360 to 250-275 was discussed and permitting pairing the internships with electives such as the new course, Global Health Care. Another new course has been developed called Health Care Accounting. This development was in response to the barrier caused by the program's current pre-requisite in accounting. The new course will offer a choice to students in lieu of the accounting course offered by the College of Business.

Dr. Zhao acknowledged that the work of the Advisory Board led to the implementation of the online BHA program during COVID to meet the needs of students and has since been identified as a growing format in education. She presented the idea of a long-term goal towards a hybrid BHA: offering both face-to-face and the online format.

The board discussed the need for interaction and communication skills. Dr. Moody explained that the BHA courses go through quality review with CIRT to ensure that the classes are interactive, available to students, and provide discussions. One example of methods to increase interactions was highlighted by the group projects that students prepare on Zoom with other classmates; these projects also encourage technology skills.

## **EMHA**

Dr. Paryani was absent and will update the board at the next meeting.

## **New Programs**

### **Master of Health Informatics**

Kay Thiemann presented the progress on the Master of Health Informatics graduate degree program. This fully online program will encompass the coursework for the competency domains for board certification (AMIA, ANA, HIMSS, AHIMS). Currently anticipating 7 required courses and 4 of 8 electives for an MS in Health Informatics. Also looking at three possible concentrations: Health Information Management, Clinical Informatics, and Data Science. 33 credit hours.

The board discussed the proposed courses and its comparison to other similar Florida programs. The proposed concentrations will set it apart from existing programs and allow for flexibility. The board also discussed the desire for a dual program between the MHA and MS in Health Informatics. Data evaluation was an area pointed out by several board members as a vital skill in healthcare.

The board approved of the Informatics program as an addition to the scope of options for students at UNF.

### **Doctor of Health Administration (DHA)**

Dr. Harrison discussed the progress towards implementing a Doctor of Health Administration (DHA) degree. This program would be geared to very experienced clinicians many who may be working in a university setting to senior healthcare executives. Dr. Harrison is in the planning phase, and it could take up to two years to be approved and implemented. The modality being considered is Hybrid with some on campus meetings as well as projects online; there is currently no Florida competition in a hybrid format DHA.

A feasibility study on a DHA Program at UNF that would be 90% online was conducted by a consulting group. Key research questions addressed in the study were “What is the market demand for a Doctoral Degree in HA?”, “What is the most common target audience for DHA Programs?”, and “What is the labor market for graduates of similar programs, and would the value proposition be unique in the market?” Key Findings of the study: Significant demand for health programming; 19% growth at the doctoral level; current programs at other institutions in

our region are in-person rather than hybrid; the growth rate for on campus DHA Programs is decreasing whereas the demand for online DHA is growing.

The next step is to submit the plan to obtain Board of Governor's approval.

The board discussed the anticipated tuition and how it compares to other programs, the long desire for a DHA, and the advantage it will offer our graduates.

### **Student Updates**

#### **HASA President Report** from April Johns

- The board congratulated HASA on their accomplishment of raising over \$20,000 for ACHE Congress in Chicago. They continue to fund raise for this event and hope to send up to 16 students. Ms. Johns reviewed recent events of HASA. Mr. Jon Cooper and Mr. Sean Mills from Ascension Health came to speak to students. Upcoming is Ann Marie Knight with UF Health who will speak in March regarding ACHE membership and benefits. They have a series of fellowship events to help prepare students for their fellowships; one goal is to facilitate preparedness prior to the application process. The spring banquet is scheduled for April 29<sup>th</sup> at the University Center. The keynote speaker will be Mr. Lee Bowers.

#### **UPDelta President Report** from Kiara Giscombe

- Ms. Giscombe announced that UPD has a new treasurer, Taylor Williams. UPD participated in Wolfson's Children's Race Weekend; the volunteers helped set up the race and hand out medals. They also held a workshop where students had the opportunity to review their resumes and work on confidence with speaking in situations such as fellowships and ACHE. They also worked on interview questions. UPD has a lecture planned for March 8<sup>th</sup> with Dr. Michael Mayo. Additionally, they hope to plan another member social where they will distribute graduation cords, allow new and old members to connect, and facilitate a Q & A session for those who may be interested in joining the board. Finally, they will be working closely with HASA to plan the spring banquet; they currently have 76 undergraduate students and 80 MHA/EMHA students as members.

**Co-chair Updates:** Mr. Lee Bowers led a discussion the possibility of a MHA/MBA dual degree. The board examined the differences between an official dual degree vs the current unofficial approach. He also facilitated further discussion on the competency review process.

July 18, 2023

UNF Board of Trustees  
1 UNF Drive  
Jacksonville, FL 32224

To Whom it May Concern,

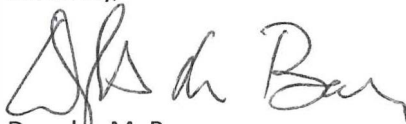
This letter is written in support of the proposed Doctor of Health Administration program at the University of North Florida.

As the President & CEO of Brooks Rehabilitation (Brooks), I oversee the operations of our Company. The complexity of healthcare has led us to demand more experience and education to prepare our senior leadership to navigate this complex environment. The need for evidence-based decision-making and problem solving is critical for innovation. This program will allow our leaders to gain the knowledge and skills to meet the rapidly changing healthcare industry. These graduates will be able to assume roles in leadership in the highest levels of health care administration in our organization or possibly teach in a university setting.

I assure you that Brooks and other organizations will benefit significantly from additional new graduates in this critical healthcare field. With the growth in health care services in our region, there will continue to be new positions for those wanting to further their education in their current health administration role. We look forward to sharing this opportunity with our healthcare managers and administrators.

We hope you will approve this important program needed for the many health systems in our region.

Sincerely,



Douglas M. Baer  
President & CEO



**Michael A. Mayo, DHA, FACHE**  
President and Chief Executive Officer

841 Prudential Drive  
Suite 1601  
Jacksonville, Florida 32207  
Phone: 904.202.4011  
Fax: 904-202-4014

July 14, 2023

UNF Board of Trustees  
I UNF Drive  
Jacksonville, FL 32224

To Whom It May Concern:

This letter is written in support of the proposed Doctor of Health Administration program for the Department of Health Administration at the University of North Florida.

In my role as President and Chief Executive Officer of Baptist Health, I value the importance of academic advancement in one's chosen field of study. Baptist Health is a faith-based, mission-driven, locally governed system in Northeast Florida comprised of four satellite Emergency Centers, 55 primary care offices, more than 14,000 team members, and over 2000 physicians. Our health system includes six Magnet-designated hospitals: Baptist Jacksonville; Baptist Beaches; Baptist Nassau; Baptist South; Baptist Clay and Wolfson Children's Hospital.

The complexity of healthcare has led us to demand more and more experience and education to prepare our senior leadership to navigate this complex environment. The need for evidence-based decision-making and problem-solving is critical for innovation. This program will allow our leaders to gain the knowledge and skills to meet the rapidly changing healthcare industry. These graduates will be able to assume roles in leadership in the highest levels of health care administration roles in our academic/teaching hospitals or possibly teach in a university setting.

Baptist Health and other organizations will benefit significantly from additional new graduates in this critical healthcare field. Many healthcare leaders desire to further their education in their current health administration role and look to programs outside of our community and state to provide this academic experience. Having a doctoral-level program available to healthcare leaders in Northeast Florida will be a valuable asset. We look forward to sharing this opportunity at UNF with our healthcare managers and administrators.

We hope you will approve this important program needed for the many healthcare organizations and leaders in our community.

Sincerely,

Michael A. Mayo, DHA, FACHE  
President & CEO  
Baptist Health System



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June 28, 2023

UNF Board of Trustees  
1 UNF Drive  
Jacksonville, FL 32224

To Whom it May Concern:

This letter is written in support of the proposed Doctor of Health Administration program for the Department of Health Administration at the University of North Florida.

As the Chief Administrative Officer at Mayo Clinic in Florida, I oversee and coordinate institutional strategy, lead and direct all Mayo Clinic administrative functions as well as provide support and counsel to the CEO.

The complexity of healthcare has led us to demand more and more experience and education to prepare our senior leadership to navigate this complex environment. The need for evidence-based decision making and problem solving is critical for innovation. This program will allow our leaders to gain the knowledge and skills to meet the rapidly changing healthcare industry. These graduates will be able to assume roles in leadership in the highest levels of health care administration roles in our academic/teaching hospitals or possibly teach in a university setting.

I assure you that Mayo Clinic in Florida and other organizations will benefit significantly from additional new graduates in this critical healthcare field. With our turnover rate, there will continue to be openings and those wanting to further their education in their current health administration role. We look forward to sharing this opportunity at UNF with our healthcare managers and administrators.

We hope you will approve this important program needed for the many hospitals in our community.

Sincerely,

A handwritten signature in black ink that reads "Ajani Dunn".

Ajani (AJ) Dunn, FACHE  
Vice Chair, Administration, Mayo Clinic  
Chief Administrative Officer, Mayo Clinic in Florida