

The Task Force for the New College of Health and Rehabilitation Sciences

DRAFT REPORT

May 2023

Preamble

In the summer of 2021, the administration discussed the possibility of creating a new health college and community clinic. This came from an examination of the state's workforce needs and the crisis in our healthcare system. As the discussion evolved, the disparities and inequities that exist in the state became disturbingly clear.

According to the Connecticut Health Foundation, Black and Hispanic people are less likely to have health insurance, lack access to regular health care, and often receive disparate medical treatment because of their race and ethnicity.¹ The National Healthcare Quality and Disparities Report rates Connecticut's general health care indicators as "average to strong." But in several categories, the state does not fare as well:

- Coordination of health care in Connecticut is considered "weak".
- Access to health care for low income, Black, and Hispanic residents is considered "weak."²

These findings are further validated by a 2017 report indicating that more than one in four adult Hispanic Connecticut residents said they did not have a personal doctor and they are twice as likely to go without seeing a doctor in the past year because of the cost.³

In response to this information, the administration developed a draft "treatment plan" to address the health care crisis here in Connecticut and in the greater New Britain area. The plan is designed to meet the changing needs of our students & the healthcare workforce, as well as to address the local disparities/inequities in healthcare that exist for residents in the greater New Britain area. As part of the plan, the Task Force for the New College of Health and Rehabilitation Sciences was established. This plan was presented to the Task Force in Spring 2022 and the Faculty Senate on December 5, 2022.

In January 2022, the Task Force convened. Using the above information as a starting point, the Task Force moved forward with executing its charges. The Task Force as a whole or in smaller groups, has held over 80 meetings in the last 15 months. (Appendix A) These meetings were with the Task Force itself, administration, faculty, staff, university council, the CCSU AAUP President, state agencies, and community partners. The information gathered from these meetings serve as the basis for the Task Force's recommendations.

¹ Connecticut Health Foundation (2020).

² The National Healthcare Quality and Disparities Report (2020).

³ *Id.*

Summary Recommendations

The following summarizes the Task Force's recommendations for programs to be housed or associated with the New College:

- 1) The Task Force recommends Nursing be housed in the New College.**
- 2) The Task Force recommends Social Work be housed in the New College.**
- 3) The Task Force recommends the Department of Physical Education & Human Performance be split. Exercise Science & Athletic Training should be housed in the New College with an association with SEPS. Physical Education and Dance Education should be housed in SEPS and have an association with the New College.**
- 4) The Task Force recommends the Department of Biology be split. Biology should remain in the School of Engineering, Science, and Technology (SEST) with an association with the New College. The Doctor of Nurse Anesthesia Program (DNAP) should be housed in the New College as its own department and have an association with SEST.**
- 5) The Task Force recommends the Department of Counselor Education and Family Therapy be housed in the New College.**
- 6) The Task Force recommends that all programs and/or departments that wish to be associated with the new college be welcomed. Relationships between those programs/departments will need to be defined by the Deans of the respective schools and all the programs/departments involved in the desired association.**

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I. Introduction & Task Force Charge

On November 4, 2021, the Task Force for the College of Health and Rehabilitation Sciences (Task Force) was established as a result of a proposed treatment plan to take CCSU community engagement to the next level. This treatment plan is predicated on the **Strategic Plan 2030: Changing Lives, Building Communities; Central to Connecticut** that was adopted by CCSU in 2020. (Appendix B)

The plan presents a new vision for advancing social mobility while driving economic, cultural, and intellectual vitality within the communities we serve. It also functions as a dynamic planning strategy as we strive to become an agile institution of higher education able to adapt to changing trends and emerging opportunities. With the spirit of equity continuing to guide CCSU, the administration wants to expand its impact in our communities in a way that addresses inequalities in health care for the people who need it most as well as provide our students with an opportunity to take their community engagement to the next level. The draft treatment plan proposes this be done by:

- Establishing a College of Health & Rehabilitation Sciences (New College) and opening a free community clinic (Community Clinic) within the college to provide free health care services to the Greater New Britain community;
- Embed new and enhanced experiential learning opportunities in the curriculum. This hands-on experience will also provide cultural competency and advocacy for health care empowering students to become change agents in the transformation of rehabilitation services.
- Construct a four-story building to house the college and clinic. (Appendix B)

To achieve the above goals, the Task Force for the College of Health & Rehabilitation Sciences was established and charged with the following objectives:

1. **Assisting with the creation of three new academic programs: Doctor of Physical Therapy (DPT), Master of Social Work (MSW), and a Rehabilitation Engineering certificate.**
2. **Contributing to potential partnerships/collaborations within the community to assist in the establishment of the new school and community clinic.**
3. **Developing a Timeline for the establishment of the new college including, but not limited to: the creation of the new academic programs; establishment of the community clinic including a proposed initial community clinic prior to the start of the new college; identifying community partners for the school/clinic; and providing assistance as needed with the building of a new facility.**
4. **Recommend the mix of academic programs to be housed within the College, or to be associated with the College. (Appendix C)**

The Task Force began its work in January 2022.

The Task Force consists of both faculty and administrators. The following individuals serve on the Task Force:): Professor Kathleen Bantley (Department of Criminology – Chairperson for the Task Force); Dr. Cherie King (Department Chair for Counselor Education & Family Therapy); Yvonne Kirby (Associate Vice President for Planning & Institutional Effectiveness); Dr. Kimberly Kostelis (Interim Provost); Dr. Joanne Leon (Department Chair for Social Work); ; Lisa McMahon (Academic

Affairs & Department of PEHP – Adjunct); Dr. Peter Morano (Department Chair for Physical Education & Human Performance); Dr. James Mulrooney (Interim Dean School of Education & Professional Studies); Dr. Rachel Rachler (Associate Professor Department of Biology; DNAP Coordinator); Dr. Catherine Thomas (Department Chair for Nursing).

Provost Kostelis's participation on the Task Force was advisory only. She did not participate in deliberations, nor did she have a say in the forthcoming recommendations of the Task Force.

II. An Interprofessional Collaboration (IPC) and Interprofessional Education (IPE) Approach

For the past decade, Interprofessional Collaboration (IPC) and Interprofessional Education (IPE) have been gaining worldwide attention.⁴ There is a push to change health care systems from a multiprofessional and siloed model to one of interprofessional care.⁵ Interprofessional education and training is the first step to breaking down existing silos in the health care system and supporting collaborative relationships.⁶ The New College will serve as the gateway to this collaboration by providing our students with an interprofessional education. This is necessary to prepare our graduates by providing holistic, patient-centered prevention programs, assessments, diagnoses, treatment plans, and chronic illness management in a collaborative manner.⁷

Research has shown that IPC models are effective.⁸ They are necessary for competent, cost-effective and culturally responsive health care.⁹ IPC addresses the existing multiple challenges to the health care system and direct patient care. It improves both patient care and population health as well as addressing the work force shortage and the work-life balance of health care professionals.¹⁰ This collaboration may also lead to higher patient safety, improved healthcare and patient outcomes, improved mutual respect – understanding and trust between professions involved, healthcare cost savings and efficient health care, higher satisfaction of health care workforce, and a lower staff turnover.¹¹

To prepare for the change in the approach to health care through IPC, IPE needs to be established early on in a student's academic career.¹² IPE is defined as 'when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health

⁴ Gert Ulrich, Justin Carrard, Claudio R Nigg, Daniel Erlacher, & Anthony Paul Breitbach (2022). *Is healthcare a team sport? Widening our lens on interprofessional collaboration and education in sport and exercise medicine*. BMJ Open Sport & Exercise Medicine, 8:e001377. doi:10.1136/bmjsem-2022-001377 citing Barr H. (2015). *Interprofessional education: the genesis of a global movement*. Available: <https://www.caipe.org/download/barrh-2015-interprofessional-education-genesis-global-movement/> [Accessed 30 Mar 2022].

⁵ Ulrich, *Id.* at 1.

⁶ Kaprea F. Johnson & Krystal L. Freeman (2014). *Integrating Interprofessional Education and Collaboration Competencies (IPEC) Into Mental Health Counselor Education*. Journal of Mental Health Counseling. 36 (4), p328-344. doi: 10.17744/mehc.36.4.g47567602327j510 citing Frenk, J. (2010), *Health professionals for a new century: Transforming education to strengthen health systems in an interdependent world*. The Lancet, 376, p1923-1958. doi: 10.1016/S0140-6736(10)61854-5.

⁷ Stephanie H. Felgoise, PhD; Jeffrey Branch, EdD; Ashley Poole, MA, MS; Laura Levy, DHSc, PA-C; Michael Becker, DO, MS. (2019). *Interprofessional Education: Collaboration and Learning in Action*, The Journal of the American Osteopathic Association, 119(9), p612-619, doi:10.7556/jaoa.2019.109

⁸ Ulrich, *supra* note 4, p1.

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.* p2.

¹² *Id.*

outcomes.¹³ This collaboration in education improves critical thinking skills, increases awareness, and educates students in the roles and scopes of multiple practices in the health care profession.¹⁴ According to the World Health Organization IPE is not only needed but necessary to train health care professionals to respond adequately to local health needs such as the multiple inequities and disparate treatment based on race and ethnicity that exist in the state.¹⁵

In addition, IPE prepares students for the IPC they will encounter in their healthcare careers. Studies show IPE may lead to positive reactions of learners including valuing and supporting interprofessional education, improvements in interprofessional attitudes/perceptions, acquisition of collaborative knowledge and skills, a collaborative behavior in the workplace, positive changes in organizational practices, and positive patient/client outcome.¹⁶ Studies also show IPE does lead to professional respect and preparedness for clinical interprofessional collaboration.¹⁷

Housing the health science and human service programs in one school will help facilitate and strengthen IPE and IPC. The programs given consideration for being housed in the New College are Nursing, Exercise Science & Human Performance, the Doctor in Nurse Anesthesia Practice, the future Doctor in Physical Therapy Program, Counselor Education and Family Therapy and Social Work. All of these programs have a health science connection. Having a New College focused on health and rehabilitation sciences will help to break down the silos that exist across campus and in the health sciences and those working in health care. The IPE and IPC opportunities are anticipated to increase among these programs in the New College.

These are not the only programs that may contribute to IPC and IPE. Health outcomes are often impacted by non-medical factors known as the Social Determinants of Health.¹⁸ Examples of these include Safe housing, transportation, and neighborhoods; Racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills.¹⁹ These also contribute to health disparities and inequities that the New College and community clinic are trying to address.

Associations with other programs at the University outside of health sciences and human service programs should only strengthen CCSU's commitment in addressing the inequities and disparities that exist both in healthcare and in society in general. Seizing this moment of time, an emphasis in IPC and IPE may serve as a transformational opportunity for the University as we deepen our connections to the community in a manner allowing us to address some of the inequities in health care in general and access to health care that many in our community face as found by the Connecticut Health Foundation (CHF).²⁰

¹³ *Id.* citing World Health Organization. Framework for action on interprofessional education and collaborative practice, 2010.

¹⁴ Johnson & Freeman, *supra* note 6, p333 citing Richard, M. (2013). Building a foundation for interprofessional education (IPE) between dietetic students and dental hygiene students at East Tennessee State University (Master's thesis). Available from Digital Commons: <http://dc.etsu.edu/etd/1107> (Paper 1107).

¹⁵ Johnson & Freeman, *supra* note 6, p333 citing World Health Organization. Framework for action on interprofessional education and collaborative practice, 2010; Connecticut Health Foundation (2020).

¹⁶ Ulrich, *supra* note 4, p2.

¹⁷ Johnson & Freeman, *supra* note 6, p328.

¹⁸ CDC - NCHHSTP Social Determinants of Health

[https://www.cdc.gov/nchhstp/socialdeterminants/index.html#:~:text=Social%20determinants%20of%20health%20\(SDOH,the%20conditions%20of%20daily%20life.\)](https://www.cdc.gov/nchhstp/socialdeterminants/index.html#:~:text=Social%20determinants%20of%20health%20(SDOH,the%20conditions%20of%20daily%20life.)) (Retrieved March 14, 2023).

¹⁹ Social Determinants of Health, U.S. Department of Health and Human Resources - <https://health.gov/healthypeople/priority-areas/social-determinants-health>. (Retrieved March 14, 2023).

²⁰ Connecticut Health Foundation (2020), *supra* note 15.

III. Connecticut Work Force Needs

In 2019, Governor Lamont established the Governor's Workforce Council (Council) as the principal advisor to him on workforce development issues.²¹ The Council was challenged to identify gaps in the labor market and to build an effective system to help workers fill them by providing education and needed supports.²² To meet the needs of a modernizing economy, research showed that 70 percent of Connecticut's working-age adults should have some form of postsecondary work credential by 2025.²³

To understand the needs in the various job sectors, the Council created industry committees including one that focused specifically on healthcare.²⁴ The committees examined workforce trends using labor market information and student completion rates from education/training institutions. This information was then used to assess industry supply and demand. The committees further explored educational and training strategies to support future workforce needs in each industry sector.²⁵ All this resulted in The Governor's Workforce Council, Workforce Strategic Plan 2020 (Governor's Workforce Plan).²⁶ The Governor's Workforce Plan includes the Healthcare Committee's findings and workforce recommendations. Their findings include:

- a) Healthcare related occupations employ 16% of the state's workforce or 270,000 jobs. This is the largest workforce sector in the state;
- b) The large hospitals and healthcare systems employ 80,000 employees.
- c) Industry growth will need to match population growth and the state's aging population;
- d) Annual workforce demand exceeds 7,000 new workers with significant shortages in nursing, certified nursing assistants, skilled technician roles, and long-term and home healthcare.²⁷

The Bureau of Labor Statistics (BLS) data adds to these alarming numbers. Approximately, 75% of the fastest growing job fields in the country are in the health sciences. The market for health care related employment is projected to grow 13% from 2021 to 2031. This increase is expected to result in about 2 million new jobs over the decade across the United States.²⁸ The employment for registered nurses is expected to grow about 6% from 2021-2031 with approximately 203,000 openings each year of the decade. This expected growth is passed by the field of Social Work and Exercise Physiology at 9%, and Athletic Training and Physical Therapy at 17%.²⁹

To keep up with the projected growth, CCSU needs to expand and build upon our current health science programs. The workforce need is there to support these programs.

IV. Meeting Strategic Plan 2030

Meeting the goals of Strategic Plan 2030 served as the foundation for all discussions and deliberations of the Task Force.

²¹ The Governor's Workforce Council, Workforce Strategic Plan (2020), p2.

²² *Id.* at p5.

²³ *Id.*

²⁴ *Id.* at p8 & 9, Appendices p36.

²⁵ *Id.* at Appendices p36.

²⁶ The Governor's Workforce Council, Workforce Strategic Plan, *supra* note 21.

²⁷ *Id.*

²⁸ U.S. Bureau of Labor Statistics, Occupational Outlook Handbook, Healthcare Occupations, <https://www.bls.gov/ooh/healthcare/home.htm>. (Retrieved March 15, 2023).

²⁹ *Id.*

The Strategic Plan 2030 states the following:

“Strategic Plan 2030: Changing Lives, Building Communities; Central to

Connecticut renews CCSU’s mission as the state’s oldest publicly funded institution of higher education. It ensures that a strong liberal arts foundation serves as the underpinnings of a CCSU education. Building on this foundation of high impact practices and community engagement, CCSU will educate career-ready graduates who are well-informed, civic-minded citizens who are prepared to contribute to the needs of our increasingly diverse society.

The plan also presents a new vision for advancing social mobility while driving economic, cultural, and intellectual vitality within the communities we serve. It also functions as a dynamic planning strategy as we strive to become an agile institution of higher education able to adapt to changing trends and emerging opportunities.

With a solid base provided by the work groups and thoughtful input from the University Planning & Budget Committee (UPBC), the SPSC has put forth a remarkable plan. At the very center of it are five goals, and they are:

1. Enhancing academic excellence and preparing graduates who thrive in a changing economy;
2. Increasing access to higher education and ensuring student success;
3. Fostering an inclusive and safe campus culture that values and encourages individuals to participate in a free and respectful exchange of ideas.
4. Strengthening stewardship by advancing scholarship, service learning, and community meant for the public good; and
5. Assuring financial sustainability for the future.”

The Task Force believes each of these goals will be met by the establishment of the New College and the programs it is recommending be housed or associated with it. In addition, Interim Vice-President, Dr. Beth Merenstein of the Office of Community Engagement and Social Research provided the following statement which further explains how these goals will be met:

“As stated clearly in our Strategic Plan 2030, we build on a foundation of “of high impact practices and community engagement, CCSU will educate career-ready graduates who are well-informed, civic-minded citizens who are prepared to contribute to the needs our increasingly diverse society.” The Office of Community Engagement and Experiential Learning is charged with ensuring that all students engage in multiple high impact practices. We believe that experiential learning models, including but not limited to service-learning, community engagement projects, internships, and undergraduate research, enhance, deepen, and enrich students’ academic lives. The model for the new Community Clinic exemplifies this belief. Specifically, the Clinic will offer experiential learning opportunities for our students from multiple disciplines, as well as engage in the community by addressing the most pressing needs of the community members.

As the Interim AVP for Community Engagement and Experiential Learning, my goal is to ensure that every undergraduate student will graduate with a minimum of one experiential learning opportunity. One way to accomplish this is to incorporate service-learning experiences into the curriculum at various levels of a student’s undergraduate education. Often, we rely on a student’s own ability to find an internship or volunteer opportunity rather than incorporate this into our program curriculum. The model for the clinic will be to weave together the classroom learning with the hands-on experience provided by the clinic. The role of the Office of Community Engagement and

Experiential Learning will be to help guide faculty in incorporating these experiences into their programs, as well as assisting students in locating the opportunities that exist. We are committed to working with all departments and programs to find the most suitable options for engaging in experiential learning and do not believe there is simply one method that works for every discipline. As the clinic, and then the new college, are established, the goal is to work with departments to rethink the way their programs are structured and find ways to weave hands on experiences into what the students are learning.

The first stage of the community clinic process is to provide health screenings for community members. Included in these screenings would be basic health, fitness tests, and case management referrals. Therefore, the departments looking to connect in the first phase of the clinic would be Athletic Training, Exercise Science, Nursing, and Social Work. The students in these programs will benefit from hands-on training and experience; working with community members from the diverse New Britain community, supervised by experienced faculty, they will be able to use what they have learned in the classroom and connect it to real-life experiences. This not only has them practice what they have learned but allows them to engage with a diverse population from our own local community where a predominately minority demographic is less likely to have access to health care. Additionally, there is room at this early stage for students from other (non-science based) disciplines to engage in experiential learning opportunities. For example, Communication majors could assist with promotion and marketing of the clinic; Economics, Management and Finance majors could learn about the management and fiscal affairs of running a nonprofit medical clinic; Psychological Sciences and Gerontology students could case management skills and support services for all age groups. These are just a few of the many possibilities for the use of high impact practices related to course material.

As the plan develops and the clinic and new college are further developed, more programs can, and will be involved. Other disciplines that will likely want to be involved include Social Work (providing practical case management experience to their students), Clinical Professional Counseling and Family Therapy (help prepare students for licensure), World Languages (providing essential translation skills in health areas to the local community members), and others.

The overall goal of the clinic, and the new college as well, is multifold: to provide a service to the community in a way that best serves our own students. All evidence from best pedagogical practices indicate that students need hands-on experiences. All students are looking for ways to get the best return on the investment of their education; giving them practical experiences that directly connect with their classroom learning is the most successful way to do this. “

V. Recommendations

Charge # 1

Assisting with the creation of three new academic programs: Doctor of Physical Therapy (DPT), Master of Social Work (MSW), and a Rehabilitation Engineering certificate.

The Task Force is working with: the Interim Coordinator of the DPT to establish the program and bring in its first cohort of students for 2024; the Dean of the School of Education and Professional Studies and the Chairperson of the Department of Social Work to establish an MSW program for Fall 2024; the Dean of the School of Engineering, Science, and Technology, the Chairperson for the Department of Engineering, and the Interim Coordinator of the DPT to establish a certificate in Rehabilitation Engineering that will complement the DPT. The anticipated date for the first offering of this certificate is Fall 2024.

Charge #2

Contributing to potential partnerships/collaborations within the community to assist in the establishment of the new school and community clinic.

The Task Force has been meeting with a variety of partners from both the state and the community regarding both the New College and Community Clinic. These partners include but are not limited to, the Connecticut Office of Policy and Management – Health and Human Services Policy and Planning Division (OPM), the Department of Public Health (DPH), the Office of Health Strategy (OHS), Yale New Haven Hospital School of Anesthesia, and the Nurse Anesthesia Program of Hartford, and the City of New Britain.

In addition, the Task Force is meeting with members of the Advisory Board for the Community Clinic (Advisory Board) which was created in Summer 2022. Representatives from Hartford Healthcare, Hospital for Special Care, Wheeler Clinic, and an independently owned Physical Therapy facility comprise the Board. The role of the Advisory Board is to provide input and feedback on critical decisions that must be made to ensure that CCSU develops an innovative community clinic that will benefit our community and campus as well as provide recommendations regarding the organizational structure and overall design of the community clinic.

The Task Force will continue to work with and expand upon these community partners as the pilot clinic evolves.

Charge # 3

Developing a Timeline for the establishment of the new college including, but not limited to: the creation of the new academic programs; establishment of the community clinic including a proposed initial community clinic prior to the start of the new college; identifying community partners for the school/clinic; and providing assistance as needed with the building of a new facility.

The Task Force recommends the New College be established for Fall 2023 and the new academic programs be established and running by Fall 2024. The Task Force recommends the community clinic be phased into operation with a Pilot Clinic starting in Spring 2023 followed by the formal Community Clinic in Spring 2024.

Establishment of New Academic Programs

Please refer to Charge #1.

Establishment of the Community Clinic

The establishment of the community clinic is expected to take place in three phases. The first phase will be a pilot using “pop-up” clinics on campus to build upon the community relationships our Departments currently have but also to assess the services our programs may offer here, physically at CCSU. The second phase will be the remodeling of Nicholas Copernicus Hall to house a 5,500 sq/ft

formal clinic. The third phase will be the construction of a 60,000 sq/ft New College building that will house a 15,000 sq/ft flagship clinic.

Phase 1 – Pilot Clinic **Spring 2023 and ongoing as necessary**

In the last eight weeks of the Spring 2023 semester, several “pop-up” clinics will be offered to the public on campus. The purpose of these “pop-ups” is multifold. First, it provides members of the community with free health care screenings and/or access to health care initiatives that our CCSU students and faculty can provide. Second, it allows our departments and students the ability to move some of their community engagement and outreach endeavors onto campus. Third, it provides an initial model for the development of the Community Clinic. Fourth, it will allow an initial assessment of the services/screening being offered by Departments that wish to participate in the Community Clinic. This assessment and others to follow will assist in the development of the direction and vision of the Community Clinic. Departments participating in the Spring 2023 “pop-ups” are Physical Education & Exercise Science, Nursing, and Technology and Engineering Education.

A pilot clinic will be established for the Spring of 2023. It will be assessed in the Summer of 2023 with recommendations for continued operation for AY 2023-24 and the expansion of services and partnerships as new programs begin and student enrollment grows.

Phase 2 - Community Clinic (Copernicus) **Spring 2024**

Once the initial “pop-up” clinics are assessed and services/screenings expanded upon and assessed, the formal Community Clinic will be established. The Community Clinic will be housed initially in Copernicus. The Task Force met with both the Director of Engineering Services and the University Architect to discuss proposed plans for the renovation of a space in Copernicus. Task Force members provided feedback and suggestions in terms of design, needs, and feasibility of the proposed space. This area may be available for the pilot clinics and the formal clinic as early as Fall 2023.

The formal Community Clinic will:

- Provide free health care services to the Greater New Britain community;
- Foster stronger bonds with members of New Britain and surrounding communities, enriching their lives and the lives of our students, staff, and faculty;
- Be the first at a public university in Connecticut with an on-campus site to address social inequalities and health care disparities.
- Embed new and enhanced experiential learning opportunities in the academic curriculum. This hands-on experience will also provide cultural competency and advocacy for health care empowering students to become change agents in the transformation of rehabilitation services, focused learning opportunity for our students, and addressing the needs of underserved populations.

Drawing upon CCSU’s experience providing screening and services, we additionally anticipate being able to provide the following:

- Athletic Training – posture assessments, therapeutic rehab; eventually working with Physical Therapy students once the new program is finalized;
- Exercise Science – general health assessments, height and weight, BP, PO2, fitness assessments, fitness program development, BMI;

- Nursing – general health assessments, depression screenings, foot care, blood glucose, DM screenings, cholesterol/heart health; depression and anxiety screenings;
- Clinical Professional Counseling and Family Therapy - behavioral health interviews such as depression and anxiety screenings, make referrals to mental health professionals in community;
- Social Work (undergraduate) - provide follow up with patients and help coordinate referrals to other providers in community; (food banks, housing, medical referrals)

We are also exploring future partnerships with the Community Colleges and healthcare partners who provide mobile clinics in the areas such as dental hygiene.

Phase 3 - Flagship Clinic (60,000 sq/ft New College building including Flagship Clinic – Capital campaign pending)

TBD

The Task Force was provided with the preliminary draft plans for a new building to house both the New College and Flagship Clinic. The Task Force informally discussed these plans and is recommending the Departments being housed in the New College have input in the design/needs of the new building as they come to fruition. As the preliminary draft plans stand, the New Building will:

- 1) House both the college and clinic;
- 2) Provide sufficient space for collaboration between programs to strengthen interdisciplinary partnerships;
- 3) Create a new and welcoming bilingual entry point on campus strategically located near the existing Connecticut local and CT Fastrack busway;
- 4) Provide leading-edge equipment and labs to students and faculty;
- 5) Create an environment for faculty to teach next generation students on campus and host workshops and lectures for the local and worldwide communities.

The 15,000 sq/ft Flagship Clinic refers to the physical space that the clinic will occupy once the construction of the new building housing the College of Health and Rehabilitation Sciences is completed. The first floor of this structure will be dedicated to the community clinic. The larger space will allow us to build upon the existing screenings/services, will include:

- Doctor of Physical Therapy – Physical Therapy evaluations and treatment;
- Athletic Training – Work closely with PT students and the rehabilitation services for the community;
- Exercise Science – More in-depth assessments with bike, step, treadmill; more in-depth fitness programs/classes depending on equipment in new clinic;
- Expanded clinical training space for behavioral health for larger groups and family therapy activities.

Charge # 4

Recommend the mix of academic programs to be housed within the College, or to be associated with the College.

A. Programs/Departments *Housed* in New College

The Task Force considered a mixture of academic programs related to health and rehabilitation science in terms of being housed in the New College. The recommendations are being made with an understanding that all programs housed in the New College will be affiliates of it. Affiliates will be departments/programs housed in the New College that directly contribute to the mission of the University and the New College. Each will be able to participate in all the discussions and decision making afforded to all the disciplines in the New College as well as provide a direct link to its dean through their department chairs. In addition, the departments will have autonomy over their budget, policies, and priorities as each sees fit.

The following programs/departments were discussed: Nursing, Social Work, Physical Education and Human Performance, Biology/Doctor of Nurse Anesthesia Program (DNAP), and Counseling.

The Task Force is making the following recommendations:

1. Nursing

The Task Force recommends Nursing be housed with the New College.

Nursing is an integral profession within health sciences. Having Nursing in the New College is vital to its success. It was agreed that without nursing, the College of Health and Rehabilitation Sciences would not exist.

There are multiple benefits to housing Nursing in the New College. Nurses comprise almost half the world's health care workforce and are responsible for approximately 80% of "hands-on" care.³⁰ Nursing is vital to establishing an interprofessional collaboration in our health care programs at CCSU. The New College will help to increase the inter-professional education experiences and activities for nursing students and students in other programs that focus on aspects of health and health care. The Nursing Program has had and will continue to build extensive experience in the integration of simulation and will be able to provide significant support and guidance when other programs begin to integrate it in their curriculum.

In addition, this will provide an opportunity for the Nursing Department members to be involved in and support the recognition and incorporation of the social determinants of health across the new college and university. It will allow Nursing to build stronger relationships with other programs to be housed in the New College like Social Work. It will also provide an opportunity for collaboration with teaching, creative new clinical learning, and scholarly activities.

The Task Force also recommends that the New College provide the Nursing program with the opportunity and support to expand its graduate program offerings including programs that may be focused on rehabilitation sciences and for nursing roles that will serve the health needs of the state of Connecticut – the need for primary care nurse practitioners become significant by the year 2030.³¹

The Program has expressed concerns about the move to the new college based on the lack of clarity around planning for new programs or expansion of current ones. The Task Force further

³⁰ UHC 2030. *International Council of Nurses: Why nurses are so important to UHC* (2019). <https://www.uhc2030.org/news-and-stories/news/partner-insights/international-council-of-nurses-why-nurses-are-so-important-for-uhc-555297/#~:text=E2%80%9CNurses%20make%20up%20nearly%20half,a%20patient%20will%20ever%20see>. Retrieved March 14, 2023.

³¹ KFF. *Primary Care Health Professional Shortage Area (HPSA's)* (2022). <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. (Retrieved March 2023).

recommends the administration take into consideration the concerns expressed by the Department involving management and resources allocation. (Appendix D)

2. Social Work

The Task Force recommends Social Work be housed in the New College.

When examining the social determinants of health and healthcare, Social Workers play a significant role in addressing people's often complex and intersecting needs.³² Social Workers not only add value to health care teams, but they also improve outcomes for patients, families and communities.³³ The advocacy they provide patients and families is considerable. They assist in the navigation of health systems, coordinate multifaceted care plans, and provide patient psychoeducation on health and wellness while clinical social workers provide mental health evaluations and treatment.³⁴ The addition of the Social Work Department in the New College will enrich the experience of all students in the health sciences as it adds a dimension that the other professions cannot address.

The benefits of housing Social Work in the New College are numerous. This will allow Social Work to collaborate with nursing, exercise science, and athletic training. More specifically, it will further support collaboration in areas such as social and emotional learning and psychological well-being. It will also facilitate Social Work expanding its options for student internships as the Department will be linked to the community clinic. This may allow for the expansion of the Social Work Department in areas such as community practice which, in turn, may increase the contact and collaborative possibilities Social Work will have with the greater New Britain community. (Appendix E)

There are multiple concerns expressed by the Department in regard to being housed in the New College. They are summarized as follows: maintaining the autonomy of the department; the need for additional resources/support when adding an MSW program; consultation with the Department regarding its role in the Community Clinic; ensuring the New College vision will not just focus on medical issues; lastly, the current name being used for the proposed New College does not reflect the role of Social Work as a discipline and practice.

After considering these concerns, the Task Force does recommend that Social Work remain an autonomous Department within the New College with the same privileges and immunities as the other departments to be housed in it. We also recommend that the role of Social Work in the New College be treated as an equal with those programs coming from the Health Sciences, as its role is vital in the healthcare process as described above. We also strongly recommend that the Social Work Department be given resources within the New College to help support the proposed MSW program. Lastly, we recommend the name of the New College be reconsidered to one that is more inclusive of the role Social Work has not only in healthcare, but as a discipline. As such, the Social Work Department suggests the new College be named the College of Health Sciences and Human Services.

³² Lisa de Saxe Zerden MSW, PhD, Brianna M. Lombardi MSW, PhD, and Anne Jones MSW, PhD. (2019). *Social workers in integrated health care: Improving care throughout the life course*, Social Work in Health Care, 58(1), p142-149, at 3.

³³ *Id.* at 4.

³⁴ *Id.* at 5 citing Frasier, et. al. (2018).

The Department presented some additional questions and concerns to the Task Force involving management and resource allocation. The Task Force recommends the Social Work Department's concerns as described in Appendix E be taken into consideration by administration.

3. Physical Education & Human Performance

The Task Force recommends the Department be split. Exercise Science & Athletic Training should be housed in the New College with an association with SEPS. Physical Education and Dance Education should be housed in SEPS and have an association with the New College.

The Department of Physical Education and Human Performance consists of both undergraduate and graduate programs. These include Athletic Training, Exercise Science, Physical Education, and Dance Education.

For students that are focused on human performance, the Department offers undergraduate programs in Exercise Science and Athletic Training. The Exercise Science program prepares students for employment in the fitness industry, corporate wellness, and strength and conditioning. It is also a great preparation for entry into a graduate or professional health care degree program. The Athletic Training program prepares students to become professional athletic trainers or to pursue advanced graduate work in allied health professions.

PEHP Currently has an UG program in Exercise Science and GR Programs in Exercise Science, and Athletic Training which are an integral part of interprofessional health care.³⁵ Exercise science professionals play an important role in areas such as health promotion through physical activity, healthy diet, injury prevention, performance enhancement, and rehabilitation.³⁶ Lack of physical activity is considered a primary risk factor for several adverse health conditions. Some of these are CHD, some cancers, diabetes, obesity, decreased quality of life and premature mortality.³⁷ Physical activity can be used to reduce the risk of premature death and the occurrence of several chronic non-communicable diseases.³⁸ It is highly recommended that Exercise Science professions not only be integrated with interprofessional care but also with interprofessional education.³⁹ Athletic Training is involved with physical & rehabilitative medicine. Athletic Trainers routinely work with other medical professionals as part of their day-to-day practice. As such, the Task Force is recommending Exercise science and Athletic Training be housed in the New College with the other health sciences.

³⁵ Ulrich, *supra* note 4, p3 citing Bull FC, Al-Ansari SS, Biddle S, *et al.* World Health organization 2020

guidelines on physical activity and sedentary behaviour. *Br J Sports Med* 2020;54:1451–62; Cummiskey J, Lollgen H, Zupet P, *et al.* The four “E” pillars of exercise prescription for health: The EFSMA program. *Eur J Sports Med* 2016;4:15–32; Thompson WR, Sallis R, Joy E, *et al.* Exercise is medicine. *Am Jr Lifestyle Med* 2020;14:511–23; and Warburton DER, Bredin SSD. Health benefits of physical activity: a systematic review of current systematic reviews. *Curr Opin Cardiol* 2017;32:541–56.

³⁶ *Id.* at 3.

³⁷ *Id.* at 2 citing Nigg CR, Harmon B. The Sedentariness Epidemic – Demographic Considerations. In: Razon S, Sachs ML, eds. *Applied exercise psychology: the challenging journey from motivation to adherence*. New York, NY: Routledge, 2017: 5–14; Cummiskey J, Lollgen H, Zupet P, *et al.* The four “E” pillars of exercise prescription for health: The EFSMA program. *Eur J Sports Med* 2016;4:15–32.

³⁸ *Id.* citing Bull FC, Al-Ansari SS, Biddle S, *et al.* World Health organization 2020 guidelines on physical activity and sedentary behaviour. *Br J Sports Med* 2020;54:1451–62.; Warburton DER, Bredin SSD. Health benefits of physical activity: a systematic review of current systematic reviews. *Curr Opin Cardiol* 2017;32:541–56.

³⁹ *Id.* at 2.

The Task Force is NOT recommending Physical Education and Dance Education be housed in the New College. Instead, it is recommending these programs remain in the School of Education and Professional Studies (SEPS) and be its own department.

For undergraduate students interested in becoming Physical Education teachers, the Department offers an undergraduate degree program and a graduate certificate program. Students who successfully complete these programs are eligible for teacher certification by the State of Connecticut. In addition, there are two master's level programs in Physical Education, one specializing in Exercise Science and the other with a Specialization in Teaching Physical Education for already certified teachers. The Department also offers two undergraduate degrees in Dance Education, which develops students' knowledge, skills, and dispositions needed for pre-K through 12 teaching. This degree path leads to teacher certification. Dance Entrepreneurship is for students pursuing business-based dance careers such as owning/operating their own dance studio. Because these programs are primarily preparing our students for teaching, the Task Force is recommending they stay in the School of Education and Professional Studies as its own department.

There are multiple advantages for Physical Education and Dance Education to remain in SEPS. Being housed within SEPS, Physical Education and Dance Education will have a direct connection with the University's education programs. This affiliation will empower them to participate in all the discussions and decision making afforded to the other programs in SEPS. In addition, they will have autonomy over their budget, policies, and priorities as they would only relate to Physical Education and Dance Education. (Appendix F)

As a standalone department, the Task Force is recommending the administration consider the concerns presented by Physical Education and Dance Education and create a mechanism/scheme/process that will ease the burdens presented (i.e., interdepartmental DEC's, committee sharing/representation, etc.). In addition, it is recommended that the Dean of SEPS have a more active role in working with Physical Education and Dance Education as it relates to facilities and facility management with Athletics.

4. Biology/DNAP

The Task Force recommends the Department be split. Biology should remain in the School of Engineering, Science, and Technology (SEST) with an association with the New College. The Doctor of Nurse Anesthesia Program (DNAP) should be housed in the New College as its own department and have an association with SEST.

The Department of Biology provides both undergraduate and graduate students from a variety of disciplines. These include General Biology; Ecology, Biodiversity, and Evolutionary Biology; Human Biology; Environmental Science; Wildlife and Conservation Biology; Health Sciences, and Global Sustainability. As can be noted, the Department is much greater than a Biology-Health Sciences Department even with many of their courses and some of its tracks being health science based. As such the Task Force agrees with the Department of Biology that it remain in SEST and have an association with the New College. (Appendix G).

The Task Force is recommending the DNAP program be housed in the New College. As discussed previously, the New College will serve as a model for interprofessional education in health care. By moving the DNAP program to the New College, it will help solidify the relationship between

DNAP and the other health sciences. Including DNAP in the New College will empower the program to participate in all the discussions and decision-making afforded to the other programs in the New College and provide a direct link to its Dean. In addition, DNAP will have autonomy over its budget, policies, and priorities as it would not be associated with any other major/department.

There are other advantages of DNAP being housed in the New College. Some of these are that it will align DNAP with other health science programs, pair other healthcare programs for research and practice-based student projects, provide a collaboration with other clinical based programs to purchase medical equipment, allow for resource sharing as well as inter and intra professional collaboration with other health care discipline faculty members for curriculum, teaching, research, and grants. Please see Appendix G for more advantages as presented by the DNAP program.

The Doctor of Nurse Anesthesia Practice program also specifies the need to hire full-time clinical faculty. DNAP is a non-traditional university program that relies heavily on anesthesia-specific academic and clinical expertise. This requirement dictates the need for practicing Nurse Anesthetists to become full-time faculty with clinical obligations. Clinical faculty is crucial to the success of the program.

DNAP also expressed some concerns regarding being housed in the New College. These concerns are similar to that of Physical Education and Dance Education as they relate to becoming a stand-alone department. Prior to making the recommendation for DNAP to split from Biology, the Task Force considered the points/concerns DNAP presented for review. (Appendix G) Most of the disadvantages presented involve the burden on the current full-time faculty in terms of DEC & University commitments.

As a standalone department, the Task Force is making similar recommendations for DNAP as it did for Physical Education and Dance Education in SEPS. We ask that the administration consider the concerns presented by DNAP and create a mechanism/scheme/process that will ease the burdens presented (i.e., interdepartmental DEC's, committee sharing/representation, etc.) for DNAP.

5. Counselor Education and Family Therapy

The Task Force recommends the Department of Counselor Education and Family Therapy be housed in the New College.

Prior to making the above recommendation, the Task Force reviewed the Department of Counselor Education and Family Therapy statement regarding advantages and disadvantages of being housed in the New College. (Appendix H) During the deliberation process, the Department requested additional time to reconsider their initial decision. After further discussion the Department unanimously voted to join the New College. The Task Force supports the will of the Department.

The Department of Counselor Education and Family Therapy offers a variety of academic programs. Some of these emphasize mental health counseling and the others, educational counseling. The programs offered are all at the graduate level. The MS programs are Clinical Professional Counseling, School Counseling, Counselor Education: Student Development in Higher Education, and Marriage & Family Therapy. The Department also offers a certificate program in Professional Counseling.

Three out of the five programs offered by the Department involve aspects of mental health and dealing with trauma. The Clinical Professional Counseling MS specifically prepares students for the clinical professional counseling field in areas of clinical mental health, clinical rehabilitation, addictions recovery, and gerontology. The Marriage & Family Therapy MS incorporates the evidence-based systemic trauma model & Internal Family Systems, it promotes culturally informed and respectful systemic mental health practice and promotes leadership in Marriage & Family Therapy. Furthermore, The Professional Counseling Advanced Official Certificate Program (AOCP) is designed for practicing counselors and clinicians who hold a master's degree in Counseling, Marriage & Family Therapy, Psychology, or Social Work and are preparing for state licensure as a Professional Counselor through the State of Connecticut Department of Public Health or national Certification as a Rehabilitation Counselor (CRC). The two remaining programs focus on educational counseling. These are the MS in School Counseling and the MS in Counselor Education: Student Development in Higher Education.

The Department wishes to join the New College. By joining, the New College will have a mental health component affiliation within it. As the program grows, The Task Force recommends the Department be able to expand its capacity to have training facilities specifically designed to accommodate preparation of counselors and therapists for group and family treatment in addition to individual counseling and treatment. The clinical training of department students within a training facility will require the addition of clinical faculty. As with other clinical training programs (i.e., Nursing, PT, DNAP), the necessity of clinical faculty for training and clinical supervision is crucial.

Addition of Clinical Faculty:

The Task Force is highly recommending the administration and AAUP to allow for clinical faculty in the New College for the programs, including but not limited to the DNAP and Nursing programs. The employment of full-time Clinical Faculty in multiple types of Health Science programs has increased in both public and private institutions across Connecticut over the last decade. Clinical faculty will be critical to the growth and success of the new college and the programs (both current and future ones).

The addition of full-time clinical faculty will address the challenges of retention that currently exists with the adjunct clinical faculty model. Retention promotes consistency of teaching and evaluation of students. Students benefit from clinical faculty who are well versed in the program outcomes and curriculum, which promotes building connections between the classroom and practice responsibilities and care provided in the clinical setting.⁴⁰

B. Programs/Departments to be *Associated* with New College

The Task Force believes there is an abundance of associations within the University that may be established with the New College. Health outcomes are often impacted by non-medical factors known as the Social Determinants of Health.⁴¹ Examples of these include Safe housing, transportation, and

⁴⁰ Joanne S. Carlson (2015). *Factors Influencing Retention Among Part-Time Clinical Nursing Faculty*, Nursing Education Perspectives NY, 36 (1), p 42-45.

⁴¹ CDC - NCHHSTP Social Determinants of Health
[https://www.cdc.gov/nchhstp/socialdeterminants/index.html#:~:text=Social%20determinants%20of%20health%20\(SDOH,the%20conditions%20of%20daily%20life.\)](https://www.cdc.gov/nchhstp/socialdeterminants/index.html#:~:text=Social%20determinants%20of%20health%20(SDOH,the%20conditions%20of%20daily%20life.)) (Retrieved March 14, 2023).

neighborhoods; Racism, discrimination, and violence; inclusion of disability and chronic health conditions including mental health, education, job opportunities, and income; access to nutritious foods and physical activity opportunities; polluted air and water; and language and literacy skills.⁴² These examples and other factors create and contribute to health disparities and inequities that the New College and community clinic are trying to address.

Multiple programs/departments across campus have expressed an interest in being associated with the New College. Members of the Task Force met with them in either the Spring of 2022 or Fall 2023. Some departments/programs submitted memorandums for the Task Force to consider in support of their desired association. Those are attached as appendix.

The Task Force recommends that all programs and/or departments that want to be associated with the new college be welcomed whether expressed already or in the future. Relationships between those programs/departments will need to be defined by the Deans of the respective schools and all the programs/departments involved in the desired association. The programs/departments below have already expressed an interest are:

- 1) Biology (Appendix G)
- 2) Communication (Appendix I)
- 3) Criminology & Criminal Justice (Appendix J)
- 4) Economics (Appendix K)
- 5) Engineering
- 6) Geography (Appendix L)
- 7) Gerontology (Appendix M)
- 8) Journalism
- 9) Physical Education (Appendix F)
- 10) Psychological Sciences
- 11) Technology & Engineering Education
- 12) World Languages, Literatures and Cultures (Appendix N)

C. Task Force recommends administration consider the following names for the new college:

1. College of Health Sciences and Human Services;
2. College of Health Sciences, Rehabilitation, and Human Services;
3. College of Health Sciences, Human Services, and Rehabilitation;
4. College of Health, Rehabilitation Sciences and Human Services.

Respectfully submitted,

The Task Force for the New College of Health and Rehabilitation Science

⁴² Social Determinants of Health, U.S. Department of Health and Human Resources - <https://health.gov/healthypeople/priority-areas/social-determinants-health>. (Retrieved March 14, 2023).

Appendix A

Meeting Dates – New College & Community Clinic

September 8, 2021	President's Opening Meeting – Introduction of New College & Community Clinic; Proposed Treatment Plan shared with Campus Community
November 11, 2021	Campus Open Forum – Task Force Announced; Campus Questions Fielded
January 28, 2022	Task Force initial meeting
February 23, 2022	Task Force meeting
February 28, 2022	Faculty Senate
March 24, 2022	Task Force meeting
April 13, 2022	Engineering: Discussed certificate in rehabilitation sciences
April 27, 2022	Task Force meeting
May 2, 2022	Faculty Senate
May 13, 2022	Task Force meeting on Community Clinic
May 13, 2022	Task Force meeting – new school
June 8, 2022	President's working group update
June 22, 2022	Meeting with Provost – update DPT
June 23, 2022	Walk through of NC space for proposed clinic
June 29, 2022	Department of Biology/DNAP: Discussion on DNAP role in new school
July 8, 2022	Meeting with Office of Policy and Management, Department of Health, Office of Health Strategy
July 8, 2022	Meeting with University Counsel – update and presented questions posed to Task Force
July 13, 2022	Meeting with Chair Nursing: Role in Community Clinic.
July 14, 2022	President's working group update
July 22, 2022	Meeting with Chair Physical Education & Human Performance: Role in Community Clinic
July 27, 2022	Meeting with Community Clinic Advisory Board
August 1, 2022	President's working group update
August 1, 2022	Meeting with Provost – update on fall meetings
August 2, 2022	Task Force meeting
August 8, 2022	Department of Communication Chair: Discussion on COMM helping with CC
August 10, 2022	Meeting with Institutional Advancement (Matt R.)
August 17, 2022	President's working group: Fall objectives for school & CC
August 24, 2022	Department of Communication: Research for GA
September 1, 2022	President's working group update
September 7, 2022	Task Force meeting
September 12, 2022	President's working group update
September 12, 2023	Faculty Senate
September 12, 2022	Gerontology representatives: Discussed affiliation with new school across all curriculums and community clinic
September 14, 2022	Task Force update to Provost: COMM research
September 14, 2022	Department of Communication: Community clinic outreach
September 19, 2022	Task Force meeting with Department of Physical Education & Human Performance: Gathered information on what the department believes pros/cons of it or programs being housed/affiliated with new

	school
September 24, 2022	Task Force update to Provost
September 24, 2022	Department of Communication: Discussed assistance with outreach to community for community clinic
September 26, 2022	President's working group update
September 26, 2022	Dept. of Technology & Engineering Education: Discussion regarding community clinic & Go Baby Go program; working with DPT in future; possible affiliation with new school
October 3, 2022	Department of Communication: Follow up on community outreach.
October 6, 2022	Department of Psychological Sciences: Possible affiliation with new school with MA in Health Psychology; Discussion on MA in Health Psychology internships with Community Clinic
October 10, 2022	President's working group update
October 12, 2022	Department of World Languages, Literatures, and Cultures: Discussion on affiliation with new school and development of certificate in Spanish for Health Care Professionals. Also discussed use of heritage students in community clinic or work for the community clinic
October 12, 2022	Task Force meeting with Biology/DNAP: Gathered information on what the department believes pros/cons of DNAP being housed/affiliated with new school
October 14, 2022	Department of Communication: Meeting with Dr. Ben Tyson, Grad. Course to help with needs assessment SP23
October 14, 2022	Dept. of Technology & Engineering Education: Further discussion regarding community clinic & Go Baby Go program; working with DPT in future; possible affiliation with new school. Distinction from Sept. 26 th meeting, Lisa McMahon joined to discuss DPT program working with Tech. & Eng. Ed.
October 19, 2022	Meeting with AVP for Community Engagement and Experiential Learning: Discussed programs that may have this option as part of new school/CC
October 19, 2022	Task Force meeting with Department of Nursing: Gathered information on what the department believes pros/cons of Nursing being housed/affiliated with new school.
October 24, 2022	President's working group update
October 24, 2022	Department of Communication: Discussion of use graduate course to conduct further needs assessment/community and accessibility/hinderances to clinic
October 26, 2022	Task Force meeting with Department of Counselor Education & Marriage and Family Counseling: Gathered information on what the department believes pros/cons of Counseling being housed/affiliated with new school
October 27, 2022	CTEN – Central Teachers Education Network: Discussed new school and concern of potential School of Ed. programs being absorbed by other schools
October 28, 2022	Chair of Engineering – Discussion on proposed Rehabilitation Engineering Certificate continued
October 28, 2022	Chair of Physical Education and Human Performance: Discussed spring '23 clinic and pilot "tents" and student participation
November 7, 2022	President's working group update
November 9, 2022	Task Force meeting
November 9, 2022	Meeting – nursing
November 9, 2022	Meeting – University Counsel
November 11, 2022	Meeting with Provost for update and pilot CC MD Emergency Hire

November 11, 2022	Meeting with Economics, Health Economics Certificate (w/POLS)
November 21, 2022	President's working group update
November 28, 2022	Task Force meeting with Gerontology
November 28, 2022	Dinner with candidate for ER hire – pilot clinic
November 29, 2022	6 separate meetings – candidate for ER hire – pilot clinic (TASK FORCE, PEHS -ENG – TECH ENG ED, CNSL-SW-GER, NURSE- DNAP, Dr. Merenstein)
November 30, 2022	Meeting with Faculty Senate President – Fred Latour
December 2, 2022	Department of Technology & Engineering Education – Go Baby Go, Manchester High School
December 5, 2022	Department of Sociology
December 5, 2022	Faculty Senate
December 6, 2022	CLASS meeting
December 7, 2022	Task Force meeting
December 13, 2022	Department of Social Work
January 25, 2023	Task Force meeting
February 10, 2023	Department of Technology & Engineering Education – Go Baby Go- spring event(s)
February 10, 2023	Task Force meeting
February 13, 2023	Faculty Senate
February 22, 2023	Meeting with Exercise Science/Athletic Training - Clinic pilot spring event
February 23, 2023	Task Force meeting
February 27, 2023	Community Clinic meeting – Medical Director
March 8 th , 2023	Task Force
March 20, 2023	Meeting with Nursing – Clinic pilot spring event
March 21, 2023	Community Clinic meeting – Medical Director
March 23, 2023	Task Force
March 28, 2023	Community Clinic meeting – Medical Director
April 3, 2023	President's working group update
April 5, 2023	Task Force meeting
April 10, 2023	Meeting with Exercise Science/Athletic Training - Clinic pilot spring event
April 17, 2023	President's working group update
April 17, 2023	Faculty Senate
April 19, 2023	Task Force Meeting
May 1, 2023	President's working group update
May 1, 2023	Faculty Senate
TBD – May, 2023	Task Force Meeting

Appendix B

Strategic Plan 2030: Changing Lives, Building Communities; Central to Connecticut renews CCSU's mission as the state's oldest publicly funded institution of higher education. It ensures that a strong liberal arts foundation serves as the underpinnings of a CCSU education. Building on this foundation of high impact practices and community engagement, CCSU will educate career-ready graduates who are well-informed, civic-minded citizens who are prepared to contribute to the needs of our increasingly diverse society.

The plan also presents a new vision for advancing social mobility while driving economic, cultural, and intellectual vitality within the communities we serve. It also functions as a dynamic planning strategy as we strive to become an agile institution of higher education able to adapt to changing trends and emerging opportunities.

With a solid base provided by the work groups and thoughtful input from the University Planning & Budget Committee (UPBC), the SPSC has put forth a remarkable plan. At the very center of it are five goals, and they are:

1. Enhancing academic excellence and preparing graduates who thrive in a changing economy;
2. Increasing access to higher education and ensuring student success;
3. Fostering an inclusive and safe campus culture that values and encourages individuals to participate in a free and respectful exchange of ideas;
4. Strengthening stewardship by advancing scholarship, service learning, and community meant for the public good; and
5. Assuring financial sustainability for the future.

In addition to mapping the specific objectives required to successfully achieve each goal, the SPSC also developed an Action Plan that identifies key activities needed to meet each goal and objective, along with a financial model that identifies areas of potential revenue generation and strategic investment of resources.

Faculty Senate approved the plan on February 10th, 2020.

The Board of Regents approved the new Vision Statement on April 16th, 2020.

Appendix C

New College Task Force (College of Health & Rehabilitation Sciences) CHARGE

Introduction & Background

In 2020, CCSU adopted **Strategic Plan 2030: Changing Lives, Building Communities; Central to Connecticut**. This plan renews CCSU's mission as the state's oldest publicly funded institution of higher education. It ensures that a strong liberal arts foundation serves as the underpinnings of a CCSU education. Building on this foundation of high impact practices and community engagement, CCSU will educate career-ready graduates who are well-informed, civic-minded citizens who are prepared to contribute to the needs of our increasingly diverse society.

The plan also presents a new vision for advancing social mobility while driving economic, cultural, and intellectual vitality within the communities we serve. It also functions as a dynamic planning strategy as we strive to become an agile institution of higher education able to adapt to changing trends and emerging opportunities.

With a solid base provided by the work groups and thoughtful input from the University Planning & Budget Committee (UPBC), the Strategic Plan Steering Committee (SPSC) has put forth a remarkable plan. At the very center of it are five goals, and they are:

2. Enhancing academic excellence and preparing graduates who thrive in a changing economy;
3. Increasing access to higher education and ensuring student success;
4. Fostering an inclusive and safe campus culture that values and encourages individuals to participate in a free and respectful exchange of ideas;
5. Strengthening stewardship by advancing scholarship, service learning, and community meant for the public good; and
6. Assuring financial sustainability for the future.

CCSU has built upon a simple strategy to create our signature approach, which balances academic success with community need by applying higher education to pay it forward so that others might be empowered, too.

Since our founding more than 170 years ago, we have educated thousands of students who have become leaders in their field to the benefit of the state of Connecticut and its people.

The spirit of equity still guides us, and now we want to expand its impact in our communities in a way that addresses inequalities in health care for the people who need it most.

We propose a treatment plan to take our community engagement to the next level by:

- Establishing a College of Health & Rehabilitation Sciences opens a free community clinic within the college to provide free health care services to our students and the Greater New Britain community
- Embed new and enhanced experiential learning opportunities in the curriculum. This hands-on experience will also provide cultural competency and advocacy for health care empowering students to become change agents in the transformation of rehabilitation services

- Construct a four-story building to house the college and clinic

Task Force Charge

In order to achieve the above goals, a Task Force for the College of Health & Rehabilitation Sciences was established on November 4th, 2021. The Task Force was charged with the following objectives:

- 5. Assisting with the creation of three new academic programs: Doctor of Physical Therapy (DPT), Master of Social Work (MSW), and a Rehabilitation Engineering certificate;**
- 6. Contributing to potential partnerships/collaborations within the community to assist in the establishment of the new school and community clinic.**
- 7. Developing a Timeline for the establishment of the new college including, but not limited to: the creation of the new academic programs; establishment of the community clinic including a proposed initial community clinic prior to the start of the new college; identifying community partners for the school/clinic; and providing assistance as needed with the building of a new facility.**
- 8. Recommend the mix of academic programs to be housed within the College, or to be associated with the College.**

The Task Force will begin its work in January 2022.

Appendix D



Department of Nursing

To: Kathleen Bantley Chair of Taskforce and Task Force Members

From: Catherine Thomas Department Chair on behalf of Department members

Overview of Department Perspectives of the Impact of Transition to New College

The Department full-time AAUP faculty and the SUOAF Clinical Placement Coordinator and Laboratory Learning have all contributed to this overview. Comprising this list of both pros and cons has been a challenge as there still are many unknowns related to many of the planning/logistical aspects of the new college.

Examples of unanswered questions:

Will we be an affiliated program or not?

How will this move support/impact the Department any differently than being in SEPS?

Will this provide the Department with opportunities to develop additional programs and tracks? Why were no additional nursing programs/tracks included in the initial 5-year plan that was developed for the college?

Will this provide the Department with an opportunity to forge a relationship with the DNAP program that is mutually beneficial?

Pros:

- Increase opportunities for Inter-professional education experiences/activities for nursing students and students from other Department/majors – especially ones with a focus on aspects of health/health care.
- Opportunity for nursing department members to be involved in and support the recognition and incorporation of the social determinants of health across the new college and university.
- Opportunity to forge a stronger relationship with the Social Work and Counseling Departments which hopefully will result in collaboration with teaching opportunities, creative new clinical learning, scholarly activities: research, grant funding, etc.
- Opportunity (hopefully) to expand the graduate program offerings to ones we currently have which could be anchored around rehabilitation sciences – there are several APRN tracks as well as options for post-master's certificates that could be developed – with the community

clinic serving as an integral part of clinical rotations for the enrolled students, which in turn would benefit clinic patients/families.

- We hope that being part of the new college will expand opportunities to collaborate across Departments for expanded inter-disciplinary community engagement.
- We hope that the new college will allow for an opportunity for the Department to contribute and collaborate around social and emotional learning needs/issues - to date the Department has not been able to serve on that committee (requests were sent).

Cons:

- How will the university and college administration view what/how the nursing department can contribute to the achievement of the mission & values of the college? How will the university and college administration understand our contributions to both components – health and rehabilitative services?
- Unanswered questions related to the structure of the new college – will the Department have representation in the Dean's office? If there is representation – will that person be required to have in-depth current knowledge of the nursing profession and/or the health care system?
- How will the construction of the new building impact the future Department infrastructure needs that related to educational equipment, technology and supplies? Will the Department become a lower priority related to the need to build rehabilitative science program labs?
- With the current plan of not having the Nursing Department housed within the new building is problematic – while our current expanded space is an improvement from our original location, it still has significant limitations (no storage, lack of sinks in simulation rooms, no medical air or suction, etc.). The physical disconnect will significantly impact the ability to connect/collaborate with other departments in college, and with any participation in clinic.
- Why is there not a plan to have centralized simulation space that would meet the needs of more than one department? It could be created to be inter-disciplinary in design and scope. Many other colleges/universities have this design, and it works well.

Appendix E

To: Taskforce for the New College

From: Department of Social Work

RE: Pro & Cons regarding Social Work merging to the “New College”

The following list was comprised by the full-time faculty as well as the field education coordinator opinions on their vision both positive and challenges for our program merging to the new college. I will begin with the Pros and then Cons as stated by each faculty (unedited) and by the consensus that “Well, this is not so easy to do since there are a lot of unknowns.”:

Pros:

- It will allow us to collaborate with department with similar mindset, like nursing and family therapy.
- We can collaborate in issues like social and emotional learning.
- It will look like multiple departments in other universities where social work exists, the pairing with nursing is very common.
- It will link us with the community clinic, which could allow the expansion of area like community practice and increase the contact and collaboration with the community.
- Could help us expand options for some of our students to have internships.
- It seems that the potential of an MSW program is, or has become, tied to this restructuring, so that's a good thing.
- It will consolidate departments comprised of health and human service providers, so it will bring social work out of the shadow of the education departments, and may provide more resources for us, as well as opportunities for collaboration.
- SW dept. would be with a school more focused on social service/sciences/health
- SW dept. would be able to be integral part in designing/implementing the new clinic
- It will provide us the opportunity to practice our profession which is to serve those who are most vulnerable and meet them where they are!
- It has the potential to make this an integrative care system for the clients we would serve given the interdisciplinary collaborations among departments.
- It would be an asset for recruitment of students who are interested in medical & behavioral health as the clinic can potentially be a field internship option for our students if adequately staffed by qualified faculty.

Cons:

- As discussed previously, there is a concern about our department having less autonomy in making decisions over the range of priorities associated with our profession.

- I don't like the name having rehabilitation services. I think is limiting the scope of what social work other departments can do.
- The scope of the community clinic needs to expand besides those of health and nursing. Mental health services need to increase and be open daily.
- We need to have an open vision. Social work is adaptable, but we also have specific competencies that we need to meet, which we need to consider when incorporating us to the new department.
- As we expand into an MSW, the needs of an MSW need to be considered into the development of a new school or college.
- SW dept. needs to be seen as its own entity within the school
- SW dept. needs to be consulted on the clinic and how SW dept. would play a role
- The proposed Name of the school must go. It makes it sound like a medical school.
- Because there is no physical building here is my concern: It will be impossible to even attempt to collaborate with the departments because of our work loads. Any collaboration would have to be entirely intentional. For example, I may have an idea. A meeting would have to be set up for some future time and enthusiasm will wane. That doesn't mean that located in the same building is a panacea of collaboration. Our department was in Vance from the day the building open. We were located with the Design program. There were tons of things we worked on together. It was spontaneous and successful. There was a ton of student traffic, and we would mingle with the Communication department. Now we are in Barnard Hall. We were told that our moving over was going to create synergy and so many opportunities... We have never been more isolated. Our neighbors include: a stairwell and elevator, a computer lab where absolutely nothing happens, mechanical closets, data closet, a conference room whose door was open one time (last week) and restrooms and another exit. THERE IS NO TRAFFIC. No one has reached out to us. But we are, to a fault, social workers who adapt.
- The plans for this school are top down. I understand the political, fiscal, marketing aspects of a new school. But I have also been here long enough to see ideas go down the drain. My fear is that nobody understands the social work profession. Starting with the terminology that has been used: clinical. That is such a sliver of what the profession is. Everyone else probably believes that social work is about child welfare and DCF. That is only another sliver. I can see how we intersect and are involved with the other majors who will be in the school. I am certain, however, that those majors do not see how they can fit with us.
- The other issue I have is with equity. Nursing and exercise science are high ticket majors. It cost a lot of money to have those majors because of the equipment that is involved. It will be glaring if we come
- together under one roof. We have been a department that had to rely on hand me downs, ie copy machines. We finally have our own bought and paid for copy machine with all the bells and whistles. CT is always in a perpetual economic crisis. I see cutting corners and scaling down from what we wanted happening. It will all be on the cheap and I feel sad for the community we are to serve.
- Finally, I have lived in New Britain since I transplanted her to be at CCSU. I have an extensive record of working with agencies throughout the city etc. This new school is to serve the New Britain community, and no one has ever asked me anything except for the December meeting with the committee. Unfortunately, no one could tell us much about this new school and we could not comment. Again, I urge the president to talk to our faculty or at the very least talk to me.

- The vision cannot be just primarily medical as the community needs are more than that and can benefit from CCSU meeting those needs.
- When creating programs, we need to be cognizant of who WE are SERVING and not making it about what WE want but what the community needs. Be aware and sensitive when developing programs and must take into consideration (culture, language, ability, socioeconomic status, etc.) the many factors that impact the population we are serving.

Since it was a consensus how we felt about the name, we decided to offer one idea for naming the school :Department of Health and Human Services (or Social Services).

DRAFT

Appendix F

To: Taskforce for the New College
From: Department of Physical Education & Human Performance
RE: Pro & Cons regarding Social Work merging to the “New College”


PEHP may need to split once the “New College” is established. Pro’s and Con’s for 3 scenarios are below.

I. PEHP moves to new college intact.

Pros:

- A bigger department will have more resources (finances and personnel).
- Low enrolment programs in the department supported by programs with a larger enrolment.
- Some EXS faculty are teaching PE classes so collaboration can be streamlined if staying in the same department.
- Communication with common issues is easily maintained (e.g. , collaborations where the program overlaps (sciences), shared equipment (e.g. FMS, fitness equipment), etc.)
- Bigger department means more faculty to cover committees, accreditation reports, etc., possibly more influence on campus
- Perhaps and increased access to technology that can be used for PE/DAN
- Our disciplines are connected across course content
- Larger department sometimes helps when decisions are being made, funding etc.

Cons:

- 
- PE and Dance will be "far" away from other Educational programs and may not be "in the loop" of things.
 - PE and Dance may be "marginalized" by health programs in the new college.
 - Everything education (e.g. placement of students in fieldwork, student teaching, representation at CTEN, Dean with vested interest, etc.)
 - If the department name changes, it may be difficult for prospective students to locate the major/program
 - If housed in two different buildings, will the pro of good communication etc. still exist?
 - Can't hire someone who has responsibilities in two departments? or if can, who do they report to?

II. EXS/AT move to new college; PE/DAN remain in SEPS as their own department

Pros:

- PE and Dance will be "near" to other Educational programs and may be "in the loop" of things.
- New leadership positions can be created with new departments.
- Less classes to share space within Kaiser classroom hallway.
- More space in Kaiser for lounge for students, offices, equipment storage.
- Can have own candidate for awards that are limited to one per department

- Stay aligned with all things education
- Department meetings focus on PE/DAN issues only (not sure this is good as being aware of other issues is important)
- Autonomy over budget, policies, priorities

Cons:

- A smaller department will have less resources (finances and personnel).
- Low enrolment down the road may cause the closure of certain programs.
- In talking with administrators from other universities at conferences, there were instances where PE and EXS programs were split up, and the programs "regretted" their decisions down the road.
- If PE/DAN only has to cover all the committees we currently have, it's a lot of work on 4 people. This is especially taxing with a DEC review.
- With only 5 in PE/DAN program, it's 5 against the entire Athletic Dept. We already have little to no power against them. Safety in numbers.
- Potentially less budget, limited opportunities to share costs across programs
- No built-in collaboration with related programs - different perspectives are good
- Small department creates hardships for covering committee work, administrative work, DEC, recruitment and retention efforts
- Not sure how the graduate program would fit into all this
- Lose some bargaining power with athletics
- TOO MANY UNKNOWN TO SUPPORT EITHER SCENARIO 2 or 3
- Maybe grouped with another department that does not know our discipline or specific needs
- Reduced funding for equipment potentially
- DEC process maybe challenging if other faculty members who are not PE/DANCE folks are allowed to review production
- The marketing of the PE program is already at an inadequate level-could get worse if we have an unsupportive Dept. Chair.

III. EXS/AT move to new college; PE/DAN get merged with another Ed dept in SEPS

Pros:

- Merging with another department creates a bigger department, hence will have more resources than a smaller department
- Bigger numbers in department - easier to cover committees, possibly more influence on campus etc.
- Be aligned with all things education, but not with strongly related programs

Cons:

- Differences in subject areas make the merge with another education program "unnatural".
- Limited similarities which will emerge as issues for budgeting, program priorities, etc.
- If represent a small portion of another department, easily outvoted
- Would likely be housed in different locations and if not, PE/DAN would have offices in buildings away from where they teach
- We are PK-12 so housing with elementary ed or secondary ed doesn't make sense

- Housing with other PK-12 programs (music, art, teach ed) would again make for little in common except for age range.
- Lose some bargaining power with athletics
- No autonomy over budget

Unanswered questions

- Can faculty teach a course housed in one dept that is required in a major housed in another dept (example – EXS 407 is taught by Dr Harackiewicz (EXS faculty) but EXS 407 is only a requirement for PE majors.
- Anatomy & Physiology are required by all majors currently in PEHP
- If a faculty member is allowed to teach courses for majors in 2 depts, who does that faculty member report/belong to?

Appendix G

Points Regarding Biology Department affiliation with a new College of Health and Rehabilitation Sciences

The Biology department thanks the Task Force for the new College of Health and Rehabilitation Sciences for inviting our expression of interest in affiliation with the new college. This response begins with a general statement from the Biology Department and follows with a more specific detailed response concerning the DNAP program and the Biology faculty that teach and administer that program.

The degree programs provided to both undergraduate and graduate students by the Biology Department include concentrations ranging across a variety of disciplines including: General Biology; Ecology, Biodiversity, and Evolutionary Biology; Human Biology; Environmental Science; Wildlife and Conservation Biology; Health Sciences, and Global Sustainability. The courses offered by the department and the faculty that teach those courses represent a wide range of biological expertise. This is the core strength of the CCSU Biology Department, in that our students have an opportunity to gain a broad solely kinntoewrelsetdegde i no ft hbeil ohleoagythh a sncdi enacvees aavnadi lraebllaet ead warideaes v. ariety of opportunities in training for future career

decisions. We are not simply a Biology-Health Sciences department, nor are the students we teach. The Biology Department has an enviable track record of high enrollment. We believe this is due in large part to the diversity of opportunities we offer in the broad field of the biological sciences. We are not interested in becoming a part of a College of Health and Rehabilitation Sciences. Being part of such a school would obscure the broad course and degree programs that we offer and make it extremely difficult and confusing for prospective student to find these courses and programs. We are quite happy to remain in a School of Engineering, Science, and Technology. We feel strongly that remaining in SEST best represents our department's programs, courses, and provides greater opportunities for collaboration with other faculty in this school. Having said that, we will continue to offer a variety of courses that can be taken by students enrolled in programs in the potential new College, and we look forward to collaborating with faculty in the new college to develop new courses and research projects.

The Biology Department at CCSU provides critical foundational coursework (both undergraduate and graduate) for numerous programs across campus (see Appendix 2). In fact, our Human Biology track is designed as a pre-med/nursing/clinical sciences track for undergraduates and would naturally feed into some of the Post-Baccalaureate certification and graduate programs which may be offered in the new college, a cooperation we would welcome. Our faculty provide expertise in areas of clinical science and often teach more specialized courses which may be needed by programs in the new college (see Appendix 2).

Following the wave of pandemic-related retirements and given the natural aging of the US population, severe shortages in clinically trained-personnel are expected in the near future (<https://www.mercer.us/content/dam/mercer/assets/content-images/north-america/united-states/us-healthcarenews/us-2021-healthcare-labor-market-whitepaper.pdf>, <https://www.aamc.org/media/54681/download>). The Department of Biology welcomes the opportunity to provide quality foundational coursework in support of the programs in the new college AND to collaborate with departments in the new college to develop new undergraduate, graduate, and certificate programs such as Histotechnology, Medical Laboratory Technology, Phlebotomy, Cytology, Cytogenetics, etc.

In order to establish a strong relationship with the new college, the Biology Department is compelled to emphasize our desperate need for improvements in our facilities. Copernicus Hall is one of the oldest Science buildings in the CSU system and its facilities are outdated and worn to the extent that they are a discouragement to students who might be considering attending CCSU. Multiple studies have indicated the need to replace or at the very least significantly renovate all biology spaces at CCSU. Likewise, there is legitimate concern that the costs of establishing this new college will drain funds needed by the Biology Department to hire new faculty and expand our capabilities to meet the coming demand.

The full-time faculty teaching and administering the Doctor of Nurse Anesthesia (DNAP) Program and the hospital program directors from Integrated Anesthesia Associates' Nurse Anesthesia Program and Yale New Haven Hospital School of Nurse Anesthesia collectively prepared the following highlights of the pros and cons of separating from the Biology Department and moving into the new college. The consensus is that the new college should exist as an overall administrative structure for all healthcare programs and disciplines. The creation of a health-related college enables the establishment of curricula,

simulation, research, and program development to serve the growing societal healthcare demands. It will also allow programs to offer traditional and non-traditional degrees that may not otherwise operate under typical university departments.

Why should DNAP be housed within the new college?

1. Our nontraditional university structure will be aligned with other programs that understand and can facilitate the needs of the DNAP.
2. Shared resources and space such as high and low fidelity simulation.
3. Pairing with other healthcare programs for research and practice-based student projects.
4. Alignment and visibility for local, state, and federal funding for healthcare programs.
5. Collaboration with other clinical based programs to purchase large/expensive medical equipment that can fit in the constructs of the university budget and purchasing regulations.
6. Visibility in a college that is aligned with program missions and values to attract private health care donors.
7. Inter and intra professional collaboration with other health care discipline faculty members for curriculum, teaching, research, and grants.
8. Representation at the Faculty Senate, AAUP, and BOR that support DNAP and the health sciences as a whole.
9. Bylaws that reflect the non-traditional needs of the program.
10. Budget control by DNAP department to ensure purchase of required lab materials and equipment.
11. Dean that is well-versed in the health sciences to facilitate and be a resource for DNAP.

Reasons that DNAP should stay affiliated with the Biology Department:

1. Human biology faculty expertise for 500-level courses.
2. Historical relationship with Biology Department.
3. Concern that DNAP faculty consist of 3 FT members with academic and clinical responsibilities and cannot stand alone at this point in time.

If DNAP remains in the Biology Department, these are suggestions and requests (see Appendix 1 for more detail):

1. Budget and daily operations of the program remain consistent with the current organizational structure discussed with the Dean and Provost.
2. Biology bylaws reflect the needs of DNAP program.
3. Collaboration between Biology Department Chair and Director of DNAP.
4. DNAP Director attends Chair meetings with the Dean.
5. Goal to hire a total of 4 FT DNAP faculty and 4 assistant FT clinical faculty (prorated).
6. DNAP has a dedicated permanent administrative assistant.

In both scenarios, DNAP requires:

1. Two more CRNA FT tenure track faculty and administrative support for the DNAP to run its own department.
2. Four FT assistant, clinical faculty (non-tenured).
3. Permanent administrative assistant.
4. Part-time faculty to meet the needs as they arise.

Appendix H

COUNSELOR EDUCATION AND FAMILY THERAPY DEPARTMENT (CLINICAL PROFESSIONAL COUNSELING, SCHOOL COUNSELING, STUDENT DEVELOPMENT IN HIGHER EDUCATION, AND MARRIAGE AND FAMILY THERAPY GRADUATE PROGRAMS)

To: Kathy Bantley, Chair Taskforce Chair

From: Cherie King, Department Chair

CC: Reggie Holt, Incoming Department Chair & Jim Mulrooney Dean of SEPS

Date: 2/1/2023

Re: CNSL Ed & MFT Department and New School Health and Rehabilitation Sciences

The Department of Counselor Education and Family Therapy has reviewed the Pros and Cons of joining the proposed new school of Health and Rehabilitation Sciences. We have created table below detailing our thoughts as a group.

Pros	Cons
<ul style="list-style-type: none"> • Bring Behavioral Health perspectives to a medical model and support interdisciplinary perspective on health (mental health = health) • Increased possible interdisciplinary collaboration- teaching, clinical and research • Rehab engineering and PT + Clinical Rehabilitation CNSL specialization focusing on the psychosocial and vocational needs of individuals with disabilities • Integrative collaborative model / more wholistic • Promotion of social emotional awareness, skills, and learning for health and rehabilitation professionals 	<ul style="list-style-type: none"> • There is no clear plan available to our faculty regarding the proposed new school; does it mean more resources (grants, etc.)? clinical practice? Too many questions are unanswered • Given our four graduate programs, a few may fit into the new school Clinical Professional CNSL (Clinical Mental Health, Clinical Rehabilitation and Addiction Counseling), and MFT but some do not (School Counseling and Student Development in Higher Education). • We are unwilling to split our department given our accreditation and interconnected curriculum and community- & school based clinical/field placement processes • SC benefits from collaboration with SEPS related disciplines (Ed Lead, Spec Ed)

	<ul style="list-style-type: none"> • We do not see any clear benefits for our students such as questions of clinical opportunities for our student within accreditation, clinical supervision, and licensing requirements. • National accreditation standards and processes may become challenging • Will be difficult to market our programs (SDHE and SC) • SEPS will remain SEPS with emphasis on Professional Studies – not becoming just a school of education
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Our faculty unanimously voted NO to join the new school. However, we do feel we have expertise to offer the Health and Rehabilitation Science disciplines and would be willing to affiliate and develop specific curriculum to teach and develop Health and Rehabilitation Professionals to gain the necessary skills, knowledge, and attitudes necessary for Helping Professionals. As an example, the Rehabilitation Counseling specialization can develop curriculum/course content to develop and increase disability awareness, understanding of theories and practice related to psychosocial response to disability (including family impact) and assessment and interpersonal approaches to addressing the individual needs of persons with disabilities within the rehabilitation engineering and physical therapy programs (similar to Boston University's rehabilitation sciences model). Our leadership and affiliation within CCSU's Social Emotional Learning (SEL) Center is another example of how students within the new school could benefit from instruction to build social emotional awareness, skills and regulation when pursuing profession in health and rehabilitation field.

Appendix I

To: Task Force for the New College

From: Christopher Pudlinski, Interim Chair, Communication

Re: Communication department involvement in the New College

Date: February 28, 2023

One thing that the recent pandemic brought to light was how important messaging and communication was for an effective response to a global health crisis. In the current mediated environment where messaging, often contradictory, comes from multiple sources (friends and family, traditional media, social media, health experts), effective communication is a must.

Early in the pandemic, it was important that adequate information was provided about Covid-19, how it spread, and ways in which it could be prevented. As vaccines were developed, communication shifted from information to influence, designing messages that encouraged Americans and others to get the vaccine.

Communication as a social science has always addressed this basic question, presented to the discipline first by Lasswell in 1948: “Who, said what, in which channel [or medium], to whom, with what effect?” Credibility of sources (who), content of messages (what), choices between media (interpersonal, social, traditional) are also topics relevant to health communication campaigns, as message designers attempt to reach a variety of audiences (whom). Both formative and summative research can be conducted with these key variables, to determine the efficacy (effect) of various health communication strategies.

This does not suggest that the Communication department, or parts of it, should be moved to the New School. The Communication department certainly should remain in the Ammon College of Liberal Arts & Social Sciences. Our curricular offerings span both the liberal arts (with an undergraduate major in Media Studies) and the social sciences (with undergraduate and graduate majors in Strategic Communication). However, we would be very interested in providing interdisciplinary support and relevant courses for the various programs in the New College.

We are very interested in developing a Health Studies minor with other departments in CLASS and other schools. We already have two upper-level classes in the Health Communication area. COMM 452 (Health Communication) is a theoretical and conceptual course that addresses the field of health communication and health communication campaigns. COMM 454 (Communication and Social Movements) has been taught recently as a research-based community-engagement course where our student work with local non-profits on health or other related issues. Sample syllabi are available upon request.

We would also be able to develop an introductory level course in the area of Health Communication, focusing on a practical orientation to that field, with an emphasis on interpersonal, presentational and organizational skills. We are currently searching for a professor of Health Communication, who would be expected to teach any of the above courses, related courses in our department (such as COMM 339 Public Relations and Social Media and/or COMM 343 Communication and Social

Influence) and develop new courses that would support either a minor or certificate in the field of Health. They are also expected to have a research background in health communication and to continue a research agenda in that area. The search is currently ongoing, with an application deadline of March 10, 2023. I am the chair of that search committee. We expect to have this hire in place by Fall 2023.

There is a good amount of research in the area of Health Communication. Both the National Communication Association and the International Communication Association have a division in Health Communication.

We feel that the pandemic may have motivated students to learn more about health communication and that a minor (or a graduate-level certificate) would be a great addition to the New School and to our university.

We would be very willing to support both the New School and its associated on-campus health clinic. Our current graduate assistant did some preparatory work on the health clinic in Fall 2022 and we would be able to allot time for her to work on the clinic in the 2023-2024 academic year, along with our new tenure-track hire.

Reference

Lasswell, H. D. (1948). The structure and function of communication in society. In L. Bryson (Ed.), *The communication of ideas: A series of addresses* (pp. 37–51). New York, NY: Institute for Religious and Social Studies.

Appendix J

Memorandum

To: Task Force for the new College of Health and Rehabilitative Sciences
From: Criminology & Criminal Justice Department
Subject: Affiliation with the new
College Date: March 3rd, 2023

The Department of Criminology & Criminal Justice is a multi-disciplinary department consisting of Criminologists, Psychologists, and legal professionals. The varied expertise can assist the College of Health and Rehabilitative Sciences to offer educational opportunities addressing several topics related to health and well-being.

Violence Prevention

Gun Violence as a Health Issue

According to the American Public Health Association (APHA), gun violence is a leading cause of premature death in the United States. The Center for Disease Control (CDC) reports, in 2020, 79% of all homicides and 53% of all suicides involved firearms. As a longtime advocate for violence prevention policies, APHA recognizes a comprehensive public health approach to addressing this growing crisis is necessary. Strategies should take a holistic approach and address the underlying physical, social, economic, and structural factors known to increase firearm homicide and suicide risks. Street outreach by police can ensure that people with the greatest needs are connected to services and work to reduce tensions and risk for violence. Collaborations among community organizations, hospitals, clinics, and police can expand access to social, emotional, physical, and mental health services as well as supports to prevent substance use and suicide attempts.

Education and training to address trauma associated with violence and the prevention of the continuation of violence is key to any successful program. There might be cases of chronic trauma, for example, where an individual is repeatedly exposed to traumatic events, such as neglect. There might also be cases of complex trauma, like homelessness, where several factors contribute to distress; or system-induced trauma brought on by the stressors of incarceration, severe poverty, or separation of families within the foster care system. Each type of trauma can have a different impact on the individual forced to endure it, so a police officer's ability to recognize the various facets and respond accordingly can make a big difference. The new College can focus on developing education, training and cross training of health professionals, social workers, and police officers to be better trained in trauma informed policing and other strategies that will help reduce violence. Our department can participate in the offerings of education and partnerships with agencies to see this initiative develop.

Child Abuse and Domestic Violence

An additional area of collaboration centers on the identification and response to child abuse and domestic violence by health care professionals. Both of these forms of abuse are often difficult to address due to the secretive and private nature of the abuse. Despite this, health care professionals who are trained on the warning signs of domestic and child abuse can be better prepared to identify and intervene in cases where necessary. This training would outline the demographics and prevalence of child abuse/domestic violence, describe the physical, emotional, and social indicators of abuse, discuss long-term effects on health and revictimization, and outline appropriate intervention strategies. Our faculty have already provided in-service training focused on increasing awareness and understanding of domestic violence to healthcare professionals in coordination with the Clinical Education Department at Falmouth Hospital (Falmouth, MA).

This training in domestic violence was offered to physicians, nurses, physician assistants, and allied mental health & human service professionals at Cape Cod Healthcare for one hour of continuing education credits.

Violence against women and hate/bias crimes

In a post Roe v. Wade era, several freedoms are at-risk for women. Recent USSC decisions have increased rhetoric that attack women's rights, reproductive and others. Courses are taught that incorporate violence against women and more generally hate attacks/bias crimes which impact the entire community causing a public health concern. Although crime is generally decreasing, hate attacks and bias crimes are among crimes on the rise in the US. The impact of the attacks leads to concern for safety and mistrust in a community further prompting retaliatory attacks. Specifically, violence against women would be a focus as they continue to rise, but realistically all hate attacks are rising including those in the AAPI community post-

pandemic. Attacks based on religion and race continue to be largest number of attacks against individuals and community members. Education and prevention training can be useful in identifying whether an attack is a hate crime, targeting a specific group. In addition to the course, trainings on prevention and community resources for victims would allow students to participate in community engagement.

Youth Risk and Resilience

Longitudinal studies have substantiated that early experiences and environments can affect the trajectory of youth development. However, later experiences and an alteration in environment can change that trajectory. Faculty in Criminology have taught courses that discuss the risk and protective factors that can affect likelihood of engagement in problem behaviors and a child's resilience. Courses and/or trainings in factors that increase risk of problem behaviors as well as protective factors that can foster resilience can enable a healthcare professional to provide adequate assessment and intervention for children. The content will address individual, family, community, and school-level factors that affect child and adolescent development.

Forensic Health Professionals/Practitioners

As one of the potential areas for collaboration with the new College of Health and Rehabilitation Sciences, our department would like to pursue opportunities to develop academic courses and/or programs to meet the educational and training needs of forensic professionals. Forensic professionals serve as a bridge between the health care and criminal

justice systems. They are specifically trained to provide treatments for victims and perpetrators of abuse, neglect, and violence, particularly when it involves physical, psychological, and social injuries. Additionally, forensic professionals play an important role in the courtroom since they are responsible for collecting and organizing evidence to be presented in legal proceedings (e.g., death, homicide, accident). Depending on the type of agency, various specialized roles include, but are not limited to, child abuse nurse examiner, correctional nurse and sexual assault nurse examiner.

Faculty from the department of Criminology and the new College could offer a hands-on, interdisciplinary learning experience for students by working in inter-professional settings and collaborating with community partners to practice in underserved areas. Some of our Criminology faculty members have developed and conducted training workshops associated with forensic assessment and treatment (e.g., antisocial, self-destructive behaviors). Others are experts in law enforcement, domestic violence, sexual violence and victimology.

Appendix K

Department of Economics

New College Affiliation

At its most recent department meeting on January 27th, 2023, the Economics Department discussed potential contributions to the new College of Health and Rehabilitation Sciences. There are several areas where the CCSU economics faculty could lend expertise.

Broadly speaking, the courses and research agendas of the economics faculty are current, policy oriented, and examine the complexities of inequality. The Covid-19 pandemic clearly demonstrated the ways in which all of these issues intersect with health. The economics faculty therefore feel that the new College is a significant opportunity for both the University and the Department to move forward.

More specifically, the Economics Department would like to propose a new Certificate in Health Policy in collaboration with the Political Science Department. Both departments have discussed this concept for several years, but the pandemic and the new College have renewed interest. In order to fully develop this proposal, the Economics Department will soon conduct a tenure-track search for a health economist. The goal of the new certificate is to develop marketable analytical skills that are expected by employers in this region. The Connecticut Department of Labor reports strong employment and earnings opportunities in both economics and health. This position could certainly support that demand. Moreover, CCSU is in a strong competitive position to offer such a program (as compared to SCSU), given Central's geographic proximity to the hospital networks, the insurance industry, and state government.

Appendix L

To: Kathy Bantley and the Task Force for the New College:

From: Brian Sommers

RE: The New Health Sciences College

This letter is being sent out on behalf of my department to express our interest in being affiliated with the new health sciences college. While we are not directly affiliated with healthcare provision, we do teach courses and conduct research in areas that are linked to the healthcare industry. As such, we are looking to play more of a supporting role in the provision of elective courses and in providing research opportunities for students in healthcare fields. As the Department of Geography will eventually merge with the Department of Anthropology, this memo includes course offerings and connections (provided by Dr. Evelyn Phillips) that are currently within Anthropology.

The Departments of Anthropology and Geography have a history of offering health-related courses and in conducting research related to disease and human health. Below is a listing of our faculty who are active in these areas and who could make meaningful contributions to the new health sciences college.

- Dr. Cynthia Pope has published extensively on the topic of AIDS/HIV in Latin America. Her research has expanded recently to include the impacts of COVID in Latin America. In the classroom, Dr. Pope has offered course work on the Geography of Health and Disease in the Global Context. Those courses investigate of health-related topics using geographical frameworks and methodological techniques.
- Dr. Xiaoping Shen is active in research related to services for the aging in China. Her work has led to the recent release of her book *Services for Aging Persons in China: Spatial Variation in Supply and Demand*. The research makes use of geographic information systems to analyze data to study the availability of services versus community need. Based on her research, Dr. Shen deals extensively with these topics in her advanced GIS courses.
- Dr. Sylvia Gutierrez is an applied medical anthropologist with a degree in nursing and an MBA. She researches medical accessibility and health care among immigrants in the Central Connecticut Region.
- New Faculty Hire-The Departments of Anthropology and Geography are teaming up to hire a new faculty member in the field of community development and health ecology with expertise in health disparities affecting African-descendent communities. We hope to complete this search in time for a Fall 2023 start-up. This person would be teaching and conducting research in areas allied to the new health sciences school.
- In addition to the above, all of the anthropology faculty teach courses on culture. Dr. Thomas Rein examines the intersection of the social construction of “race” and biology. Dr. Evelyn Phillips focuses on how race policies affect community members’ lives. Health must be connected to the environment of communities

These faculty, their research, and their teaching could make meaningful contributions to the new health sciences college. As such, we would appreciate being part of the discussions that take place as the plans for that school move forward. If we can be of any assistance or provide additional information, please do not hesitate to let us know. Thanks.

Brian

Brian J. Sommers, PhD, Department of Geography sommersb@ccsu.edu

Evelyn Newman Phillips, PhD, Department

Appendix M

Gerontology - statement

CCSU is a member of the AFU Global Network which means we are invested in increasing age inclusivity and meeting the needs of older adults (both as learners and community members) in our state. It is essential that we recognize that most of our students will be working with older adults and their families in their health-related careers and that we help prepare them accordingly. National and global statistics show us that longevity is here to stay and that by 2034, adults over age 65 will outnumber children under 18. There is also a movement toward creating Age-Friendly Health Systems and moving Connecticut toward being an Age-Friendly State (7th oldest state in the nation!) so it would be wonderful to see CCSU playing a pivotal role in meeting the needs of our aging state. For more information on AFU and a link to the AFU principles see our website: <https://www.ccsu.edu/gerontology/afu.html>

The website includes several existing avenues for increasing age-literacy for our students. Our newest offering is an undergraduate gerontology certificate (only 12 credits) which may be perfect for majors who do not require or have space for a minor: <https://www2.ccsu.edu/program/GerontologyCertificateProgram>

We would also love to see the community clinic be inclusive to meeting the needs of older adults and their families! Several faculty members on the Gerontology Committee have close ties with the “Aging Services Network” within CT (for-profit, non-profit, municipal, and state) and would be happy to establish connections. There could be many opportunities for cross-discipline collaboration in creating experiential learning opportunities for our students, with a focus on serving older adults and their families. The broader network could be partners in funding, marketing and recruitment, etc.

Appendix N

MEMO

FROM: Rocío Fuentes (Chairperson; Department of World Languages, Literatures, and Cultures)

TO: Dr. Kathy Bantley

RE: Interest in being affiliated with the New College of Health and Rehabilitation Sciences.

DATE: 2/27/2023

Dear Dr. Bantley:

The Department of World Languages, Literatures, and Cultures would like to manifest its interest in being affiliated with the new College of Health and Rehabilitation Sciences at CCSU.

As a Department, we are keenly aware of the need to provide health services to the community (particularly to minoritized groups), in culturally and linguistic appropriate ways. To this end, the Spanish section of the WL Department has designed a Certificate for Health Professionals that will provide CCSU students with the language skills and cultural knowledge to interact with Hispanic patients, a significant demographic group in both the country and the State of Connecticut. In addition, students in our advanced Spanish language courses and in the newly created Certificate in English-Spanish Translation will be able to provide support the new College by creating and or translating written materials intended for Spanish-speaking patients.

These are some of the ways that our Department could contribute to the work of the new College, but as usual, we will be happy to collaborate in other ways as the College evolves and grows.

Please let me know if you have any questions, and we are looking forward to working with the College of Health and Rehabilitation Services.

Sincerely,

Rocío Fuentes.

C.C. Robert Wolff, Dean of CLASS.