THE ROLE OF THE UNIVERSITY OF NEW HAMPSHIRE IN HEALTH AND HUMAN SERVICES:
A VISION FOR THE FUTURE

A REPORT OF THE
SCHOOL OF HEALTH STUDIES TASK FORCE
ON MISSION AND ORGANIZATION
June 1987
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INTRODUCTION

This report is the product of the School of Health Studies Task Force on Mission and Organization which was appointed by Dean Basil Mott and Vice President Richard Hersh. The Task Force was given the charge to build upon the discussions at the School of Health Studies faculty retreat of October 18, 1986 and to develop a document which would outline the faculty's vision of the School. The Task Force is composed of Stephen N. Calculator; Sylvia Courtway; Elizabeth L. Crepeau, Recorder; James L. DePaepe; Larry Gustke, Sub-committee Chair; Robert Kertzer; Raelene Shippee-Rice, Sub-committee Chair; John W. Seavey, Chairperson; Ruth Smith; F. Harry Tokay; and Aloise A. Zasowska. The Task Force began meeting November 12, 1986.

This report contains a rationale for a school focused on health issues at the University of New Hampshire based upon external needs and a common framework among programs. Another section of this report provides a description of the present School and a summary of the major challenges and opportunities for the School given its present status. The last section sets forth a proposed organizational structure, a proposed mission statement, and a series of proposed goals and objectives with accompanying strategies.

A draft of this report was sent to all faculty within the School for review and comment. In addition, an open hearing on the draft was held on March 12, 1987. Faculty from the School as well as faculty from those departments mentioned in the report which are outside the School were specifically invited to attend the open session. Following the open hearing, the Task Force met with the faculties in both Family and Consumer Studies and Community Development to discuss whether their programs' missions and content are compatible to that of the School. All departments within the School of Health Studies were requested to submit modifications of the draft departmental descriptions appearing in Section III. This report incorporates changes made by The Task Force as a result of suggestions from the faculty as a product of the open meeting as well as comments received through written communication to the Task Force. This report remains an evolving working document.

This report was approved by the School of Health Studies faculty on May 13, 1987 as "a statement of principle to guide the School and serve as a basis for continuing future strategic planning."
SUMMARY

This report contains a rationale for a School of Health and Human Service based upon the significance and nature of health and common framework for the units of such a school. It provides a description of the present School with its major units and how they relate to the framework, a summary of departmental issues, and a summary of the major challenges and opportunities for the School. Finally, it proposes a new statement of mission, an organizational framework, and an agenda regarding its teaching, research, and service goals.

Since its beginning in 1969, the School of Health Studies has concentrated its efforts on strengthening its instructional programs. The School is now at a point in its development where it can make a substantial leap forward. The faculty within the School have developed solid academic programs and displayed an impressive record of service to professional organizations at state, regional, and national levels. During the past few years there has also been an increase in scholarly activity and an expansion in the acquisition of grants and contracts.

The Task Force believes that the School is now positioned to build on the individual and collective strengths of those within the School and the University. The Task Force has made specific suggestions regarding the following areas:

Expansion of research activity;

Expansion of funded applied research and demonstration projects for health care providers and public agencies;

Enhancement of excellence in professional education curricula;

Interdisciplinary and cross-professional collaboration in selected areas;

Expansion of graduate education; and

Modification of curricula.

In making the above recommendations, the Task Force has also proposed a new structure to unite those programs within the University whose central focus is health. Although the existing School has a critical mass for effectively dealing with the issues of health, the input factors to health are such that additional units at the University should at least be considered for inclusion in the School. Those units include Community Development, Family and Consumer Studies, Nutrition, and Social Work. Since the initial draft of this report, the Task Force has received communications from both Social Work and Nutrition stating that they do not wish to change colleges. The Task Force encourages appropriate inter-college linkages with these programs. The Task Force has met with the faculties in both Family
and Consumer Studies and Community Development. It recommends that administrative discussions proceed for the transfer of Family and Consumer Studies as a department to the School. It also concludes that Community Development's concerns are complementary to the School and that discussions proceed to determine an appropriate administrative linkage. In addition, the Task Force recommends the creation of an Institute of Gerontology with an interdisciplinary graduate program and the development of interdisciplinary and cross-professional centers for such areas as Health Promotion, and Leisure Studies and Health Policy.

The School provides the University with an opportunity to play a significant role in one of the most important and dynamic areas of concern to individuals, business, and the public sector.
THE ROLE OF THE UNIVERSITY IN HEALTH AND HUMAN SERVICES

The Twentieth century will be remembered chiefly, not as the age of political conflicts and astonishing technical inventions, but as an age in which human society dared to think of the health of the whole human race as a practical objective.

Arnold Toynbee

There is no more important element which contributes to our quality of life nor which pervades our individual and collective activities than health. The importance of health was emphasized by the United Nations' World Health Organization (WHO) conference in 1978 when it declared as its goal, "Health for all by the Year 2000" and called upon all nations to work toward the achievement of that goal. The pervasive nature of health is reflected in WHO's widely accepted definition of health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This definition conveys the complexity of health and its relationship to several determining factors.

FACTORS AFFECTING HEALTH

The dynamic nature of health can be conceptualized using a continuum, one end representing terminal illness and the other representing optimal well-being. Each member of society is positioned somewhere on this continuum and during one's lifetime that position changes as health status fluctuates. A wide array of personal and environmental factors influence an individual's health status.

Personal factors include an individual's unique biological and psychological make-up as well as a person's knowledge of health, the adoption of a healthy lifestyle, adherence to recommended treatment regimes, and the support of the family unit. Behaviors such as smoking, consumption of saturated fats and alcohol, a sedentary lifestyle, child or spouse abuse are all detrimental to good health. It has been estimated that the lifestyle factor alone accounts for 53 percent of the total years of life lost in this country. For example, the Surgeon General of the United States has stated that cigarette smoking is the single most preventable cause of death.

Physical activity is also a major variable in the promotion of health and the reduction of morbidity and mortality from obesity, coronary heart disease, hypertension, diabetes, musculoskeletal problems, respiratory problems, stress, and depression. Despite this linkage, two-thirds of American adults do not participate regularly in vigorous physical activity or a regular exercise program. Forty percent of American children 7-17 have been diagnosed as having at least one major cardiovascular disease risk factor.
In addition to personal health habits, recent genetic research is revealing the importance of a genetic predisposition toward acute and chronic diseases. Since personal factors include genetic factors and individual "choices" which are influenced by social pressures and conditions, poor health cannot be said to be the sole responsibility of the individual.

Environmental factors include both physical and social factors and account for 31% of the number of years of life lost. The physical environment encompasses factors such as overcrowding, pollution, and occupational hazards. Daily newspapers are continually covering the impact of toxic waste on groundwater supply in places such as Kingston, Nashua, North Hampton, and Rochester NH. The disposition of radioactive wastes remains an unsolved national and state issue. Acid rain not only impacts the fish in the NH lakes but also affects the drinking water supply by leaching chemicals and metals into the water. Even the indoor environment is becoming increasingly suspect as a health hazard with the identification of diseases which are associated with asbestos, lead paint, wood stoves, and home insulation.

The social environment refers to factors such as accessibility to health care and human services, level of education and income, and public health and human service program priorities. De-institutionalization of mental and physically disabled populations must be supported by a coordinated network of health and human service agencies and services in order for it to improve the health of those involved. Despite an individual's knowledge of what constitutes a healthy lifestyle or what their physical or mental health needs might be, there are social barriers to meeting them. For example, income levels and health insurance coverage are related to health status.

The social environment was dramatically altered in 1965 with the adoption of Medicare and Medicaid. These two programs increased access to medical care for the elderly and for specific categories of the poor. Although a major success, both programs have been changed over the years by restricting eligibility or raising co-insurance and deductible limits. As a result, the question of economic access to medical care is again a major political issue today. Although current national proposals for catastrophic insurance for the elderly covered by Medicare address part of this problem, they do not address the needs of the 35 million Americans who have no insurance coverage nor the needs of the elderly who must "spend down" to the poverty level in order to qualify for Medicaid nursing home coverage. The social environment has a major impact on the health of the population.

Research into the effect of the personal, physical, and social factors suggests that all of these factors must be considered to achieve the goal of health for all. This multiplicity and interdependence of factors means that a great number and variety of professionals and institutions are essential for the development and implementation of strategies promoting a healthy population. Although traditional health professionals such as physicians, nurses, and occupational therapists remain essential, other professions and institutions which have an impact on the above health factors must also be
involved to realize WHO's goal. For example, social workers play a critical role in hospital discharge planning to assure that patients receive appropriate nursing care through home health agencies, proper nutrition through community meals on wheels programs, or non-medical assistance such as homemaker services in order to promote recuperation and avoid re-hospitalization. Family structure and support systems play an active role in the health of the individual. An understanding of human development is critical in dealing with health problems. Community development also affects and is effected by the health care system as evidenced by the most recent recession and its impact on the health of workers and the health care industry. The identification of health care as being the exclusive domain of the medical community has long passed.

STRATEGIES FOR IMPROVED HEALTH

In attempting to change these three factors and thereby improve health status, there are a number of strategies which are used by health and human service organizations. Due to the multivariate nature of health as indicated above, health and human service agencies must work together to achieve the common goal of improved health for the individual and for society. The following model classifies health and human service efforts into five major strategies: health promotion, prevention, diagnosis, treatment, and rehabilitation. Health promotion focuses on the healthy individual and seeks the development of a social environment and a personal lifestyle that will maintain and enhance health. Since lifestyle is such an important variable in health status, this becomes an important area. Health promotion activities include education about exercise, nutrition, human development, and substance abuse. Little attention has been paid to health promotion until recently. With an increased knowledge of health factors, a sharp rise in the cost of medical care, and an acknowledgement that medical science can not cure all disease, there has been an increasing focus on health promotion. The University of New Hampshire's Employee Fitness Program conducted by the School of Health Studies is only one example of large employers establishing programs and facilities to increase the health of their employees and decrease the cost of insurance.

Prevention activities begin with a recognized threat to health and focus on protecting as many individuals as possible. Examples of prevention activities are immunization, prophylaxis education, pre-natal and well-child care, and analysis of noise levels within occupation settings to prevent hearing loss. Surgeon General Koop's current campaign for the use of condoms as an effective intervention for preventing the spread of AIDS is the most visible example of this strategy today. Despite the impact which health promotion can have on health status, only 4% of the federal health care expenditures are targeted for prevention related activities.

Diagnosis/ Evaluation refers to the identification of the clinical presence of disease or dysfunction. Diseases such as cancer or AIDS have extended latency periods and, therefore, may be present years before clinical symptoms become manifest. Medical intervention is generally, but not always, improved with detection of disease at its earliest possible
stage of development. For example, the positive correlation between early
detection and survival rates for most types of cancer has been demonstrated
repeatedly by the National Cancer Institute. Diagnosis today generally
involves the use of sophisticated technology to detect the presence of
disease. Diagnosis must be clear and accurate for medical intervention to
be effective or for a "clean bill of health" to be safe.

**Treatment** is the most visible and extensive strategy for health as
reflected by the many programs, professionals, and institutions which are
created to cure or provide care for individuals with acute or chronic
diseases and disabilities. After the acute aspect of an illness has been
resolved, **rehabilitation** focuses on assisting the individual to return to an
optimal health. Diagnostic, treatment, and rehabilitation strategies are
frequently combined in institutions and professions. A hospital or nursing
home will utilize an occupational therapist to provide a stroke patient with
adaptive devices in order to allow that person to function effectively in
society. Despite the fact that diagnosis, treatment, and rehabilitation are
only three of the strategies, 90 percent of the nation's health care
expenditures are devoted to these strategies.

The combination of institutions and professions using these strategies
constitutes the health care system aimed at furthering or modifying the
personal and environmental factors in an effort to improve health status.
The relationship between factors influencing health status and strategies
addressing these factors is depicted in Figure 1. The circles represent the
personal, social, and environmental inputs to health with the strategies of
promotion, prevention, diagnosis/evaluation, treatment, and rehabilitation
intervening to produce an improved health status.
Since the productivity and growth of a society are dependent upon the health of its members, it is in the best interest of society as a whole that each individual achieves and maintains an optimal level of physical, mental, and social well-being. To accomplish this, a health care system is created to use the appropriate strategies in order to improve health. The health care system in the United States is now in a great transition in dealing with these factors and using these strategies.
Since the productivity and growth of a society are dependent upon the health of its members, it is in the best interest of society as a whole that each individual achieves and maintains an optimal level of physical, mental, and social well-being. To accomplish this a health care system is created to use the appropriate strategies in order to improve health. The health care system in the United States is now in a great transition in dealing with these factors and using these strategies.
The health care system is an integral and influential part of our social fabric due to its size as well as its impact on the quality of individual and community life. In addition to its importance, it is undergoing dramatic changes which have been prompted by a number of dynamic trends. Four characteristics of our health care system need to be noted.

First, health of individuals and the community is always changing due to the multivariate nature of health described above. Constant changes in personal, social, and physical factors means that there is a continual alteration of the health of the individuals and the community and by implication of the health care system. The introduction of a new chemical food additive, alteration in attitudes toward particular lifestyle behaviors, the public recognition of a long existing problem such as child abuse, or a change in funding for health care services will have immediate and long range implications for the health of individuals and society. Health is by its very nature always changing.

Second, the cost of health care and its rapid increase in cost over the past two decades has made it a major part of the nation's economy. Due to the proportion of our total economic resources devoted to health, it is a major area of public, corporate, and individual concern.

Third, the health care system itself is undergoing what has been called its "second public health care revolution". The first public health revolution encompassed the successful struggle against infectious diseases and led to massive sanitation and immunization campaigns. The "second public health revolution" focuses on chronic disease and involves the strategies of health promotion and disease prevention.

A fourth major characteristic is what Eli Ginzberg has called in the New England Journal of Medicine, "the destabilization of health care", a rapid systemic response to such problems as the increased cost of health care. This has been characterized by an emphasis on cost containment, provider competition, and the subsequent reorganization of the health care delivery system.

The first characteristic of the health care system, the multivariate nature of health, has been previously explained. The other three characteristics are described below to demonstrate the pervasive and dynamic nature of the health care in the United States.

The Increasing Cost of Health Care

For the past fifty years, increasing amounts of private and public funds have been spent on health. As a result, the cost of health care has become a major issue in today's public dialogue. In 1960 the country spent $26.9 billion, or 5.3% of its gross national product [GNP], on health. This
increased to $74.7 billion in 1970 [7.5% of the GNP] and then to $249 billion in 1980 [9.5% of the GNP]. Today it is estimated that total health care expenditures are $425 billion per year [11% of GNP], or more than one billion dollars per day. With $200 billion deficits, the federal government is looking for ways to reduce its $100 billion expenditures for health care.

Health represents the third largest industry in the United States and is frequently the single largest employer in communities which have hospitals. Consequently, health care is a major economic concern for public policy makers, business, community development as well as individuals. Adding leisure activities increases the economic magnitude of the area even further. It is estimated that $244 billion was spent on leisure services in 1982. This represents over 6 percent of personal income. Travel and tourism in the United States is projected to be a $505.5 billion industry by 1990. New Hampshire received $154.6 million from tourism and recreation activities in 1985.

The economic issue with regard to health is not merely a question of society's total economic burden, it is also a question of the allocation and distribution of those burdens. A current article in Newsweek notes that expenditures for insurance premiums have doubled from approximately $70 billion per year in 1980 to over $140 billion in 1986. Health insurance is now a major cost of doing business and is now affecting the competitiveness of American business in a global market. Health care costs alone add $600 to the price of a car at The Chrysler Corporation. As indicated by the Boston Globe, United States automobile companies currently spend $5300 per auto worker for health insurance while their Japanese counterparts spend $600 per worker. These increasing costs have led corporations, governments, and universities to become prudent buyers of health care.

Despite the fact that the United States spends more of its gross national product on health care than any other country in the world, this is not reflected in the country's health status. As indicated by economist Lester Thurow in the New England Journal of Medicine, the United States is 15th in male life expectancy, 7th in female life expectancy, and 13th in infant mortality rate.

Infant mortality rate tends to be one of the best indicators of health status since it reflects each of the major input factors to health. Although New Hampshire's infant mortality rate is relatively low, it has risen from 8.4 deaths per thousand live births in 1983 [below the U.S. rate] to 10.2 per thousand in 1984 [equal to the U.S. rate]. There were over 700 low birth weight deliveries in NH in 1984. One study by a UNH School of Health Studies faculty member estimated that for every low birth weight averted through prenatal care among high risk women would result in a cost savings of $14,763. As reported by the Boston Globe, the Massachusetts Department of Health's statistics indicate that Boston's infant mortality rate among Blacks jumped 54 percent in 1985.
The Second Public Health Revolution

Given the rise in the cost of health care and a concern that the current system is not adequately addressing health needs, there has been a call for a dramatic shift in the strategies and focus of the health care system. The "second revolution in public health" is a term which is used to refer to the need to re-focus the health care system toward chronic diseases and to emphasize the strategies of health promotion, and disease prevention. In large part due to the success of the first revolution, infectious diseases, with the exception of AIDS, have declined dramatically in the United States. Less than one percent of people dying before the age of 75 die from an infectious disease. With people living longer, chronic disease is now the major health problem in the United States.

The second public health revolution received great publicity with the 1974 publication of A New Perspective on the Health of Canadians by Canada's former Minister of Health and Welfare Marc Lalonde. This document focused on the inadequacies of the existing health care system, the importance of behavioral factors and unhealthy lifestyles, and the contribution of environmental factors to a healthy society. It also prompted the 1976 publication by the Surgeon General of the United States The Surgeon General's Report on Health Promotion and Disease Prevention which focused on the same health factors and strategies and called for the "second revolution in public health". These two documents were major policy statements calling for a health care system which attacked each of the health factors rather than concentrating on a singular approach.

The importance of this shift can be seen in United States mortality rates. Today, the leading cause of death in the U.S. is cardiac disease. It is estimated that in 1986 cardiovascular disease cost Americans $78.6 billion. In 1984, thirty-eight percent of all deaths in New Hampshire were due to heart disease. While national rates for cardiovascular disease have been falling dramatically, the cardiac mortality rate for New Hampshire has increased. Despite the progress which has been made with regard to public knowledge of the need to reduce the consumption of saturated fats and to increase exercise, a great deal more needs to be done to reduce deaths from cardiac disease. An indication of the problem is that American children have shown no improvement in physical fitness in the past ten years. In 1985 the U.S. Department of Health and Human Services studied 8,000 children finding them significantly more obese than in 1970. Forty percent of the children tested in grades K-3 showed at least one risk factor for cardiovascular disease. Coronary artery disease is now being acknowledged as a pediatric problem.

A major trend which contributes toward the need for this public health revolution is the demographic transition to an older population. Currently 12 percent of the population is 65 years of older. However, it is estimated by the U.S Census Bureau that by the year 2030 the number of people 65 years or older will be more than double to 64.6 million people and will represent 21.2 percent of the population. The elderly consume a disproportionate share of health care. In addition, within the elderly population expenditures are concentrated. In any given year, 70 percent of all Medicare money
will be spent on 9 percent of those covered; 40 percent of all Medicare expenditures will be spent within the last 50 days of life. This demographic shift is bringing an increase in chronic illness which will change the health care focus from cure to care, will question values concerning who gets how much care, will lead to the development of alternative systems of care as well as an expansion of existing nursing home beds, and will stimulate a greater demand for human service programs. The increased age profile of the country will also mean a greater commitment of resources to health care in the future.

The emphasis on chronic disease and disability has impacted educational institutions and professionals as well as health care. "The Education for all Handicapped Children Act" [P.L. 94-142] assures every child the right to a free and appropriate public education in the least restrictive setting. This act is having a major impact on educational facilities through mainstreaming individuals with single or multiple handicaps who were previously treated in separate facilities. In 1987 Congress re-authorized and extended this act with a major emphasis on early intervention.

Destabilization of the Health Care System

The cost of health care has led to dramatic changes in the organization of health care services as noted by Ginzberg's notion of destabilization. The increasing costs of health care being borne by business and the public sector have driven them to seek changes in the payment systems and to build new incentives into the health care system which reward efficiency and effectiveness. Consequently, fixed prospective payment for different types of medical problems and procedures [Diagnostic Related Groups or DRGs] and fixed per capita payments for health insurance coverage [health maintenance organizations] have been introduced. In addition, incentives for provider competition have been added. These changes have led to a massive reorganization of the health care delivery system. Community hospitals have reorganized into large diversified corporations competing in a wider variety of health and non-health services.

Formerly dominated by a medical orientation, the health care industry is now rapidly adopting a health promotion and disease prevention orientation in order to decrease its own costs in a highly competitive market increasingly characterized by fixed prospective payment systems. Physical fitness and nutrition counseling centers and other health promotion programs are being opened by hospitals which previously ignored this health strategy. Health promotion programs are also being offered in schools, senior citizen centers, and industries. With all of this emphasis on cost containment, ethical questions are now being raised as to the utilization of high cost technology on a limited number of individuals, the means by which a society may ration health care services, and the relationship of cost containment to questions of access and quality. All of these changes have resulted in a turbulent environment for health care organizations.
Issues in the Health Care System

Given these major characteristics of the nation's health care system, there are a multitude of issues which confront the health care field and which are being debated in academic literature such as *Health Affairs*, *Milbank Memorial Fund Quarterly*, *American Journal of Public Health*, *The New England Journal of Medicine*, *Adapted Physical Activity Quarterly*, as well in the popular literature and the press. A sampling of these issues would include:

- alcohol and substance abuse
- catastrophic insurance for the elderly
- chronic disease with the aging of the population profile
- private health insurance for long-term care services
- AIDS as a world health problem
- continuity of care for the elderly from congregate living arrangements to skilled nursing facilities
- indigent care for the two-thirds of those who are poor but who do not qualify for Medicaid
- the cost effectiveness of health promotion and prevention strategies
- toxic waste disposal
- the ethical and legal debates over the right to die
- health care as a for-profit business
- mainstreaming the multiply handicapped
- the cost-effectiveness and diffusion of medical technology
- rationing health care
- increasing physical activity [leisure and exercise]
- Retention of health professionals given burn-out and alternative means for higher income
- high geographic variations in medical practice
- the impact of prospective payment systems on the quality of health care and the release of patients "quicker and sicker"
- survival of small rural hospitals in a competitive environment
child, spouse, and elderly abuse within the family

intervention strategies for the disabled

de-institutionalization of the mentally ill and the homeless

cost containment's impact on the provision of clinical education

malpractice insurance

corporatization of the health care delivery system

changing relationships among health care professionals

Although this is not an exhaustive list of issues, it does reflect the multiplicity of health factors and strategies as well as the pervasive nature of health to everyone. Further, it reflects the need for the development of new knowledge in health care and the transmission of that knowledge to policy decision makers and health and human services professionals. The departmental summaries which appear in Section III indicate ways in which the School is addressing some of these issues.

UNH AND THE EDUCATION OF HEALTH AND HUMAN SERVICE PROFESSIONALS

The creation of new markets and new roles for health care providers demands that educational programs prepare "enterprising" health providers as well as "caring" professionals. Educational preparation of health and human service personnel must stress the multiple factors and strategies for health, the need for interdisciplinary approaches to health care, the need for cost effective care, and an appreciation of the historical, cultural, and political milieu.

The university has a responsibility to initiate programs that contribute to the social, economic, and personal well-being of the citizens of the state, the region, and the nation. According to Victor Sidel, the School of Health Studies 1986 Distinguished Lecturer, "the classical role of the university is to ask good questions and to deliver analysis." Through scholarly activity, the faculty within a university are uniquely suited to initiate the public debate on health issues, address the needs of the health care industry, and provide curricula which are professionally and educationally sound for the future as well as the present.

The university forms an important partnership with government and health care providers for the study of health and for the formulation of health policy. Through this partnership, the university can stimulate public efforts to address issues of health. As part of its social respon-
sibility, the university imparts knowledge for the education of new health professionals, provides services to health care institutions through consultation, provides professional education programs, and contributes towards the accumulation of new knowledge.

The university must challenge students to critically examine the personal choices individuals must make in lifestyle and to challenge society's policy choices related to the utilization of health technology and access to health care. The gathering of individuals from different academic disciplines and different professions but with a common focus demonstrates to students the multifaceted nature of the study of health and human service programs. Students of the health care professions require an in-depth preparation in their major field of study coupled with an understanding and appreciation for the philosophical, historical, economic, political, and social contexts in which health goals are defined and policies implemented. This blending of a liberal and professional education can only be achieved within a university setting.

While many departments and academic disciplines are critical to the study of health and human service and the education of health professionals, there are some whose major thrust is directed toward the study of health, the implementation of strategies to assist individuals and society achieve an optimal state of health, and the educational preparation of health professionals. This common interest in the achievement of an optimal state of health for all members of society motivates them to work together for this goal through a common structure.

The relationships between the factors influencing health status and the various strategies utilized by health professionals as depicted in Figure 1 can be transformed into a matrix to indicate the overlapping roles which different health professions perform with respect to strategies and health input factors. Figure 2 places each of the current programs in the School of Health Studies into the matrix. It should be noted that there is no correlation between the number of cells occupied in the matrix to either the quality of the program or the contribution of the unit to the School. The matrix merely suggests the ways in which professionals prepared by units in the School contribute toward the goal of improved health.
**Figure 2**
Health Matrix

<table>
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<td>HM, LMT, N</td>
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<td>CD, LMT, N, OT, FE</td>
<td>CD, LMT, OT</td>
<td>HM, LMT</td>
</tr>
</tbody>
</table>

**NOTE:** CD = Communication Disorders, HM = Health Management and Policy, LMT = Leisure Management and Tourism, MT = Medical Technology, N = Nursing, OT = Occupational Therapy, and PE = Physical Education

For example, Medical Technology [MT] focuses primarily on the prevention, diagnostic and treatment strategies affecting personal factors by performing individual tests. Nursing [N] appears in many of the cells since it uses each of the strategies and is involved in all of the factors. However, by typically not using each strategy for all factors, nursing has not been placed in each cell. For example, while nursing is not traditionally thought to be involved in the diagnosis or evaluation of the physical environment, an occupational health nurse could very well be engaged in some of that activity. Programs within Physical Education [PE] use each of the intervention strategies on the personal factors, but are not principally involved in the physical or social environmental factors. On the other hand, graduates of a health management and policy program are involved at the social level and do not get involved at the personal level except by managing those institutions which do deliver care or by evaluating health policy options which will indirectly influence care to individuals. While the above matrix may appear medical in its orientation, many of the activities of the above professions are non-medical in nature. For example, a graduate from Communications Disorders would be involved in clinical
testing and treatment but also in evaluating the role of parental verbal influence on the acquisition of a child's language; a graduate from occupational therapy would not only treat a person with carpal tunnel syndrome but might also due to a work site assessment to avoid others from developing it. As indicated above, each of the existing departments in the School have programs which prepare professionals who use some or all of these strategies to impact some or all of the factors influencing health.

The University of New Hampshire's School of Health Studies has developed solid programs for the education of health and human service professionals, a strong record of professional service, and a growing involvement in research. The seven departments which currently constitute the School have built a foundation which can be used to enhance and expand its education, research, and service activities. While the University of New Hampshire cannot be expected to provide professional education for all health professions, it has made a major contribution by identifying those educational programs which can achieve high quality despite the absence of a medical center.

The next section of this report provides a description of the existing School of Health Studies, a fuller explanation of the contribution of its various departments and programs, a description of the issues facing each department, and a summary of the major thrusts which the Task Force feels are important for the School's development.
SCHOOL OF HEALTH STUDIES

General Information

The University of New Hampshire will in all likelihood never develop a medical center, and therefore, will not be a comprehensive center for the education of health professionals. Its ability to address the health issues listed in the first section will be limited. However, its future lies in selecting those areas which do not require a medical center for educational excellence but yet can meet the needs of the state, region, and nation. This section of the report presents a description of the existing School, including a description of each major unit and how it fits within the health matrix, a summary description of departmental activities, and a departmental analysis. At the end of this section are the Task Force’s major suggestions for future direction of the School.

The School was established in 1969 in response to a growing need for education, service, and research in the field of health. As the youngest school in the University, its seven departments with 58 faculty members offer undergraduate degree programs in Communication Disorders, Health Management and Policy, Leisure Management and Tourism, Medical Technology, Nursing, Occupational Therapy, and Physical Education. The undergraduate enrollment is 967 full-time students and approximately 400 part-time students. A total of 68 graduate students are enrolled in Communication Disorders, Nursing, and Physical Education.

Each department has a curriculum which is designed to enable students to acquire the basic knowledge and skills needed to practice their chosen profession. The faculty are committed to the philosophy that the School’s graduates should be educated in their professional skills within the context of a broad liberal arts education. During the past 18 years, the School has prepared many professionals for careers in health and has offered both non-traditional degree and continuing education opportunities for practicing professionals.

Complementing this educational philosophy is a commitment to professional service and research. To facilitate this aspect of the School’s activities, a Center for Health Promotion and Research was created. The School's efforts in research are growing as evidenced by the increase in external funding. Faculty serve in leadership roles in numerous professional associations and provide consultation to various state and local programs and private agencies.

The School of Health Studies has focused the University’s attention on major health issues in a variety of ways. Its Distinguished Lecture Series has brought to campus such major figures as senior citizen's advocate Maggie Kuhn, Former Secretary of Health and Human Services Joseph A. Califano Jr., and Professor Victor Sidel. Individual departments have also been involved with these issues through their teaching, research, and service activities.
The following sections present an overview of the major units within the School. Included are explanations of their alignment within the previously described health professions' matrix [Figure 2] and issues and summaries of their major activities with regard to teaching, research, and service. The description of teaching activities reflect those done in addition to teaching for the majors within the department. Research and service activities reflect groups of activities; these are not intended to be encyclopedic but representative of departmental efforts. At the end of each department's section, there is a departmental analysis of an agenda for the future; some of these activities require no new resources while others would require either University or outside resources.

THE CENTER FOR HEALTH PROMOTION AND RESEARCH

To relate the health resources of the School and the University with external institutions, the Center for Health Promotion and Research was established in 1984. The Center administers grants and contracts with state agencies, foundations and corporations; provides grant consulting services to faculty; and facilitates communication among University faculty and units with a health interest within the University. Although the Center is located within the School, it serves the entire University on health issues.

As a result of its activities, the Center has brought together the resources of Communication Disorders, Occupational Therapy, Physical Education and other School and University programs to work more effectively with the severely and profoundly handicapped. The Center has received three grants from the N.H. Special Education Bureau [$250,000] to design and implement both in-service training and pre-service [undergraduate and graduate] education programs for special education teachers, special physical educators, physical therapists, occupational therapists, speech pathologists, recreation therapists, etc. The Center has also developed an experimental course [SHS 798H "Educating Students with Severe Handicaps: Health Education and Rehabilitation Working Together"]. Current projects include the development of statewide workshops on handicapped children's programming, negotiating the first teaching nursing home in New England, and developing a Center of Excellence in Outdoor Education to be located on the Great Bay. Annual grants through the Center currently exceed $200,000.

COMMUNICATION DISORDERS

Speech, language and hearing disorders include inabilities of individuals to hear or to understand and/or appropriately use the speech and language systems of society. The ability to communicate is our most human characteristic. When individuals cannot communicate effectively, they may experience isolation from family or friends, difficulties with vocation, or
a lack of opportunities for education. Love (1981) referred to the communally disabled as "a forgotten minority," citing various discriminatory practices toward this population. Persons with communication impairments engender negative stereotypes and are treated with prejudice in the workplace.

According to the American Speech-Language-Hearing Association, nearly 10 million Americans, or 1 out of every 20 persons, suffer from a speech or language disorder. More than 1 million persons in the United States stutter, one-half of whom are children. Articulation disorders constitute the most numerous of all speech disorders. About 3 out of 5 of all speech and language disorders are related to articulatory problems of functional or organic origin. Each year 60,000 individuals lose the ability to use speech or language because of a stroke or head injury. There are 30,000 Americans who have undergone surgery for laryngeal cancer, and 8,000 new cases of laryngeal cancer are discovered annually.

In terms of hearing loss, a study conducted by the National Center for Health Statistics indicates that hearing impairment affects approximately 17.4 million individuals. Three out of every 100 school children have hearing impairments, as well as 29 out of every 100 persons over 65 years of age. The above statistical information indicates that communication disorders are a major community health problem in this country. Additional data suggest that with the mean age of our population increasing, communication handicaps will become an even greater problem in the future.

With its commitments to teaching, service and research, the University is a most appropriate setting for preparing professionals to meet the needs of the communicatively impaired, while concurrently shaping professional practices through research and service. The Department of Communication Disorders performs many roles with respect to the strategies and health input factors outlined in the Health Matrix. The promotion of information about communication disorders and the professionals who work in the field is evidenced at both the personal and social environment level.

The Department operates a clinic for communicatively handicapped children and adults. Clients receive diagnostic, treatment and rehabilitative services from undergraduate and graduate students under the supervision of Departmental faculty and staff. Sessions are observed by other students, both live and via videotape, as a major component of the clinical training process. Children in the clinic range from pre-school to high school age and may have disorders of articulation, language, fluency, or they may be multiply handicapped or hard of hearing. Clients also include adults who have had laryngectomies or strokes, who are hard of hearing or who have severe fluency problems, and those displaying language problems associated with developmental disabilities. In the course of an academic year, the clinic provides services to 90 clients and provides clinical experiences to 38 undergraduate and graduate students.
Health Issues

The Department's activities are influenced greatly by the major increase in chronic diseases, specifically those involving speech and hearing.

- Prevention of communication disorders.
- Increased chronic disease due to increased aging of the population
- Severely and multiply handicapped.
- Learning disabilities.
- Hearing impairments

Departmental Activities

Teaching

- Annual Workshops for lay and professional people on such topics as "Language Learning Disabilities in the School Age Population" and "Communication Problems of the Multiply Handicapped."

- Bimonthly in-service education to Concord Hospital Nursing staff.

Research

- In collaboration with the Department of Music, a program which combines techniques drawn from traditional voice therapy and professional singing to rehabilitate voice disorders.

- Language Training and Generalization: Imitation-Reinforcement vs. Focused Stimulation.

- Non-speech communication as it relates to the personal, social, emotional, and educational/vocational environments of multiply handicapped children and adults.

- Communication between mothers, children and clinicians, e.g., "Comparing Mother's and Clinicians' Verbal Feedback to Language Disordered Children."

- Environmental noise in residential institutions.

- Development of a diagnostic tool to delineate factors contributing to versus impeding interactions between severely and profoundly mentally retarded/multiply handicapped persons and their teachers, parents, siblings, etc.
Service

- Communication Disorders Clinic.
- Presentations to various civic groups such as the Quota Club, Lion's Club and the Rotary Club, Portsmouth Children's Museum.
- Clinical issues and applied research presentations to such organizations as Exeter Hospital Nursing and Medical Staff, New Hampshire Hospital Medical Staff, Easter Seals Rehabilitation Staff, and Efficacy Research Institute in Framingham, MA.
- Noise measurement in industry and in educational settings to assure that persons functioning in those environments are not "at risk" of exhibiting future hearing problems.
- Consultation with various education and rehabilitation facilities to treat the severely and multiply handicapped.

Departmental Agenda

There are several activities in the areas of teaching, research and service which might result in the Department becoming a stronger contributor in the area of health. These considerations are noted below:

- Develop opportunities for students to use the Department's clinic to systematically explore the relative effectiveness of different treatment techniques.
- Increase scholarly activity among students under the direction of faculty [graduate theses, senior papers/projects, honors courses].
- Explore the possibility of offering course work [new or as part of the existing curricula] designed to increase students' computer literacy, particularly that related to the use of existing software for the assessment and remediation of communication disorders.
- Explore the use of adjunct faculty as a means of broadening the current selection of courses available to students, particularly at the graduate level; seminars focusing on special interest topics could then be offered on a regular basis.
- Intensify recruitment efforts at the undergraduate and graduate levels in order to meet the increasing need for speech-language pathologists, regionally and nationally.
- Explore the possibility of designing a general education course targeted for non-majors, with the primary purpose of heightening
awareness of how communication disorders effect the health of individuals, their families, and others.

- Encourage faculty to design and participate in interdepartmental course offerings, research, and service efforts within the School.
- Obtain accreditation of the graduate speech-language pathology program from the American Speech-Language-Hearing Association.

HEALTH MANAGEMENT AND POLICY

The Department of Health Management and Policy was established in 1975. The program is designed to educate students who will work within the management team of health and human service delivery organizations. These organizations include hospitals, ambulatory care facilities, long term care facilities, public health agencies, health maintenance organizations, insurance companies, home health organizations, etc. Health managers must coordinate the human and financial resources available to provide the most effective and efficient health care to individuals and society using each of the health strategies.

With five full-time and one part-time faculty, the Department offers a residential and non-traditional undergraduate major [External Degree Option] a minor, and a post-bachelor certificate program. The major has been at full enrollment for a number of years. Two-thirds of the students are admitted as internal transfers on a competitive basis. There are currently 135 residential majors and an additional 40 part-time majors in a non-traditional program. The minor is offered to students with majors in Communication Disorders, Medical Technology, Nursing, Occupational Therapy, Therapeutic Recreation, and Social Work. One member of the faculty teaches in the graduate program in Nursing and another has taught in the Program for International Perspectives. The Department also offers an Honors Programs for its majors as well as offering a course in the University Honors Program.

Graduates from the program typically go directly into entry level management positions and then pursue graduate education in health management or business administration after gaining at least two years of work experience. Some students go directly to graduate school in areas such as public health, law, or health economics. The Department supports a student chapter which is affiliated with both the American College of Healthcare Executives and the American College of Health Care Administrators. It also supports an active alumni network.

The Department is an approved full member of the Association of University Programs in Health Administration [AUPHA], the national organization of graduate and undergraduate programs in health management education. The program has been cited as one of the top undergraduate programs in the country. The Department has supported its faculty's direct involvement in
the health care industry through a series of faculty internships within the local area hospitals. Faculty do limited consulting with area facilities as well as serve on a number of state, local and volunteer boards.

Health Issues

The Department's major involvement in health issues rises over the current destabilization of the health care system as well as attempt to measure the effectiveness of health promotion and prevention strategies.

- Cost containment for Medicaid expenditures.
- Closure and survival strategies for small rural hospitals.
- The effects of private ownership of long-term care facilities.
- Ethics in health management.
- Cost-benefit analysis of preventive strategies.
- Undergraduate education in health management.
- Financial stability of home health agencies.

Departmental Activities

Teaching

- Two UNH General Education courses, "U.S. Health Care Systems" and "Epidemiology and Community Medicine."

- A Minor for students majoring in Communication Disorders, Medical Technology, Nursing, Occupational Therapy, Therapeutic Recreation, and Social Work.

- Financial management module for the Graduate Program in Nursing.

- Course for UNH Honors Program.

- Departmental Honors Program.

- Elective course for the minors in Gerontology and Technology, Society and Values.

Research

- Feasibility study for the NH Department of Human Services on the development of a prospective payment system based on Diagnostic Related Groups [DRGs] for the state's inpatient hospital Medicaid program.

- Feasibility study for the NH Department of Human Services on a prospective payment system based upon acuity for the state's Medicaid program involving long term care facilities.
Ethics—ethics and health administration as exemplified by:
Ethics and Health Administration: Ethical Decision Making in Health Management [1987] and Medical Ethics and the Law: Implications for Public Policy [1981; Reprint 1983]

Small rural hospital closures and survival strategies.

Cost effectiveness of reducing low birth weight.

Cost of preventable deaths from alcohol, cigarette smoking, and non-use of seat belts.

Ownership patterns of long term care facilities.

Financial stability of NH home health agencies.

Service

National Commission on Ethical Issues in Health Management

Multiple leadership roles in the Association of University Programs in Health Administration [AUPHA], including Chairman of the Board of Directors, Chair of the Undergraduate Task Force, Leadership roles in other state, regional, and national professional associations.

Service on multiple boards for local non-profit health care providers as well as boards of state agencies.

Development of the new student health facility at UNH by Hospital Corporation of America.

Departmental Agenda

Expand activity in professional continuing education, especially in the area of long term care.

Redesign courses in the major to take full advantage of the Department's new computer resources.

Explore the feasibility of eliminating the non-traditional External Degree Option of the Department since it has met the needs of the population for which it was designed.

Develop a part-time graduate program in health management with the assistance of outside funding and a reallocation of Departmental resources.
Develop the Health Management Option within the M.B.A. degree proposed to the Whittemore School of Business and Economics in 1985.

Explore the feasibility of reducing the Department's extensive involvement in non-major related teaching given the limitation of resources.

LEISURE MANAGEMENT AND TOURISM

Leisure Management and Tourism is committed to the development of a program which reflects the contemporary attitudes of people toward leisure and, therefore, demands the education of professionals to provide quality leisure opportunities for all people now and in the future. The Department was established in 1970 and since its inception has focused on the provision of educational programs and services for the leisure management profession. The initial focus of the Department reflected the traditional community recreation programs, the management of parks by government agencies, and the provision of recreation programs by non-profit associations. As the profession evolved over the last 16 years to include activities and facilities offered by expanding non-profit agencies and private companies (foundations, resorts, health clubs, and corporate recreation) and to give increased attention to serving disabled consumers, the Department altered its focus to include program administration, therapeutic recreation, and tourism and park management.

The Department has developed and implemented a curriculum which emphasizes the diversity and evolving nature of leisure management as a profession. The professional education offered in the curriculum insures competency in specific management skills while at the same time providing a sound liberal education. This combination should facilitate the development of an "educated" leisure management professional who can provide leadership and direction to the field. The three options offered by the Department represent three sub areas in the general field of leisure management and are accredited by the National Recreation and Park Association and the American Association for Leisure and Recreation.

Programs

[1] The area of Program Administration is associated with the provision of activities and facilities for a healthier life. Examples of these include recreation activities provided at vacation resorts, programs offered by non-profit agencies such as YMCA's, corporate wellness programs, activities to enhance the quality of life for senior citizens in community or clinical settings, and a range of arts and athletic events offered by a community recreation department. The benefits of these programs and
activities may be restorative in nature, provide opportunities for individuals to be challenged or to self actualize. Such programs fit into the health model as the promotion of a higher quality of human existence and health. In addition, leisure service programs often operate as a synergetic force and outreach mechanism for the network of human services within a community.

[2] **The Therapeutic Recreation** program prepares students for a career as a Therapeutic Recreation Specialist. The program addresses educational competencies defined by the National Therapeutic Recreation Society and is in compliance with the standards of the National Council for Therapeutic Recreation Certification.

The goal of therapeutic recreation professionals is to assist individuals who have experienced an illness or disability, with the development of an independent leisure lifestyle. To accomplish this goal, therapeutic recreation specialists utilize three service areas: rehabilitation, leisure education, and recreation participation. Rehabilitation strategies focus upon the improvement of functional abilities that can impact upon independent leisure functioning. Leisure education techniques assist in the acquisition of leisure skills and knowledge of leisure resources, and the development of positive attitudes about leisure. Promotion of voluntary involvement in leisure interests and opportunities is the primary focus of the recreation participation service area.

Delivery processes used by the Therapeutic Recreation Specialist include activity analysis, assessment of individual needs, development of treatment programs, use of adapted leisure equipment, activity modification, and evaluation of individual outcomes.

[3] **Tourism and Park Management** is concerned with the provision of leisure opportunities for people through the management of natural resources and management of tourist facilities and services. Such management insures the maintenance and perpetuation of resources which support activities that enhance the quality of life and the psychological and physical health of individuals and society. Examples of the responsibilities of tourism and park management professionals include the management of a vacation resort, the operation of a private campground, operating a visitors information center, and managing a state park. Within the health paradigm, the activities and facilities provided by tourism management professionals can be considered as treatment and rehabilitation from the unhealthy stresses associated with a fast paced society.

There are five faculty and one professional staff member in the Department. They have extensive experience in leisure management and in their areas of specialization. All are committed to the establishment of an academic program which emphasizes the preparation of competent professionals, supports the conduct of research and scholarly activities which expand the knowledge of the field and result in the provision of quality leisure services, and fosters a commitment to service and professionalism.
National Issues

There are a number of issues which impact the education of leisure professionals and the provision of leisure through human service which focuses upon the promotion of health by addressing individual social and environmental quality of life issues:

- Provision of leisure opportunities for all people, including those at all stages of the life span, individuals with disabilities and the socially and economically disadvantaged.

- The shift from a "work" oriented society to a "leisure oriented society. Increased demands for outdoor recreation as well as other recreation opportunities by an increasing affluent, mobile, and healthful leisure oriented society.

- The recognition that tourism is a significant economic force.

- The growth of the private sector in the provision of leisure services.

- The importance of professional education in leisure management and tourism and a concern for curriculum accreditation and the certifying of leisure management professionals.

Departmental Activities

Teaching

- Integration of profession leisure services education with the humanities.

Research

- Two projects funded by the U.S. Forest Service Northeast Experiment Station involving the identification and profiling of the skier markets and the assessment of access for handicapped and disabled individuals.

- "Project REAL"—a cooperative project with Occupational Therapy, Communication Disorders, and the Engineering Department to assess the need for various kinds of adaptive equipment for handicapped individuals, develop prototypes, and test the equipment.

- "Travel Research and Statistics Service [TRASS]" funded by the New Hampshire Office of Vacation and the New Hampshire Tourism Industry at $60,000 per year to study the impact of tourism on the state, provide technical assistance to the tourism industry, and to provide research and marketing assistance to the tourism industry.
Service

- "Open Doors"--a training/education program focusing on handicapped accessibility
- "PAR"--Planning of Accessible Recreation; a research and service project planning accessible recreation for the handicapped.
- "STRIDE"--a summer leisure education program for disabled and non-disabled children and a wellness program for disabled individuals and their families.
- "LEAD IT"--an in-service education program for special education personnel, para professionals, parents and volunteers.
- President-elect of the Society of Park and Recreation Educators [SPRE].
- Faculty leadership roles in the National Therapeutic Recreation Society, National Council for Therapeutic Recreation Certification Commercial Recreation and Resort Association, National Recreation and Park Association, the American Society of Public Administration, and the New Hampshire Recreation and Parks Society.

Departmental Agenda

- Develop an effective alumni group.
- Strengthen the natural resources dimension of the curriculum.
- Develop research and service opportunities which focus on recreation programs and facilities for the residents of rural areas of New Hampshire.
- Offer additional specialized courses to support students' career access to diverse leisure service settings.
- Develop a graduate program to meet the increasing demand for leisure management professionals in New England where jobs with greater demands and challenges are available to those with graduate degrees. It is also important to the expansion of the Department's developing research and professional efforts.
- Expansion of interdisciplinary efforts particularly in the areas of gerontology, developmental disabilities, and humanities and the professions.
- Institute an Honors program within the Department and provide generally accessible honors courses to support the University Honors program.
Glenda Price, Dean of the School of Allied Health, University of Connecticut, speaking at a 1986 seminar "Shaping the Future of Clinical Laboratory Practice" defines the medical technology profession as follows:

The laboratory profession encompasses those activities of performing, reporting, interpreting and correlating laboratory tests designed for the promotion of health, prevention and treatment of disease through the application of scientific principles of biology, chemistry and physics as they relate to physiologic and biochemical processes in the human. The laboratory profession includes a number of defined specialized areas of competence and also incorporates social science to serve its primary purpose. Further, research, consultation, education and administration are integral features of the profession.

Medical Technology specifically focuses on the major strategies of disease prevention, diagnosis, and treatment. Disease prevention includes the determination of baseline values to assess the health of normal individuals; e.g., cholesterol and triglycerides to monitor risk factors for arteriosclerosis. Diagnostic laboratory testing is the most widely recognized area of the profession. Specific diseases that require laboratory testing for diagnosis include leukemia, hemophilia, and anemia. Other diagnostic tests used to determine disease include blood enzyme elevation to assess if a patient with chest pain has had a heart attack or not, a throat culture is done to discover if a sore throat is due to the pathogenic beta strep group A. Infectious mononucleosis is diagnosed with a blood test as is autoimmune deficiency syndrome (AIDS). The US Surgeon General recently stated that AIDS screening needs to be done on all patients admitted to a hospital. Treatment also often depends on accurate laboratory testing. Blood sugar levels are monitored in patients with diabetes mellitus; cancer patients receiving chemotherapy need blood tests to assess the benefits and side effects of treatment by checking red blood cells, white blood cells, and platelets; prothrombin times are done on heart patients to monitor coumadin therapy; and drug testing is done to maintain therapeutic levels [i.e., lithium in manic depressive patients] as well as to identify drug abuse and overdose. As the emphasis on maintaining wellness continues, screening populations for exposure to infectious agents, genetic and environmental predisposition to disease, and evidence of past illness are important roles for present and future medical technologists.

The Medical Technology Department at the University of New Hampshire offers a residential undergraduate program which has a strong emphasis on the biological and physical sciences, arts and humanities, and includes a 26 week internship at the Dartmouth-Hitchcock Medical Center. In addition, the Department offers a Career Mobility Program to enable non-baccalaureate laboratory technicians to acquire a bachelor of science degree on a full or part-time basis. Because of its long history at the University, its strong association with the Dartmouth-Hitchcock Medical Center, and its graduates,
the program is well respected by the outside community. The Department of Medical Technology is accredited by the Committee on Allied Health Education and Accreditation [CAHEA] and the National Accrediting Agency for Clinical Laboratory Sciences [NAACLS].

Health Issues

The Department's major focus is on the clinical diagnosis of diseases.

- population screening for exposure to infectious agents, genetic and environmental predisposition to diseases, evidence of past disease.
- analysis and interpretation of test results to recognize the limitations of specific procedures.

Departmental Activities

Teaching

- Teaching interdisciplinary courses with faculty from the biological sciences that are open to non-majors.

Research

- Collaboration with faculty from Physical Education and Animal Science to study the changes in blood magnesium levels in women athletes.
- Collaboration with faculty from Northeastern University and the School's Physical Education Department a study to determine the combined effects of exercise and pressure on the blood clotting system to identify underwater divers who may be at risk.
- Development of a research agenda using the faculty and laboratory resources at the Dartmouth-Hitchcock Medical Center.

Service

- Advisors/consultants to the UNH Student Health Center Laboratory.
- Non-credit workshops and seminars to meet the continuing education needs of practicing laboratory personnel.
- Elected officers to the boards of professional associations, e.g., NH Society for Medical Technology.
- Participation in professional organizations and associations at state, regional, and national level.
Departmental Agenda

- Increase service role by offering more courses to non-majors.
- Make courses more attractive to working professionals by making them available in the evenings.
- Increase student recruitment efforts.
- Increase laboratory space.
- Attract more outside money.
- Develop a re-training program for technologists who have been out in the field for several years.
- Develop new interdisciplinary courses, including courses in laboratory management.

NURSING

The Department of Nursing is the largest and one of the oldest in the School of Health Studies. Throughout its tenure it has continually developed new programs to meet the needs of nursing education and the societal needs for new approaches to health care.

The nursing curriculum reflects education for roles in health care encompassing the entire health continuum from care of the terminally ill client to efforts to sustain the health of the well client. The Department offers separate programs leading to a baccalaureate degree: one for residential students who have no previous nursing diploma or degree and an innovative non-traditional program [EBORN: Expanded Baccalaureate Opportunities for Registered Nurses] for registered nurses. A Masters program was initiated in 1985 under federal funds and offers advanced study for specialization in adult medical surgical nursing and in nursing administration. The Masters program will initiate accreditation proceedings through the national accreditation body, the National League for Nursing (NLN), after the first students graduate in 1987. The undergraduate program received its initial accreditation in 1969 and has retained its status ever since.

As a profession, Nursing plays a major role in the health care system. Nursing is an art and a science which involves the appraisal and enhancement of the health status, health assets, and health potential of individuals. The essence of nursing is caring rooted in receptivity, relatedness, and responsiveness. Nursing supports the development of new perspectives on health and encourages consumer participation in weighing alternatives and making choices. The nurse practices within the context of a rapidly
changing and expanding health care system and must be capable of responding to societal needs for nursing care. Nursing's goal is to facilitate a health promoting environment as well as the health of individuals and groups.

Health Issues

The faculty of the Department assumes as their professional responsibility to not only be aware of trends and issues in the health care system, but to respond and address these issues actively. It is evident that changes in the health care system affect the practice of nursing and hence also affect the education for nursing practice. Presently, three major categories of health issues are being addressed by the Department:

1. Health policies and practices affecting particular populations: aged, women, severely and multiply handicapped.

2. Professional practice issues and trends especially those that address: education for professional practice, retention of professional nurses, historical and social contexts and the influence on current practice, quality of care, implementation and evaluation health strategies.

3. Patient's rights and advocacy: research protocols and human subjects protection, autonomy [both patient and professional] within a context of institutional policies, impact of changes within the health care system on quality of care, accessibility of health care services.

Departmental Activity

Teaching

1. A course in health care issues of the aged that meets a general education requirement, is a required course for the Gerontology Minor, and serves as an elective for the Technology, Science, and Values Minor.

2. An elective course in women's health open to all university students and meets an elective requirement for the Women's Studies Minor.

3. Elective courses in substance abuse, death and dying, and suicidology open to all students

4. Interdisciplinary graduate level elective course on health issues of the severely and multiply handicapped.
Research

- Grant ($40,000) to evaluate effectiveness of care giver training for family members of impaired elders as a means to delay/avoid hospitalization and nursing home placement.
- Grant to provide and evaluate a program of assessment training for school nurses to improve the diagnosis and treatment of health problems of school-age children with severe and multiple handicaps.
- Identification of factors that contribute to satisfactory transition from pre-natal to post-natal stages.
- Grant proposal to provide nurses in the maternal and child health clinical specialty with information and skills for teaching parenting skills to new parents.
- Grant to study congruence/variance between nursing assessment and nursing diagnosis.
- Grant to compare contraceptive use of American and Taiwanese women.
- Study of facilitative conditions and their effect on client outcome.
- Implementation and evaluation of support groups to decrease attrition of staff nurses.

Service

- Active participation including elected and appointed leadership positions in state and national health organizations, boards, and councils.
- Collaboration with Student Health Services in providing health promotion, disease prevention, and early diagnosis of health problems through screening clinics on campus.
- Consultation in areas of professional education, health policy, patient care.
Departmental Agenda

- Increase support and opportunity for scholarly activity including publication and applied and non-applied research.
- Increase opportunities for interdisciplinary collaboration with other departments of the School and with other Colleges in the University for research, scholarly presentations, and academic efforts.
- Develop opportunities to engage in professional practice with joint appointments in clinical agencies.
- Develop interdisciplinary clinics within the School of Health Studies such as a teaching nursing home, geriatric assessment clinics, clinics for the severely and multiply handicapped.
- Develop additional tracks in graduate program that will address new and emerging health issues.
- Increase the ability to get external grant funds for nursing research.
- Increase collaboration with state agencies to meet expressed needs in education and service areas and health policy.
- Increase opportunities for faculty to qualify for promotion.
- Increase internal funds for promotion of faculty efforts in teaching/learning excellence and faculty development.

OCCUPATIONAL THERAPY

The Occupational Therapy Department was founded at the University of New Hampshire in 1945 as part of the post World War II effort to train rehabilitation personnel. It was initially a program within the Art Department, but has been an independent department since the early 1960s. Because the profession and Department are based in the tradition of liberal education, the Department continues to emphasize a strong liberal arts background as the basis for professional practice.

The Occupational Therapy Department prepares students for a career as occupational therapists through a baccalaureate program which is accredited by the Committee on Allied Health Education and Accreditation of the American Medical Association in cooperation with the Accreditation Committee of the American Occupational Therapy Association. The Department is one of
the oldest occupational therapy programs in the United States and enjoys a
strong reputation in the occupational therapy community with exceptional
support for the clinical education, a requirement for professional cer-
tification.

Occupational therapists work in a variety of settings with diverse
populations. This is reflected in the academic program which provides entry
level preparation in various areas of occupational therapy practice:

Hospitals and Physical Rehabilitation Centers are settings in which
occupational therapists work with individuals who are acutely ill or are
working to overcome the effects of physical disability. The patient
population spans the whole range of ages and problems, from day-old infants
in the neonatal intensive care unit to the most aged population suffering
from the effects of cardiovascular disease, arthritis, or cancer. The role
of the therapist varies. It can include teaching parents of a young child
with cerebral palsy how to handle and feed the child; providing adaptive
equipment and teaching functional strategies to enable the young-adult
accident victim to live as a quadriplegic; or teaching the individual with
hemiplegia how to cook with one hand.

School systems are the second largest employers of occupational
therapists. The occupational therapy curriculum provides a solid foundation
in developmental theory in addition to courses in assessment and treatment
of pediatric disorders. Students complete course-related fieldwork ex-
periences with children and have the option to choose a pediatric placement
as one of the three required, pre-certification fieldwork placements.

Mental Health systems are also major employers of occupational ther-
apists. Occupational therapists work with institutionalized patients as well
as those who are living in the community. Occupational therapy provides
purposeful activity which contributes to the alleviation of symptoms of
stress and mental illness as well as facilitating the acquisition of skills
necessary for living productive lives in the community.

Graduates of this program have made significant contributions to
occupational therapy and health care through provision of treatment to
others and the development and expansion of the knowledge base of the
profession. Graduates have also strengthened the profession through
contributions to occupational therapy organizations on local, state, and
national levels.

Health Issues

Several health related issues affect the practice of occupational
therapy and, therefore, the education of occupational therapists. The
variety of settings in which occupational therapy services are provided
dictate that attention be given to issues of the medical, health, and public
education sectors of society. Examples of such issues are:
Demographic changes resulting in an increasing number of individuals with chronic disease and disability.

Emphasis on providing community based services to promote normalization for deinstitutionalized developmentally disabled and mentally ill persons.

Emphasis on providing efficacious cost contained health care services.

Changes in the trends of professional education in occupational therapy with consideration of the masters degree for entry level.

**Departmental Activities**

**Teaching**

- Departmental Honors program.
- Course presentations in the interdisciplinary gerontology minor.
- Course presentations in the developmental disability course offered by the School.

**Research**

- Collaboration with the departments of Leisure Management and Tourism, Communication Disorders, and Electrical Engineering in Project REAL designed to increase the independence of severely multiply handicapped people through the application of technology.
- Impact of activity programming on the health status of the elderly.
- Pediatric psychosocial dysfunction.
- Diagnosis and treatment of pediatric psychosocial dysfunction.
- Efficacy of rehabilitation strategies with spinal cord injured patients.
- Career development of occupational therapy students.

**Service**

- Involved with the Self-Care Enhancement Project with the Newmarket Regional Health Center which received an award for
innovative service to the elderly by the National Council on Aging.

- Membership on the boards of home health agencies, sheltered living program, and the Board of Examiners of Nursing Home Administrators.

- Participation in the development of quality assurance efforts by the New Hampshire Occupational Therapy Association.

- Development of interdisciplinary efforts for the severely and profoundly retarded population in New Hampshire.

- Development of regional clearinghouse for supervised fieldwork placement for occupational therapy students.

- Sponsor treatment strategies through leadership to a group program for recovering alcoholics and consultant to a transitional living program.

- Consultation to clinical educators through provision of expanded educational opportunities for clinical educators.

- Participation as a director of American Occupational Therapy Foundation - which is concerned with facilitating research and graduate education in the profession.

- Provide annual certification examination review workshop for students who are taking national examination.

**Departmental Agenda**

- Plan for continued growth in faculty research in areas of clinical reasoning, efficacy of treatment methods, gerontology, and the impact of technology on functional independence.

- Maintain and expand fieldwork experiences in a "destabilized" health care system.

- Expand opportunities for fieldwork experiences in school systems.

- Develop a proposal for an entry level masters degree program that reflects national and regional needs for occupational therapists.

- Continue to revise the curriculum to reflect new theoretical and treatment knowledge as well as to reflect the demands in which occupational therapists interact.

- Increase the number of graduates of the program to meet the needs for therapists based on the availability of additional resources.
PHYSICAL EDUCATION

The Department of Physical Education continues to evolve, reflecting changes in its role as a profession. The history of the Department, indeed of the profession of physical education, has had as its primary mission the preparation of teachers. Recently, however, physical education has become more inclusive and multifaceted. The Physical Education Department has become a microcosm of the School in its attempt to study the range of personal factors and all of the strategies which affect individual health status. This expanded mission has spawned a number of other program options that uniquely address individual levels of organic and motor proficiency, and the promotion of physical activity through movement, exercise, and sport. These activities foster lifestyle behaviors that yield positive movement along the health continuum.

Programs

[1] The Athletic Training option is being maintained through the cooperative efforts of the Department of Physical Education and the Department of Athletics. This option prepares individuals for careers as athletic trainers in a variety of settings and promotes health through injury prevention, diagnosis, and rehabilitation.

[2] The Exercise Specialist in Health Maintenance option was developed in 1976 and was, at the time of its implementation, a unique undergraduate major in American higher education. Now, a graduate as well as an undergraduate option exists. The central focus of this curriculum is exercise physiology and its application to stress testing, exercise prescription, and exercise leadership. Graduates are typically employed in hospitals, industry, public and private community agencies that constitute programs of health promotion, disease prevention, and cardiac rehabilitation.

[3] The Outdoor Education option teaches students how to utilize the outdoors as educational and or therapeutic media. Focusing on promotion, prevention, treatment, and rehabilitation strategies, the option employs physical activity to enhance psychosocial behaviors. Some graduates are currently using the strategies of treatment and rehabilitation in therapeutic programs with a variety of populations exhibiting behaviors ranging from those with chemical dependency to the developmentally disabled. In addition, others are using promotion and prevention strategies in public and alternative education settings focusing on the development of positive psychosocial behaviors.

[4] The Sports Communication option combines a broad background and knowledge of sport with skills in media communication, including both sports journalism and sports broadcasting. It is interdisciplinary in nature as students are required to take courses in the Departments of Physical Education, Communications, and English. Graduates have found work in radio
and television broadcasting, sports journalism, and as sports information
directors. Some have also gone into the fields of public relations and
sports promotion and photography. The option provides a service in helping
the millions of sports fans or consumers.

[5] As the traditional option, Teacher Certification is supported by
faculty with diverse interests. Preparing teachers with competencies which
are integral in promoting physical active lifestyles for all children and
youth continues to be the mission of this option. Understanding the
interrelationships between the scientific foundations [motor development/
behavior, kinesiology, exercise physiology, pedagogy] germane to physical
education, and the importance of physical activity in achieving a healthy
lifestyle is a major focus. Development of a strong foundation for a
lifetime of physical activity is considered a scientifically sound priority
for disease prevention and health promotion in school-aged children.
Graduates of this program strive for physical education teaching positions
in educational settings or pursue graduate work.

[6] The Physical Education Elective Activity program has long
represented the Department's service component within the University. The
Department provides University students the opportunity to participate in a
wide variety of physical activity courses. This instructional program
currently serves 1800 students by offering coursework in exercise, sport,
aquatics, and outdoor adventure activities.

Health Issues

Physical activity is a central focus of the public health's second
revolution as it impacts on health promotion and disease prevention for all
of society's members. The Public Health Service has identified physical
fitness and exercise as one of the fifteen priority areas for the nation.

- Expansion of abilities and knowledge of children and adults for
  engaging in appropriate physical activity.

- Expansion of the number of adults 65 years or older participating
  in physical activity programs which promote flexibility, muscle
  strength and endurance, cardiovascular endurance, ambulatory
  skills, and functional daily living skills.

- Research to determine the efficacy of regular physical activity on
  musculoskeletal development, mental health and cognition, and
  psychosocial behavior including the effect of exercise on smoking,
  alcohol, and drug dependency.
Activities—Athletic Training

Teaching

- Sports medicine seminars in area hospitals.

Service

- Assistance with National Athletic Training Association exams.
- Providing health care to athletes at the University.

Activities—Exercise Specialist in Health Maintenance

Teaching

- Series of lectures in the Whittmore School Executive Development Program.

Research

- Iron stores of female athletes [with Nutritional Sciences].
- Exercise, dietary-induced thermogenesis and weight control [with Nutritional Sciences].
- Exercise training and electrocardiographic changes [with Electrical Engineering]
- Cardiovascular response to lower body negative pressure.
- Physiological response to carbon monoxide hypoxia [with Life Science and Agriculture].

Service

- UNH Employee Fitness Program [1985], serving 200 UNH employees.
- UNH Cardiac Rehabilitation Program [1979], treating 15-25 patients at a time.
- American Heart Association; Board of Directors, Regional Vice President, New England Regional Heart Committee Chairperson.
Activities—Outdoor Education

Teaching

- Consulting and lecturing for business adventure management programs.
- Outreach teaching programs in adventure education.
- Fireside Experience Program.

Research

- Preparation of adventure-based education/therapy for behaviorally disturbed adolescents [§200,000 federal funds pending approval].
- Wilderness orientation programs and psychosocial behavior.
- Transfer of learning in adventure education.

Service

- Upward Bound Program.
- Cooperative Outdoor Leadership Training Program.
- Appalachian Mountain Teen Program.
- Association for Experiential Education.
- Department of Education—Education Information Resources Clearinghouse.

Activities—Sports Communication

Teaching

- Development of slide/lectures on Women in Sport and the Olympic Games in Munich and Montreal.
- Development of slide/lecture on Sports Poetry.

Research

- Role conflict in women athletes.
- Women's sports literature.
Service

- Lecture series on women in sport.

Activities—Teacher Certification

Teaching

- Contributing to interdisciplinary multiply handicapped course in-service workshops, and multi-clinic task force.

- Providing pre-service education in an attempt to promote special physical education programs for New Hampshire's disabled youth [funded by State Department of Education, $65,000].

- Preparation of Rural Educators [ $225,000 Federal funds pending approval].

- Preparation of Special Educators [ $225,000 Federal funds pending approval].

- In-service training of physical education practitioners.

- Certification courses: Scuba, First Aid and Emergency Care, Emergency Medical Training, Water Safety Instructor, Basic Life Saving, and Cardio-Pulmonary Resuscitation for surrounding communities.

Research

- Neurobehavioral approaches to motor rehabilitation.

- Fitness development for institutionalized multiply handicapped.

- Simple choice reaction time among the mentally retarded.

- The influence of peer tutors on youth fitness rankings.

- Burnout comparisons among three allied health professions.

- Validity measures in balance for severely handicapped.

- Systematic and scientific instructional intervention.

- Effects of operant conditioning on fine motor acquisition for MRs.
Coaching anxiety, locus of control, and attention focus in sport.

Collaboration on several research projects with UNH Institutional Research Office.

Service

- Pediatric exercise and motor behavior for Child and Family Center preschoolers.
- NH Summer Olympics, Board of Directors; Summer Games direction and coordination.
- Consulting for public schools.
- Consulting for individual UNH athletes: mental and psychological preparation in sport.

Departmental Agenda

- Recruit a faculty member with particular expertise in the behavioral aspects of health promotion.
- Expand the Outdoor Education option through external funding by developing a Center for Excellence in Outdoor Education and a Master's Degree concentration in Outdoor Education.
- Expand its graduate program to include a Master's degree concentration in Special Physical Education emphasizing pediatric exercise and motor behavior.
- Analyze the Sports Communication option relative to its function within the Department; analysis to be completed by the end of the 1986-87 academic year.
- Continuation of the Athletic Training option will depend upon the appointment of a full-time faculty member as director of the program, closer coordination with the Athletic Departments, and application for NATA certification. If these recommendations are not implemented by June 30, 1988, then no new students will be allowed to enroll in the option and it will be phased out.
- Study the Teacher Certification option's future role due to declining enrollments.
Study a restructuring of the faculty involvement in the Department's activity program, whereby one full-time member would coordinate the program and faculties-in-residence and graduate assistants would do most of the teaching. Certain activity classes, however, may necessitate faculty responsibility when specialized skills and safety issues are involved.

MAJOR CHALLENGES AND OPPORTUNITIES FOR THE SCHOOL

The School of Health Studies has reached a major stage in its development. Since its establishment in 1969, individual departments have concentrated on the development of high quality instructional programs within the School. Maintenance of this excellence in curricula must be continued; additional efforts should be seen as complementary. The School is now positioned to make a significant leap in its development and growth by focusing on additional priorities and needs.

The existing School of Health Studies is somewhat unique in its composition; it is not a typical school of allied health which might be found at other universities. However, the combination of existing programs along with existing faculty interests indicates that the major health issue areas for development by the School and where excellence can be achieved are in health promotion and disease prevention, gerontology, services for the multiply and severely handicapped, and health policy.

The Task Force has identified the following major areas as critical in the School's development.

Expansion of research activity;

Expansion of funded applied research and demonstration projects for health care providers and public agencies;

Enhancement of excellence in professional education curricula;

Interdisciplinary and cross-professional collaboration in selected areas;

Expansion of graduate education; and

Modification of Curricula.

Research. While faculty in the School of Health Studies have published in major refereed publications and written texts in their respective fields, the faculty have identified a need for greater involvement in publishable research. With the continued development of senior faculty and the recruitment of a number of junior faculty, the School can take a more active role
in research than in the past. An environment in the School must exist in which research is expected, faculty development in research is supported, and opportunities are provided for interdisciplinary and cross-professional collaboration. It is evident that the development of a strong research program is critical for the attraction and retention of quality faculty.

Funded Applied Research and Demonstration Projects. This expansion of research activity is compatible with an extension of the School's collaboration with both public and private providers of health care on health care issues. Through a further expansion of grants and contracts, the School's faculty can play a major role in assisting health care providers in the state and region. In addition, the School's faculty can play an important role in addressing public issues and problems confronting state and local governments within the state and region.

Professional Education Enhancement. The School has two clinic facilities, one in Communication Disorders and the other in Exercise Physiology. The teaching mission of the School can be enhanced through the development of additional clinical facilities such as the proposed teaching nursing home and a multi-clinic for developmental disabilities. These facilities could have major effects on the curricula of each program within the School and, therefore, would be a unifying force within the School. These facilities would also provide a setting for interdisciplinary and cross-professional education, thereby promoting student appreciation of the multiple professionals involved in quality long term care services.

Interdisciplinary and Cross-Professional Collaboration. Given existing and foreseeable resources, the School can not be expected to concentrate on all areas of health care or professional education. However, there are areas which can build upon the synergy of faculty in a number of departments. These areas include gerontology, the multiple disabilities, and health policy. Coalescing of faculty research and teaching interests in these areas would strengthen the efforts of the School. In order to strengthen these efforts even further, existing units within the University which have a health or human service focus should be invited to join the School.

While the School has a sufficient critical mass to meet many of the health care needs of the state and region, the recognition of a broader definition of health facilitates the incorporation of University programs into the School as well as the development of new programs. For example, the study of nutrition is critical to the effort to improve health through promotion, disease prevention, diagnosis, treatment, and rehabilitation. It would have a synergy with exercise physiology. Community Development and Social Work contribute extensively to the modification of the physical and social environments and thereby increase health status. Family and Consumer Studies has a major health focus within its curriculum and would add the family unit as a focus for health. While some University programs and
departments may choose to be incorporated into the School, others may wish to remain separate but to establish stronger inter-college linkages. However, benefits would accrue from the development of the closest possible linkages with these academic units.

Graduate Education. The growth of research activity and involvement with public and private health care providers will build a foundation for the development of additional graduate level programs within the School. Changes in the health care field have created the need for more graduate level education programs in the health professions in the state and region. As indicated in the Departmental summaries, a number of the existing Departments wish to develop graduate initiatives. The University of New Hampshire can fulfill a unique niche in higher education within the state and region by assuming a leadership role in graduate education for the health professions. The existing undergraduate programs provide a firm foundation for the development of graduate programs. The School should also develop innovative interdisciplinary approaches to graduate education.

Modification of Curricula. The growing demand for new approaches to more effectively and efficiently achieve health encourages health professions to examine new roles and directions. At present, some programs in the School of Health Studies are at capacity while others have seen a marked decline in both the number and quality of applicants. Enrollment levels are heavily influenced by major social trends. The health professions have traditionally provided major career opportunities for women. While this remains true, the expansion of opportunities for women in other areas has decreased the pool of applicants to particular health professions. These trends need to be addressed by the School in the evaluation and development of curricula so as to meet the new needs of the health care system.

Given these major challenges, the Task Force proposes a new mission statement with agendas for teaching, research, and service activities and a new structure.
Organization

In developing a recommendation for an appropriate structure to meet the needs of the health care system, UNH, and the faculty, the Task Force examined a number of alternative models. After extensive discussions, the Task Force believes that the following model will maximize the resources currently on campus, facilitate communication and interdisciplinary cooperation, minimize layers of administration, provide a setting which will attract prospective health professionals and external resources, and optimize the University's role within the state, region, and nation with regard to health issues and the education of health professionals.

Due to the importance of health, the Task Force believes that a separate school of health is critical if the mission is to have centrality within the University. Moreover, a separate school with a central focus on health will facilitate student recruitment, faculty recruitment and retention, private and public financial support, and increased multi-disciplinary and multi-professional collaboration. There is sufficient critical mass of existing programs, faculty, and students to warrant such an organizational unit. It is recognized that health is so broad an interdisciplinary topic that no school of health will contain all faculty and programs dealing with health. However, those programs whose central thrust is oriented toward the health of individuals and communities or which can make a major contribution to the University's efforts in this area should be part of a common structure in order to maximize the potential for exchange and interdisciplinary collaboration.

Such a unit should attempt to include rather than exclude programs as long as their goals are compatible with the mission and goals of such a school and that their focus is on health as outlined earlier in the health matrix. In view of this, the Task Force recommends the name of the existing school be changed to the School of Health and Human Service. This name is intended to convey the role of basic or applied science in most of the School's curricula and the inclusion of those faculties and curricula dealing with human service programs which contribute to the health of individuals and communities. This title is readily understood by people in the health and human service professions as well as to those in foundations, and federal, state, and local governments.

In developing an organizational structure, the Task Force recommends that some existing programs at UNH be considered for inclusion within the School. No negotiations or commitments have been sought at this time and additional information from these programs would be needed before commitments can be made. While the new school would certainly be enhanced by the addition of these elements, its existence is not dependent upon their inclusion. Those programs which were considered for inclusion were Nutrition, Social Work, Family and Consumer Studies, and Community Development. The Task Force has met with the faculty from both Family and Consumer Studies and Community Development. The faculty from both Nutrition and
Social Work have indicated that they currently do not wish to change college location. After meeting with the faculty of Family and Consumer Studies, the Task Force recommends that they become a department within the School of Health and Human Service. The Task Force also feels that the Community Development program would complement the new School. However, its present size does not appear to warrant separate departmental status and, therefore, an appropriate administrative linkage should be explored.

The Task Force believes that all existing departments within the School fit within the framework of the new institution. However, each department in the existing School should appraise how its various components and goals relate to the health matrix and the proposed mission. As a result of this analysis, it may be that a program within a department would best meet its own objectives within another organizational unit within or outside the School.

In examining potential new programs to be offered by the University, the School should consider the development of a physical therapy program. A physical therapy program would complement existing programs, help meet state and national needs, and attract new students to UNH. Since there are multiple needs within existing units of the School, new efforts such as this should be weighed carefully.

The Task Force recommends the creation of an Institute of Gerontology. The Institute of Gerontology would be an interdisciplinary graduate degree granting program offering a masters degree in gerontology. The faculty of the Institute would come from within and outside the School. The masters degree would integrate many programs within the School, attract multiple outside sources of financial support, and meet the increasing demand for professionals prepared to meet the needs of an aging population. The existing minor in gerontology is a valuable contribution to the University and School and should be maintained. It could remain outside the Institute or be housed within the Institute at a future date in order to provide it with a home.

In addition to the creation of this Institute of Gerontology, the Task Force recommends the development of Centers within the School to facilitate cross-professional research. These Centers would be compatible with any existing Centers recognized by the University and would not duplicate activities. Potential centers for development are Health Policy Center, Leisure Studies Center, and Health Promotion Center. Faculty outside the School would be encouraged to participate in these centers.

The existing Center for Health Promotion and Research would be maintained, but would be renamed as the Office of Health Research and Development. It would continue to serve the University and the school in the coordination and development of research and project development in the area of health.

The following organizational chart represents the Task Force's recommendation:
Figure 3

SCHOOL OF HEALTH SCIENCE AND HUMAN SERVICE

OFFICE OF THE DEAN

OFFICE OF RESEARCH AND DEVELOPMENT

DEPARTMENTS
COMMUNICATION DISORDERS
COMMUNITY DEVELOPMENT*
FAMILY AND CONSUMER STUDIES*
HEALTH MANAGEMENT AND POLICY
LEISURE MANAGEMENT AND TOURISM
MEDICAL TECHNOLOGY
NURSING
NUTRITION*
OCCUPATIONAL THERAPY
PHYSICAL EDUCATION
SOCIAL WORK*

CENTERS
HEALTH PROMOTION
HEALTH POLICY
LEISURE STUDIES

INSTITUTES
GERONTOLOGY

*Departments not in bold type are currently not in the School of Health Studies, but were invited to discuss their possible inclusion.
Mission Statement

A mission statement binds the many elements of the School to a common goal by stating the major purpose of the organization and its relationship with the external environment. The statement of mission provides a focus for the resources and activities of the various elements toward the mission. In examining the present and future relationship between the School, the University, and the societal needs for a healthy citizenry, the Task Force recommends the following statement of mission for the school:

THE MISSION OF THE SCHOOL OF HEALTH AND HUMAN SERVICE IS TO GENERATE, TRANSMIT, AND APPLY KNOWLEDGE TOWARD THE ADVANCEMENT OF HEALTH IN SOCIETY.

In order for the School to meet this mission, the Task Force has recommended the following agenda within each of the three areas.

Generation of New Knowledge

In fulfilling its social function, a University must be the center for the generation of new knowledge. A School of Health and Human Service can focus on improving the health of individuals and society, reducing the risks to health, and improving the health care delivery system.

In the Generation of new knowledge the School has the following goals:

1. To Increase research support within the School.

The faculty of this School must contribute toward the accumulation of new knowledge within the health field. This is best reflected by publications in refereed journals in the multiple fields represented within the School. This is part of every faculty member's responsibility. For the School to provide assistance in this area underscores the importance which is to be given to it. Therefore, the following strategies are appropriate:

. To increase release time for faculty research;

. To establish an internal school fund for purchase of data sets, work study assistance, equipment;

. To establish an annual School of Health and Human Service Research Award;

. To retain and promote a centralized research and development office for coordination of school activities.
2. To foster interdisciplinary collaboration within the School.

Since the School contains a number of professions which can make separate contributions toward the analysis of a common health problem, the development of interdisciplinary centers can be used to attract funds to the School as well as promote interdisciplinary research. These centers are to be complementary to other university initiatives and not be limited to School faculty. Examples of such efforts might include: leisure studies, health policy, and health measurement and evaluation.

3. To provide mechanisms to support faculty in developing their role as researchers.

In addition to the general support given to all faculty for research activities mentioned above, special focus should be given to faculty who have not yet defined a specific research agenda or identified faculty within the School and/or University with compatible research interests. Current lists of research activities and the development of mentors within and between departments should be maintained and distributed.

4. To disseminate faculty research.

Faculty need to be aware of what others are doing as well as to be recognized internally for their activities. Therefore, some strategic options are:

- To establish a regularly scheduled research forum;
- To establish a School of Health and Human Service Research/Public Information Newsletter/Journal.

5. To increase external funded research and entrepreneurial activity.

Considerable progress has been made in recent years increasing the amount of externally funded research. However, more can be done in this area. Faculty should be encouraged to acquire external research funding. This can be accomplished by individual or small group efforts. The School should establish policies regarding overhead and release time so that faculty and department chairs have a common understanding as to standard practices. Flexibility must be present to allow for special circumstances.

6. To involve students in research activity.

Students should be aware that faculty are actively engaged in research projects and should begin to understand the complexities and demands of producing publishable papers. Therefore, the following strategies are appropriate:

- To involve students in funded research projects as research assistants whenever possible;
To sponsor a select number of student research projects through small grants from the School;

To encourage students to make presentations at seminars or colloquia of their peers and faculty.

7. To seek external funding for a scholar's chair/ or visiting scholar.

To provide new perspectives to the School faculty, funds should be secured to establish a visiting chair or scholar. This person should be of national and/or international stature and should be involved in a full array of School activities.

Transmission of Knowledge

One of the main functions of a university is to transmit knowledge from one generation to the next. In doing this the School emphasizes the Carnegie Commission's concept of the enriched major which includes [a] the history and tradition of the field, [b] the social and economic implications of the field, and [c] the ethical and moral values of the field.

In the transmission of knowledge, the School has the following goals:

1. To create a climate that will foster creative thinking and intellectual growth of the students.

The School should be a center where students are not only educated in their respective professional fields but also where they appreciate the relationships between disciplines and the contextual framework for the health professions. To complement a sound liberal arts education which fosters analytical thinking and scholarly skills, the School needs to further those skills as well as provide professional education. The focus of that education should be on the development of professional and scholarly role models, the development of a professional philosophy, and an appreciation for the challenge and excitement of a learning experience. In attempting to establish such a climate the following strategic options should be pursued:

. To implement interdisciplinary laboratory settings such as the teaching nursing home or clinic for the multiply handicapped;

. To encourage cross-departmental teaching;

. To create opportunities for increased student/faculty interaction through seminars, brown bag lunches;

. To encourage piloting of new ideas in health promotion and service delivery.
2. To support excellence in teaching.

The School has had a Teacher of the Year Award for the past five years. Other efforts in this direction should be made. The following strategies are intended to continue recognizing excellence in teaching as well as assisting all instructors to improve their teaching:

- Develop a plan for re-tooling faculty whose level or areas of expertise have been by-passed through the change in the health care system or extensive departmental service;
- To build incentives for all faculty to be writing, publishing, and presenting research at professional meetings;
- To sponsor workshops given by master teachers;
- To provide School faculty grants to develop new instructional ideas;
- To use mentors for new teachers;
- To implement a process of peer review.

3. To assure that all individual programs meet the highest standards of national peer review.

During the past few years, individual programs have made considerable progress in assuring that the programs meet national accreditation criteria and develop a national reputation for producing excellent health professionals. This progress needs to be maintained. Where programs require specialized facilities or equipment for the advancement, the School needs to make these needs known to the University as well as seek external funds.

Each major needs to incorporate the spirit of the Carnegie Foundation's concept of the "enriched major".

4. To broaden the disciplinary base of faculty within the School.

While the existing School has sufficient size to warrant its present organizational status within the university, other programs should be added. These additional programs could be new to the University as well as those existing within the university which would complement the existing School's base as well as provide new units with a setting which will lead to their further development. Any new additions should be consistent with the Mission of the School. In addition, existing programs in the School seeking new faculty should be encouraged to select those who have broad interdisciplinary interests and whose primary discipline might not be currently represented within the School, but which would be of asset to multiple programs.

5. To seek the improvement of physical settings for effective learning.

The renovation of Hewitt Hall has been a long-standing project on the University's calendar with progress being made in the past year. However,
the current renovations make no provision for a learning environment. The School has no general classroom space. While space remains a premium throughout the University, the following strategies should be pursued:

- To develop a multi-media classroom for the entire School;
- To establish an inter-disciplinary practice laboratory, e.g., the emerging teaching nursing home;
- To develop a common library space which could also be used for seminars;
- To fund laboratory equipment purchases.
- To transfer Communication Disorders to Hewitt Hall.

6. To expand community involvement in the instructional activity.

There is a great deal that can be done to improve the linkages between the field of practice and the academy to assure that students are aware of the latest developments in practice.

- To encourage sabbatical leaves and exchanges for faculty so that they can spend a semester in the field or someone from a health care institution or the state can be given a semester within the university;
- To communicate with practicing professionals on various health issues or topics through the use of multi-media.
- To use adjunct faculty to offer new or experimental courses;
- To obtain University funds to reward off-campus clinical instructors who provide invaluable instruction for students.

7. To expand the number of graduate programs within the School.

Graduate education has always been a major level of educational preparation for schools of health. Graduate education can contribute toward the School's scholarly productivity as well as provide a stimulating setting for faculty, increase interdisciplinary instruction and meet student and provider demands. The development of additional masters programs as well as an interdisciplinary doctorate should be considered.

8. To expand the School's contribution toward General Education.

The School should broaden its involvement in the general university's instructional activities. Both the University and the school would benefit with increased contributions from the School.
9. To increase the importance of advising within the School.

It is important that students within the School realize the commitment they are making by entering the health field as well as be sure that they are suited for such a career. Students should be encouraged to explore courses and minors throughout the University and to graduate from the University as a liberally educated professional. In addition, students within the School need to be encouraged to explore other areas of the School. To do so, students frequently need the guidance of faculty. It is only with the encouragement of faculty that interdisciplinary learning will take place. In addition, students need to be treated with respect as members of the academic community and to be encouraged in their quest for knowledge as well as a career.

Application of Knowledge

The field of health is by its very nature an applied area. Each profession within the field takes multiple disciplines from biology and physics to the social sciences and applies them toward the improvement of individual and social health status.

In the application of knowledge the School has the following goals:

1. To consolidate information on faculty expertise for the solution of health care problems.

The School should be a focus for state and health care providers to obtain information and training for health related problems. In support of this goal, the following options could be pursued:

- To establish a consulting center;
- To establish a clearinghouse regarding past and current research interests of faculty members;
- To develop partnerships with the appropriate agencies of the State of New Hampshire.

2. To use knowledge gained to benefit the health of the population.

Since the School's presence could have an impact on the health of the people in the state through the provision of information and services as well as the education of health professionals, the faculty should be a source of non-partisan information. In conjunction with this goal the following strategic options should be pursued:

- To use various media to publicize health issues;
3. To use the expertise of the School to encourage new approaches to health problems.

The University should be a laboratory for new ideas for the delivery of health care and the promotion of health in the community. Therefore, the following strategies are appropriate:

- To use a teaching nursing home or other clinical settings for the development of new approaches to health promotion and the health care system;
- To establish mechanisms for the updating of faculty clinical skills;
- To establish financial mechanisms to encourage continuing education programs for practicing professionals.