
HUMAN HEALTH PLANNING ADVISORY TASK FORCE

Phase I Findings

February 27, 2019

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HUMAN HEALTH PLANNING ADVISORY TASK FORCE

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SUMMARY

On Nov. 14th, 2018, UTSA Provost Kimberly Andrews Espy convened a 31-member Human Health Planning Advisory Task Force to survey the landscape of current human health related academic programs and scholarship at UTSA, explore potential community partnerships, survey best practices at peer institutions, assess local workforce needs, and recommend multiple options for a student-centric college structure that leverages UTSA's human health related programs.

The data gathering phase spanned from November 2018 to January 2019, during which subcommittees of the task force compiled an inventory of UTSA's current human health related academic programs, gathered data on human health related scholarship at UTSA, held a focus group of community partners, performed market-related research, and examined 22 peer institutions.

The following report contains data gathered during this initial phase. In February 2019, the Task Force entered the second phase of its process, to begin translating its findings into multiple notional options for a new health college, which the campus community and external stakeholders will have an opportunity to review and discuss.

INTRODUCTION

Background

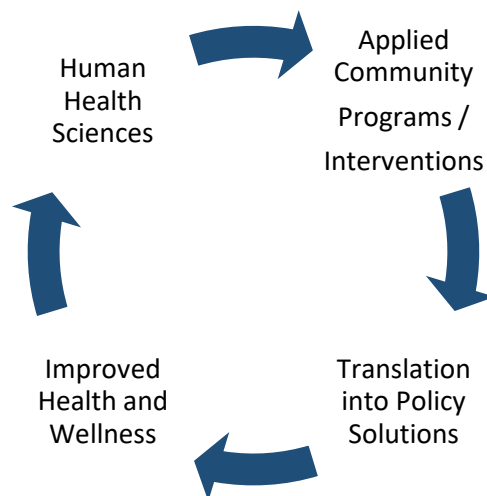
According to the SA Works 2018 Jobs Report, the number of healthcare related jobs in the San Antonio-New Braunfels area increased by 8,758 from 2012-2017. Matching this trend, UTSA students are demonstrating a high degree of interest in these professions, as evidenced, for example, in the steep growth in public health degrees awarded over the last two years, success of the new Medical Humanities degree and interest in health-related doctoral programs.

In San Antonio, health disparities loom large, with Bexar County's most recent Community Health Needs Assessment (2016) documenting a 20-year gap in life expectancy when comparing San Antonio area neighborhoods. Addressing this gap requires a multidisciplinary understanding and skillset, including understanding the social determinants of health and the relationships between science, clinical care, community health programs, and policy.

Currently, health-related programs at UTSA are distributed across 3+ colleges and are split and/or buried in disciplinary-based departments. While a strong disciplinary grounding provides an intellectual platform for understanding factors related to health, it is more challenging for students to access and pursue their career interests in health and fully appreciate the multi-faceted nature of the dynamics that contribute to health. Additionally, consultants have identified high demand programs that UTSA currently does not have in its inventory related to human health.

A realignment of human health related programs at UTSA is needed to improve student outcomes and preparedness for modern health careers, increase visibility of our programs to students and the health community, maximize synergies among disciplines and programs, and provide the following benefits:

- Better prepare our students for the modern setting of human health careers, in which physician-scientists, nurses, therapists, technicians, social workers and policymakers work together to deliver comprehensive health solutions. This approach is particularly effective in addressing complex community health issues (e.g. obesity, diabetes, and opioid use) which are related to political and societal, environmental and biological dynamics contributing to health disparities and population health.



- Increased visibility of our health-related programs to positively impact UTSA's burgeoning reputation for quality health-related faculty, educational programs and research. Many of our students express interest in science, business or engineering in a context that allows them to give back to their families and communities – health related careers provide this opportunity. Making the landscape of our health-related educational programs more clear and visible will particularly benefit our first-generation students, who do not have as much experience navigating academic particularities to find these programs in our current college structure.
- San Antonio and the South Texas region are rich in partners interested in collaborations with UTSA, including UT Health San Antonio, UTHealth School of Public Health, City of San Antonio Metropolitan Health District, Haven for Hope, and other governmental and community service organizations. More integrated, visible organization for health-related programs will expand experiential learning opportunities for students, and increase preparedness for careers and graduate studies.
- Federal agencies, particularly the NIH, the largest external supporter of health related research, is awarding a greater percentage of funding to larger transdisciplinary teams studying complex, multi-faceted problems. Many of UTSA's identified "research areas of excellence" relate to health. For faculty, an aligned college structure addressing health-related issues will support greater multidisciplinary, collaborative research efforts and increase the likelihood of securing philanthropic funding and competitive federal grants, including NIH, HRSA and CDC training grants (acknowledging that some are only available to accredited schools of public health). This strategy will also increase UTSA's competitiveness for opportunities only available to minority serving institutions and programs focused on under-served and underrepresented communities.

Task Force Charge and Process

On November 14th, 2018, UTSA Provost Kimberly Andrews Espy convened a 31-member task force, comprised of UTSA faculty and staff and partners from UTHealth School of Public Health and UT Health San Antonio (p. 2), to perform a two-phase process:

- **Discovery Phase (Phase I):** Survey the landscape of current human health related academic programs and scholarship at UTSA, explore potential community partnerships that could be leveraged by a new college structure, survey best practices at peer institutions, and assess local workforce needs.
- **Recommendations (Phase II):** Translate findings into multiple notional options for a new health college, which the campus community and external stakeholders will have an opportunity to review and discuss.

The Task Force held a series of five full task force meetings between November 2018 and January 2019 as part of Phase I. Additionally, three subcommittees were formed: 1) Internal Landscape, 2) External Outreach, and 3) Best Practices. Each subcommittee met three times and conducted research, as summarized in the following chapters.

Report Contents

The following report is a summary of the Task Force's Phase I findings. For Phase II, the Task Force was reshuffled into three new "Design" subcommittees that began meeting on February 14, 2019. Each of the three Design Subcommittees will develop at least one notional option, to be added to this report when Phase II concludes in March. Resulting models will be considered in forums.

CHAPTER 1: INTERNAL LANDSCAPE SUBCOMMITTEE

Subcommittee Charge

The Internal Landscape Subcommittee (i.e., “Subcommittee #1”) was charged with surveying the landscape of academics and scholarship related to human health at UTSA. Furthermore, the full task force noted the need to survey market trends as a component of the discovery phase and determined that this tied in with the charges of subcommittees #1 and #2. Thus, a Job Market Trends working group was formed with members of both subcommittees and results are included with this chapter.

Methods

Primary methods employed by subcommittee #1 included:

- 1) Compiling an inventory of human health related academic programs currently offered at UTSA
- 2) Using Academic Analytics to identify human health related scholarship at UTSA
- 3) Surveying market trends in Texas and nationwide, to better understand opportunities and gaps in the current landscape of programs offered by UTSA

Human Health Related Academic Programs at UTSA:

At the initial meeting, subcommittee #1 noted the inherent challenge of defining “human health” for the purpose of data collection without constraining the definition for the task force as a whole. To address this, the subcommittee elected to adopt the broadest possible definition, which offered the following benefits:

- 1) Supplying the full task force with all data that could potentially be needed in the “design phase”
- 2) Remaining as inclusive as possible in helping the committee and campus understand the human health related landscape at UTSA
- 3) Recognizing that the benefits of a health college could stretch beyond those departments/programs that are actually included within the college

To identify programs that met this broad definition, the subcommittee created a Qualtrics survey of all academic programs offered by UTSA and invited all members of the full task force via email to identify programs that, in their opinion, relate to human health. Programs identified, even by a single person, as relating to human health were included as part of the sampling universe for the subsequent research phase.

For programs identified, the Office of Institutional Research pulled enrollment and graduation data. Primarily for displaying the data in an easy-to-consume format, the subcommittee loosely categorized programs on a gradient, ranging from programs that exclusively or mainly prepare students for human health related careers (e.g., public health) to programs that *could potentially* prepare *some* students for human health related careers (e.g., economics). For those programs landing on the former half of the spectrum, the subcommittee additionally listed common career paths, which were identified using the resources listed below. This was not done for the other programs due to time constraints, but data could be gathered if needed.

- The “What Can I Do With This Major” website: <https://careercenter.utsa.edu/resources/what-can-i-do-with-my-major/> (enter through UTSA’s career center to access subscription)
- Seek UT: https://discoverdata.utsystem.edu/SASVisualAnalyticsViewer/VisualAnalyticsViewer_quest.jsp?reportName=seekUT_grad&reportPath=/Reports/SeekUT
- The Bureau of Labor Statistics
- UTSA’s Undergraduate and Graduate catalogs

Human Health Related Scholarship at UTSA:

At the request of the subcommittee, the VPREDKE office worked with Academic Analytics to generate a report of the number of faculty by department with the term “health” in any research work title or abstract. The subcommittee acknowledges that a caveat of this method is an expectation of some false positives (e.g., if a publication were titled “Health of the Economy”) and some missed scholars (e.g., if they used the term “wellbeing” rather than “health”). Nevertheless, the aggregated data are valuable for understanding the breadth of human health related scholarship and expertise across campus units.

Market Trends:

Market trends in human health related fields were surveyed for Texas and the nation using the following sources:

- The Federation of Associations of Schools of the Health Professions (FASHP): <https://explorehealthcareers.org>
- Career OneStop: <https://www.careeronestop.org/>
- Bureau of Labor and Statistics

Subcommittee members combined these findings with knowledge of the landscape of existing academic programs at UTSA to identify gaps and opportunities in the San Antonio, Texas and national landscape.

Key Findings

UTSA is home to more than 20 undergraduate and graduate academic programs strongly linked to human health, an additional 30 programs where students are likely to pursue a health career, and more than an additional 80 programs where at least some of the students go on to health careers. These programs are spread across every college. Strongly related programs are concentrated in the College of Education and Human Development (multiple degrees in the department of Kinesiology, Health and Nutrition and the MS in Clinical Mental Health Counseling in the department of Counseling) and the College of Liberal and Fine Arts in the departments of Sociology (BS in Public Health – Epidemiology and Disease Control Concentration), Classics and Philosophy (BA in Medical Humanities), and Psychology (PhD in Health Psychology). Programs that probably lead to human health careers spanned all colleges – Architecture, Construction and Planning; Business; Education and Human Development; Engineering; Liberal and Fine Arts, Public Policy, Science, University College). Detailed information on these existing programs can be found in Appendix 1A, and the subcommittee additionally noted the new Global Affairs MA program, which will be added beginning in Fall 2019.

Similarly, faculty scholarship in human health related fields reaches across campus, including all colleges. An Academic Analytics keyword search for the word “health” in any research work title or abstract

indicated that at least 14 departments have five or more faculty working in this area, and an additional 19 departments had at least one faculty member with “health” related scholarship. When examining the percentage of faculty within a department that have the term “health” in a title or abstract, the departments of demography (42.86%) and psychology (42.42%) have the highest. Five other departments have at least one-fourth of faculty who have used the term “health” in a title or abstract: management science and statistics (28.57%), criminal justice (28.00%), communication (27.59%), electrical and computer engineering (25.00%) and sociology (25.00%). When examining the percentage of faculty within a department that have a publication in PubMed, the departments of biomedical engineering (68.42%), biology (62.34%) and chemistry (60.71%) have the highest percentages followed by the departments of demography (57.14%) and psychology (51.52%).

When considering these data in the context of the overall university faculty, based on this categorization, the departments with the highest percentage of faculty having “health” as a keyword were in Biology (11.7%, n=18 of these researchers at UTSA), Psychology (9.2%, n=14), and Kinesiology, Health and Nutrition (7.2%, n=11). Slightly different results were found for the highest number of faculty with publications listed in PubMed, with Biology having 18.8% (n=48) of the UTSA faculty with a publication in PubMed, then Mechanical Engineering (6.9%, n=18), with the departments of Chemistry; Kinesiology, Health and Nutrition; Physics and Astronomy; and Psychology all having 6.5% (n=17 each) of the faculty with a publication in PubMed. Detailed information on the Academic Analytics searches can be found in Appendix 1B.

Market trends relative to human health are summarized in Appendix 1C.

CHAPTER 2: EXTERNAL OUTREACH SUBCOMMITTEE

Subcommittee Charge

This Subcommittee was charged with conducting external outreach among health related educational and service providers, as well as employers and community partners.

Key Takeaways

Emerging from discussions with community leaders is a vision of a region (and the world) that focuses on real, sustainable solutions to human-health-related problems; solutions that enable and empower communities to take charge of their own health. Realizing this vision will require, among other things:

1. A reframing of the field of human health that is grounded in a comprehensive understanding of the determinants of human health and matches the complexity of its problems and solutions,
2. Breaking down silos to enable transdisciplinary collaborations that focus beyond the individual to address barriers and facilitators at the community, organization and system levels,
3. Reducing the fragmentation between health services and human services, enabling the integration of the two in meaningful ways.

Implicit in this vision is an opportunity to create a solution-oriented, transdisciplinary, integrated environment that brings learners, professionals and scholars together to seek ideas and innovations that improve human health in comprehensive, meaningful ways.

Background and Process

In keeping with its charge of conducting external outreach among health related educational and service providers, as well as employers and community partners, Subcommittee #2 convened a Focus Group Discussion (FGD) with organizations in the city of San Antonio. Besides exploring possible alignments and partnering opportunities, the goal was to understand the needs of the communities and how they define human health. In addition, a systematic analysis of the marketing trends reflecting varied health-related occupational categories and their demand outlooks (across Texas and nationally), was performed. Importantly, two key community partners served on the External Outreach Subcommittee: Dr. Jacqueline Mok, Vice President for Academic, Faculty, and Student Affairs for UT Health San Antonio and Dr. Melissa Valerio-Shewmaker, Regional Dean of the UTHealth School of Public Health in San Antonio, University of Texas Health Science Center at Houston. As part of the subcommittee's efforts to facilitate increased understanding of the health landscape in San Antonio, Dr. Mok and Dr. Valerio-Shewmaker presented information on their programs and about their institutions to the full Task Force (see Appendix 2A). Through these presentations, the task force will be able to identify existing and future possibilities of collaboration in teaching, research, and services.

Focus Group Discussion:

Methodology

In the initial brainstorming session, the subcommittee targeted four categories of partners for outreach. These included strategic partners, employers, external stakeholders, and accrediting organizations. Although the preliminary goal was to engage in data-gathering that provided depth as well as breadth by incorporating focus groups, individual interviews, and a survey, they recognized the need to adjust the scope of initial outreach in order to maintain alignment with the timelines for phase one of the Task Force.

In order to gain external community and partner organization feedback, the External Outreach Subcommittee conducted a discussion session on January 4, 2019. Members of the subcommittee brainstormed on community and partner organizations to invite, including point of contact information for each organization (see Appendix 2B). Organizations on the list included public, private, and nonprofit organizations.

An email invitation was sent to the list of potential partners on December 21, 2018 for a January 4, 2019 discussion session. On January 4, 2019, representatives of the San Antonio Food Bank, Haven for Hope, Methodist Healthcare Ministries, Family Service, United Way of San Antonio and Bexar County, Pride Center San Antonio, Martinez Street Women's Center, Provenir USA, and the San Antonio Housing Authority participated in a community discussion. While the subcommittee acknowledges limitations of findings to those participating in the discussion session, those present did represent a wide range of community agencies, and the conversation was extraordinarily informative. The subcommittee emphasizes that it is very important that all groups on the list be included in any additional external outreach and that the list continue to grow to reflect the broader human health interests of our San Antonio community. The list of questions used during the discussion session is located in Appendix 2C.

Findings

Defining Human Health

A great deal of the group discussion revolved around defining "human health," either directly or indirectly. The participants emphasized the need to reduce the work performed in silos and to integrate health and human services to develop a comprehensive approach. The holistic approach recommended by the participants included physical health, mental health, and what they defined as social determinants of health. When referencing the social determinants of health, participants referenced financial health, the health and stability of the family, housing needs, and the overall health of the community. One participant, in reference to [Healthy People 2020](#) and Healthy People 2030, provided a definition of social determinants of health as including neighborhood and the built environment, health and healthcare, social and community context, education, and economic stability.

A number of different attributes related to social determinants of health were apparent throughout the discussion as participants emphasized the importance for understanding the impact of the economy and the environment, the availability of physical and mental health treatments, the quality of schools and grocers, the presence of safe neighborhoods, as well as access to healthcare and cultural enrichments on the overall health of the community. The conversation elaborated on the need to understand the effect of San Antonio communities as food deserts (e.g. lack of healthy grocery options and/or transportation to grocers with healthy food options).

Participants also emphasized the need for UTSA students, faculty, and administration to understand the San Antonio context and community. The questions they posed as critical to this understanding included:

- How did existing human health issues come to be in San Antonio?
- Why do we see the existing health disparities?
- How were health disparities created?
- What are unique community and cultural conceptualizations of health and wellness?
- How can communities overcome influence of shame or stigma in help-seeking, particularly in certain communities (e.g. the LGBTQ community)?

Overall, participants emphasized the need for comprehensiveness. As a part of a comprehensive approach, there was a repeated emphasis on a need to change the system in how it thinks about health, as well as how we understand what makes humans healthy, along with the outcome of health and wellness.

The Role of UTSA Students

When participants were asked about the potential role of UTSA in meeting the needs of external partners or filling gaps in the area of human health, several ideas emerged. One area of focus related to student life. Participants discussed how UTSA could set an example for “best practice” in providing students with a comprehensive approach to human health on campus through holistic human health education and training, ensuring the students’ own comprehensive health needs are met.

Participants also discussed the need for experiential learning options for UTSA students and the need for students to understand the community they will be entering when they join the workforce. They framed this awareness as cultural awareness and the awareness of social services. In addition to the need to understand the community, participants discussed the need for students to understand integrated health; the need for students to go beyond a focus on securing a job, to understanding health broadly and inculcating versatility in a changing workforce landscape. Some discussion suggested that transdisciplinary internships can help meet these needs for students.

The Role of UTSA Faculty/Programs/Centers/Institutes

Three broad areas of need identified by participants could be considered the purview of faculty, programs, centers or institutes through programming, research activity, and curricular or co-curricular projects. One particular area of need was identified as program evaluation. Participants discussed the need for expertise and assistance in helping their organizations demonstrate the impact of their programs. Some of the work is needed for the organizations to meet the requirements of funders or to attract additional funding. A second area of need comes in the form of data repository. The need by the organizations was identified as data warehousing and curation. Finally, participants expressed interest in receiving help publishing best practices from their organizations. They talked about the need to bring attention to their successful work through levels and points of intervention, early education, whole family approaches, along with overall success in improving and increasing client access.

Policy Issues/Problems

The discussion touched on a broad range of policy problems and issues in the San Antonio community that have a significant impact on human health. They included:

- Health equity,
- Community investments (environmental quality/social determinants),
- Physical health,
- Mental health,
- Community health,
- Housing,
- Healthy food access,
- Transportation,
- Financial literacy/financial health,
- Safe neighborhoods,
- Education,
- Cultural enrichments,
- Trauma-informed approach to care,
- Lack of human health resources in rural communities, and
- Resiliency as a health issue.

Additional Topics

A number of additional topics were raised by participants that do not fit neatly within the topics already addressed. These topics included:

- The importance of nonprofit organizations as providers of human health and the need for student education related to the management/administration of nonprofit organizations;
- The funding available through the Robert Wood Johnson Foundation and related building of a culture of health;
- The need for continuing education;
- The local need beyond job training to understand community and the intersection of policies affecting the underserved populations;
- The need to think “outside the box” in non-traditional, transdisciplinary ways.

Conclusion

Overall, the community discussion provided significant insight into community agency perceptions of human health, along with needs in San Antonio, specifically. Overwhelmingly and consistently, participants emphasized the need for a comprehensive, transdisciplinary understanding of human health by reducing the existing fragmentation in health and human services.

CHAPTER 3: BEST PRACTICES SUBCOMMITTEE

Subcommittee Charge

The Best Practices Subcommittee (i.e. “Subcommittee #3”) was charged with surveying peer institutions and identifying best practices for human health related academic units.

Methods

The subcommittee selected 22 peer institutions to research, based on the following:

1. The 10 institutions identified through UTSA’s current Strategic Planning process to serve as “peer models of excellence
2. The University of Texas System’s seven other Academic Institutions
3. Five additional peer models brought to the attention of the subcommittee, including by other Task Force members

The subcommittee collected the following data from the 22 peer institutions’ websites. Much of the data collection was performed by student employees under the mentorship of Task Force members and Academic Affairs staff, thus doubling as an experiential learning opportunity.

1. An inventory of departments and programs, including majors and certificates (both related and unrelated to human health), categorized by School or College
[Note: for the sake of time, programs are not classified down to the level of individual departments unless the organization of an institution’s website made it efficient to do so]
2. Objective and subjective observations on the health landscape at the institutions, including the presence and visibility of human health related organizational units, accreditations, human health related academic programs, and other features.

Subcommittee members discussed findings and collectively identified trends, best practices, and key takeaways of benefit to the full task force for the subsequent Design Phase. The subcommittee also rated each institution as to whether it offers a model for the Task Force to consider going forward.

Key Findings

Please see appendix 3A, which contains lists of departments and programs within colleges at the 22 peer institutions, and appendix 3B, which contains observational data from the institutions.

Across the peer models researched, the subcommittee aimed to identify best practices, as well as “what not to do” examples, and determine the “nickel’s worth of difference” between the models to better understand what could make UTSA stand out. Based on an analysis of the 22 peers, the subcommittee proposed that the best models accomplished the following:

1. **They were integrative.**

The best peer models have considered how the component units of a health related college are likely to find points of integration, thus encouraging interdisciplinary collaboration in teaching and research. It is important to avoid mere collections of departments under a college roof that lack this integration.

2. **They balanced innovation with accreditation needs.**

The strongest models recognized that it is important to be innovative, avoiding being confined by the outer edges of the traditionally-defined standards and normative disciplinary boundaries. However, they did not lose sight of the importance of accreditation for student credentialing. For some programs, like counseling, accreditation has become so critical that we need to be especially careful to avoid jeopardizing it.

Importantly, they focused on the cutting edge of human health related fields. We should be open to something that isn't structured in traditional configurations and invite ourselves to keep our vision open as a way to be distinctive. At the same time, we must remain mindful of accreditation expectations and norms, and ensuring that the vision of this College is to serve the mainstream educational objectives and post-graduation opportunities for students in the various disciplinary areas under its overall charter.

One brainstorm by the subcommittee was to devote a unit of the college to investigating the outer limits of any of its disciplinary elements, essentially to serve as a catalyst for challenging research initiatives that the respective disciplines cannot undertake (or have not considered) for any number of reasons.

APPENDIX 1 A-C

1A- Inventory of human health related academic programs at UTSA:

<https://utsacloud.sharepoint.com/:f:/s/vpaa/EI9m1Iz3IIJKtArc1orq0JEBxQZPKMp6FuoKrWMA3te47w?e=p4Sgxb>

1B- Academic Analytics report of the number of faculty by department with the term “health” in any research work title or abstract:

<https://app.powerbi.com/view?r=eyJrIjoiMWIwYXZjctMTc5ZS00NDg0LWJkMjUtMDJkNWQ0OGJhOGI3IiwidCI6IjNhMjI4ZGZlLWM2NDctNDRjYi04ODM1LTdiMjA2MTdmYzkwNiIsImMiOiJN9>

1C- Data on market-related opportunities in human health related professions:

- <https://utsacloud.sharepoint.com/:x:/s/vpaa/EbE1b3I7vGlltGUkUzTgRugBLQKtWP06qS6E7PzZH pNz3g?e=WaCK8a>
- https://utsacloud.sharepoint.com/:b:/s/vpaa/ER_D_DYDEOZJkA_oejsaQtQBqvGP0aVjMi_V16wTlltHCg?e=H5Inqv

APPENDIX 2 A-B

2A- Information on partner institutions: UT Health San Antonio and the University of Texas Health Science Center at Houston:

https://utsacloud.sharepoint.com/:f:/s/vpaa/EtUEcHZ4bFIFisuLV0dojUBFn1gHhOiRE1H_CINSFR31Q?e=U2LSob

2B- POTENTIAL PARTNERS LIST

- Accreditors
- Alamo Area Council of Governments
- Alamo Colleges District
- Alamo Hospice
- American Red Cross
- Association of University Programs in Health Administration (AUPHA)
- Baptist Health
- Baptist Health Foundation
- BCBS of Texas
- BEAT AIDS Coalition Trust
- Behavioral health providers, e.g., Center for Healthcare Services
- Bexar County
- Bexar County Juvenile Probation
- BioMedSA
- Biopharmaceuticals, e.g., DPT Labs, Mission Pharmacal
- Blue Skies of Texas
- Catholic Charities
- Center for Refugee Services
- Centro Med
- Children's Rehabilitation Services of Teleton USA
- ChildSafe
- Christian Hope Resource Center
- Christian Senior Services
- Christus Santa Rosa
- City of San Antonio
- Commission on Accreditation of Health Management Education (CAHME)
- Council on Education for Public Health (CEPH)
- Council on Social Work Education (CSWE)
- CVS Health (includes Aetna)
- DaVita Dialysis
- Employers
- External stakeholders
- Family Endeavors, Steven A Cohen Military Family Clinic
- Family Services Association
- Fitness and Wellness Companies
- Food Bank
- Funding Agencies

- Good Samaritan Community Services
- Harlandale ISD Social Work
- Haven for Hope
- High School Magnet Programs, e.g., NISD Health Careers
- Insurance and Retailers
- Judge Peter Sakai
- La Diferencia Hospice (Gonzaba Medical Group)
- Laurel Ridge Treatment Center
- Major Donors (Naming the college?)
- Major health systems, e.g., University, Methodist, etc.
- Martinez Street Women's Center (Community Health Program)
- Methodist Health
- Methodist Healthcare Ministries (separate from Methodist Health)
- Military Health System
- Mission Pharmacal
- NALCAB (National Association of Latino Community Asset Builders)
- NAMI San Antonio
- Network of Schools of Public Policy, Affairs, and Administration (NASPAA)
- Nix Health
- Non-profits, e.g., Texas Kidney Foundation, Food Bank
- Nursing and rehabilitation facilities, and Hospice e.g., Blue Skies of Texas
- Oil & Gas, e.g., Valero Health and Safety
- Presa Community Center
- Pride Center San Antonio
- SAISD Family & Student Support Services
- SAMMinistries
- San Antonio Area Foundation
- San Antonio Behavioral Healthcare
- San Antonio Food Policy Council
- San Antonio Housing Authority
- San Antonio Metropolitan Health District
- San Antonio Nonprofit Council
- San Antonio State Hospital
- Seton Home
- South Central AHEC Program
- South Texas Area Health Education Centers (AHEC) Program
- St PJs
- State Rep. Diego Bernal
- Texas Department of Family and Protective Services
- Texas Health and Human Services Commission
- Texas Health and Human Services Commission
- Texas Kidney Foundation
- Texas Pride Impact Funds
- The Arc of San Antonio
- The Center for Health Care Services
- The Military Health System
- The San Antonio Area Foundation
- The VA
- Thrive Youth Center

-
- United Healthcare
 - United Way
 - University Health
 - University Health System Foundation
 - UT Health San Antonio
 - UT Health Affiliates in San Antonio
 - UTHealth School of Public Health in San Antonio
 - Veterans Health Administration
 - VITAS Hospice
 - Voices for Children
 - Westover Hills Rehab

APPENDIX 2C

QUESTIONS USED IN FOCUS GROUP DISCUSSION

Question 1) We are gathering external input from you all as community partners and stakeholders on what you perceive as human health related needs for the San Antonio community.

What does the term human health encompass in the San Antonio community?

FOLLOW-UP:

- When you think about human health needs beyond the city of San Antonio, do the things you think about change?
- What do you see as public policies related to these health needs?

Question 2) From your organization's perspective, where do you see gaps that you believe UTSA could help fill?

NOTE: Gaps in research, teaching – experiential learning, service? Jobs to be filled?

Question 3) What kinds of models have you seen as successful partnerships between higher education and human health organizations?

Question 4) When you think about your organizational mission and vision to address human health in San Antonio and the surrounding area, how could UTSA partner or assist you in meeting your goals and needs?

APPENDIX 3 A-B

3A- Departments and programs within colleges at the 22 peer institutions:

- Texas peers:
https://utsacloud.sharepoint.com/:f:/s/vpaa/EloQdvAjLxIGmrPcsbMw9C8B2gboZ_yHN1q55j1l_1uypA?e=Yrg2v9
- Non-Texas peers:
https://utsacloud.sharepoint.com/:f:/s/vpaa/EkJd8VAJJa1CmqaoBD_XXJgB0SifViaTSVrkbwiECQBgOw?e=Y0fJoW

3B- Observational data from the 22 peer institutions:

https://utsacloud.sharepoint.com/:x:/s/vpaa/Eevruha_NFFAgBIWpSNBMdQBdMJ6V6TIYyM0eO3oJn678Q?e=SV8vn9