

Unit Name: School of Public Health

1. Academic Units: Please provide a 1-2 page description of how your unit will fund growth plans identified in the Annual Academic Plan workbook through current or anticipated incremental revenue to your unit. Please provide specific fund source names and projections (in dollars). If these plans assume additional Provost Reinvestment Funds (supplement), please make that clear in this section.

The School of Public Health plans substantial growth in teaching, moderate growth in research, and only limited and targeted growth in faculty and staff through 2017 given contemporary fiscal realities.

- **Teaching** projections (expressed as student credit hours, enrolled students, and degrees) are shown on the table below. A 10-15% SCH increase in FY14 is followed by smaller but substantial increases in subsequent years. The cost of the additional teaching will be covered by incremental teaching revenues.
- **Research** growth is not expected to continue at rates seen in recent years due to the plateau of Federal and other funding sources. However, with accomplished researchers joining our faculty, and with growth in strategic (and fundable) areas, we project moderate growth.¹ The expansion in direct costs will be covered by the increase in grants and contracts. The marginal administration costs will be minimal due to the moderate growth.
- **Paid FTE**
 - **Academic Staff:** Faculty headcount is presently about 200 people (250 including lecturers), of whom about 150 are based and paid at UW (the remainder are PDR, based and paid at partner institutions).² This number will remain roughly stable, with new hires balanced by retirements and departures. Up to six strategic plan faculty hires are planned, representing about 4% of our UW-based faculty. We also project a small increase in non-faculty academic personnel such as fellows, for a total FTE increase of about 10% by 2017.
 The initial cost of our strategic plan hires will be covered by funds awarded with the Dean’s recruitment and set aside for this purpose. Otherwise, much of the growth in paid FTE will be funded by sources other than GOF and DOF, and will be dependent on the availability of necessary funds. In addition annual salary increases of roughly 3% overall are planned beginning with FY2014.
 - **Professional and Classified Staff:** Minimal growth is expected in professional and classified staff through FY17. The growth will be supported by sources other than GOF and DOF, and will be dependent on availability of funds.
 - **Student Employees:** Student employees will be employed at the same rate as in previous years. The slight forecast growth in student FTE correlates with the growth in students.

Revenue growth projections are shown on the table on the next page.

¹ Three one-time changes will impact research revenues during FY 13 and FY14. First, IHME research awards are now entirely accounted for within Medicine. Second, a large grant within Global Health will come to an end. Third, Dr. Dedra Buchwald will transfer her research activities from the School of Medicine to the School of Public Health.

² The paid FTE count shown on our quantitative report differs from the faculty head count because of the interdisciplinary nature of Public Health. Many academic staff have a portion of FTE paid by other schools based on teaching or research collaborations.

Revenue stream	Projected activity growth	Dollar value	Comments
Tuition	<ul style="list-style-type: none"> Tuition: ↑3%/year for MPH, ↑5%/year for other categories Students: ↑ 40 degrees/year(20 graduate, 30 undergrad) by 2017 SCH: ↑ 12,000 SCH by 2017 (3,000 graduate, 9,000 undergrad) 	Estimate \$0.5M per year through FY17 in incremental tuition	↑SCH reflects both ↑majors and ↑service course and minor enrollments
Research	↑2% per year, with stable ICR recovery rates	Average growth of \$5.5M per year through FY17 in total cost awarded	The level of award growth would provide approximately an additional \$0.6M per year in ICR to the school.
Advancement (gifts and discretionary)	↑5% per year	Average growth of \$0.2M per year	The forecast excludes major gifts which are being actively pursued.
UWEO	↑7% in SCH for FY13, leveling off by FY2017	Public Health receives \$4.5M in revenue through UWEO budgets. This amount is forecast to grow slowly though FY17.	The School of Public Health receives roughly equal amounts of revenue from tuition based teaching and UWEO activities.
Other (summer institutes, etc.)	↑1% per year	Average growth \$0.1M per year	

None of the above growth is dependent on additional Provost Reinvestment Funds.

Caveats

- Under university practice, data on interdisciplinary units (including, in this case, the Department of Global Health) are handled in a variety of ways. Paid FTE data are attributed uniquely to the unit providing salary support, teaching data are attributed duplicatively to *both* involved units, and joint research data are divided between involved units. We report the data for the Department of Global Health accordingly with research awards being the combined total across both schools.
- The forecasts assume continuation of the Medical Aid and Accident funds to the Department of Environmental and Occupational Health Sciences, with no change in funding level.

2. Academic Units: *If you are recommending the creation of a new tuition category, please identify the original tuition category, the proposed category, a suggested tuition rate for FY14 and a percentage increase for FY15. If you plan to move only a subset of your programs into a new category, please identify those programs.*

Existing Tuition Category

The School of Public Health currently has only one tuition category, the MPH (with both resident and non-resident tiers). For FY14 and FY15, we are requesting a 3% increase for both resident and non-resident MPH tuition.

New Tuition Categories

The School of Public Health is recommending the creation of a new tuition category covering other graduate programs:

Original Tuition Category	Proposed Tuition Category	Suggested Tuition Rate FY14	% Increase for FY15	Programs included in rate
Tier III Resident	Academic Public Health Tier Resident	\$14,627	5-7%	All programs currently in Tier III
Tier III Non Resident	Academic Public Health Tier Non Resident	\$28,130	5-7%	All programs currently in Tier III

The above table is based on the following assumptions:

- The new category will maintain the same rate as Tier III for FY14 and FY15. We estimated a 5% increase in Tier III, so we proposed an FY14 rate of 5% above the FY13 Tier III rate. If the increase is other than 5% for Tier III, we will follow the Tier III increase.

3. Administrative Units: *Please provide a 1-2 page overview of your current strategic plan and include a summary of any operational risks that the UW must work to mitigate over time. Note that there are very few Provost Reinvestment Funds, so your summary should provide a clear sense of how your unit intends to minimize risk, maximize service, and if necessary, repurpose existing funds to do so.*

Not Applicable

4. Academic and Administrative Units: *Considering your strategic plans (particularly if they assume growth) please provide a short summary (1-2 pages at most) that relates these plans to your current space assignment. In particular, you might consider the following questions when drafting your response:*

- a) *Does your current space inventory meet current programmatic requirements? Contrarily, does the type or quality of the space place any constraints on your ability to meet program requirements? If not, please provide specific quality or space type concerns (location, specific quality concern, etc.).*
- b) *Will your unit be able to accommodate your growth plans within existing inventory of space? If additional space will be necessary, please describe the amount, type, or quality of additional space you may need to meet programmatic objectives and growth plans.*

For many years School of Public Health space needs have exceeded available space on campus. We currently occupy about 180,000 assignable square feet on campus and 80,000 off campus. Thus, about a third of our space is off-campus. This excludes the substantial number of PDR faculty and associated staff who are based at other institutions such as the Fred Hutchinson Cancer Research Center, the VA Medical Center, and Children's Hospital.

In the long run this is a serious problem. With space ranging from office buildings on 45th Street, to Eastlake, to Sand Point, to Harborview, our dispersed locations impede effective collaboration, make it difficult for students to get easy access to faculty, and forfeit substantial amounts of ICR. We need an on-campus building.

In the short term we manage. We shuffle people around in our existing space, and we make do. The small amount of growth we forecast through FY17 will be readily accommodated in existing on- and off-campus space.

Teaching space also remains a challenge, as many SPH classes struggle to find suitable classrooms, a challenge aggravated by awkward legacy systems for reserving rooms and the disconnect between upper and lower campus systems. Recent improvements in some classrooms including technology upgrades are welcome, but much more needs to be done. In the short term existing space should accommodate our planned enrollment growth, although perhaps requiring some creative solutions such as off-hours classes. In the long term, the health sciences center precinct plan includes substantial enhancement of teaching space in the T-wing, which will be needed for all the health science schools.

5. Academic and Administrative Units: *Should the 2013 Legislature lift the ongoing salary freeze and allow increases, we certainly hope that state funding will be provided for GOF increases. In the event that state funding for compensation is not available, all units should have plans to cover GOF/DOF salary increases out of tuition or other fund sources. Should no tuition revenue be available to your unit, Provost Reinvestment Funds may be dispatched to provide support for increases. Please provide your units' plans to cover expenses associated with salary increases. A salary and tuition revenue model is available on the OPB website; this model is designed to give you a sense of the magnitude of the support that will be required at various percentage increases.*

According to the OPB model, a 3% increase in GOF/DOF-supported salaries for SPH faculty and staff represents an approximate increase in personnel costs of \$450,000. We plan to meet this expense in two ways. First, for FY14 we plan a 3% tuition increase in the MPH tuition category and a 5% increase in the newly created Academic Public

Health Tier. These will generate approximately \$175,000. Second, we expect significant teaching growth, especially in undergraduate education, with the additional tuition revenues generating approximately \$275,000.

Two caveats apply. First, our projection of increased tuition revenue rests on assumptions that our SCH growth will exceed that of other Schools (based especially on the significant growth of our undergraduate program). However, if other Schools grow more than expected, our relative increase will be smaller, and our tuition revenues less than projected. Second, we have made very conservative assumptions about faculty and staff growth despite substantial expected growth in teaching. Should the increased teaching load require that we hire additional faculty and/or staff, the increased salary required will exceed our projections.

6. Academic and Administrative Units: *Your unit may have identified growth plans in the Annual Academic Plan workbook; if so, as part of question 1 your unit should have included a description of the funds necessary, including Provost Reinvestment Funds, to support such growth. For this section, however, please provide specific requests of Provost Reinvestment Funds for new initiatives. Please provide a one-page summary of these requests, articulating how much funding is requested by an initiative, whether temporary or permanent funds are requested, and how the funds would be spent (new positions, systems, etc.). Owner: Howie (from submissions departments)*

The SPH requests for Provost Reinvestment Funds are summarized in the Table, and detailed on the attached pages.

Title	Funds requested	Temporary or Permanent	Duration	Brief summary
University of Washington Health Policy Center	\$320,000	Temporary	1 year	Launching a high-priority, time-sensitive health policy initiative, in collaboration with Schools of Medicine, Law, Pharmacy, others.
Collaborative Research Infrastructure to Transform School Health	\$300,000	Temporary	18 months	Bridge funding for a research partnership between Seattle Public Schools (SPS) and UW investigators from SPH, other Health Science Schools, the College of Education, and College of Arts and Sciences.



**University of Washington School of Public Health
Request for FY 14 Provost Reinvestment Funds
Submitted November, 2012**

University of Washington Health Policy Center

Funds requested:	\$320,000
Duration:	1 year
Use of funds:	Launching a high-priority, time-sensitive initiative: the University of Washington Health Policy Center.
Sustainability plan:	<ul style="list-style-type: none"> • Grants and contracts with state agencies (including DOH and DSHS, for relevant policy efforts) and local and regional health care institutions. • Sponsorships of forums. • Participant fees in activities.
Strategic attributes:	<ul style="list-style-type: none"> • Strong foundation already established • Plan for financial self-sufficiency • Promotes university-community partnership • Interdisciplinary, involving several UW Schools and Colleges

Synopsis: We propose to create a transdisciplinary Health Policy Center, based in the School of Public Health, and with partnerships across the University. This Center, with engagement of faculty and students from across the University, will address the pressing need for rigorous health policy analysis at the state, regional, and national levels, through research, program evaluation, teaching, and dissemination. Provost Reinvestment funds will support interdisciplinary faculty participation, recruitment of a faculty leader, and “Safe Table Forums” to establish the Center and assist policymakers with implementing the Affordable Care Act. Long-term financial sustainability will rest on a combination of grants and contracts with government agencies and health care institutions, sponsorships, and fees.

Background: Our nation's health system is changing: dramatically, rapidly, and irreversibly. Stakeholders across the system – legislators and their staffs, health care providers, insurers, purchasers, advocates, foundations, consultants, academicians – are scrambling to understand and implement policies, regulations, and guidelines devolved from the federal government to the states. The deadlines are constant and insistent.

What role will UW play to help our colleagues and our communities as they implement one of the greatest shifts in health policy our nation has seen? Our teaching, research, and service mission guides the answer: our faculty, staff, and students, at all levels, will both lead and collaborate. They will offer research (big-R and small), policy analysis, convening and facilitation, and information dissemination that supports both immediate needs for innovation, and long-term needs for continuous assessment and improvement. Our university will be a key partner in the health system locally, regionally, and nationally.

Core idea: The Department of Health Services proposes to create a transdisciplinary Health Policy Center in the School of Public Health. The center will bring together faculty and students from diverse disciplines and perspectives across the Bothell, Seattle, and Tacoma campuses. Partners key to securing the public's health include planners, legal experts and theorists, social services professionals, government policy experts, and professional and allied health care providers. Center investigators and students from these and other disciplines will work together to explore, examine, and test health system design questions big and small. And in collaboration with communications experts they will disseminate the resulting knowledge in a way that is pragmatic, understandable, and most importantly, actionable.

With the recent re-election of President Obama, the Affordable Care Act will become established over the

next four years and this will provide a number of policy-related opportunities for our Center. Our timing is critical. First, pitching in now is important to our health system partners who face challenging deadlines. Second, the Health Policy Center will create an organizational nexus for members of the university community across our campuses who are interested in and ready to take on health policy, along with those who already are in the thick of it. The center will give them a place to go and a place to start in taking on transdisciplinary health policy research, teaching, and community service.

Progress to date: With a small amount of existing seed money and 1.5 FTE, a nascent policy center in the school already is making a difference. For example, the Center is partnering with two Washington state agencies and a consortium of nurse providers to present three statewide Safe Table Forums, each on a different issue raised by the Patient Protection and Affordable Care Act (ACA). The center is facilitating work groups in two state health agencies to help them plan for their future work under health system reform. And the Center is providing health policy training to public health practitioners across the state and around the country.

This is a start. What the center needs now is an investment of start-up dollars that will wrangle the expertise to catalyze this momentum and illustrate to our partners the value our university offers.

Work plan: The new center will have a menu of activities in health policy that current clients and stakeholders have identified as high priorities. These stakeholders will assist in providing or finding resources to conduct these activities (as was the case for the Health Policy Center Initiative's recent Safe Table Forum on adult immigrant access to health care under health reform). Examples of activities include:

- Safe Table Forums
- Policy analyses based on data collected by state agencies in the WWAMI region.
- Facilitation of policy development processes in areas involving public health or medical care policy.
- Short-term consultations with a focus on issues that involve the state legislature, local public health departments, and other local stakeholders.
- Develop research proposals to evaluate the consequences of local, state or federal health policies
- Practicum opportunities for SPH students who can address problems nimbly and inexpensively.
- Provision of policy support in grant applications to allow faculty to show ready capacity to translate research findings into policy-relevant information.

Interdisciplinarity: We have letters of commitment from Sallie Sanford (Law), David Flum (Medicine), and Sean Sullivan (Pharmacy), available on request, and strong interest from Communications, Public Affairs, and Built Environments.

Proposed use of funds: Funds will support:

1. Ten percent FTE for six interdisciplinary faculty to work with, and at, the Center for two years, to be matched 1:1 by their units, for example, Law, Social Work, Public Affairs, Built Environment, Communications, and Medicine. \$120,000
2. Recruitment of a new health policy faculty member within the School of Public Health, a direct outcome of the School's strategic plan. \$100,000
3. Presenting four Safe Table Forums, including writing and disseminating briefing papers, on issues that will assist the state and its partners in implementing aspects of the ACA. \$100,000

Sustainable funding: As the Center becomes an established locus of policy efforts, we will aggressively seek funding from state agencies (including DOH and DSHS) and from local and regional health care institutions. Additional models of revenue generation will also be used, as tested in our initial program development. For instance, a single client or a group of clients may purchase an entire Safe Table Forum, and/or event participants may be charged registration fees.



**University of Washington School of Public Health
Request for FY 14 Provost Reinvestment Funds
Submitted November, 2012**

Collaborative Research Infrastructure to Transform School Health

Funds requested:	\$300,000
Duration:	18 months
Use of funds:	Bridging of a successful, transdisciplinary, community-based UW program to permit long-term funding to be secured.
Sustainability plan:	<ul style="list-style-type: none"> • Center grant proposal to National Institute of Child Health and Development (NICHD) in 2013 • Proposal to US Department of Education Institute of Educational Sciences in response to Social and Behavioral Context for Academic Learning program announcement in 2013 • Applications to foundations • In-kind support from Seattle Public Schools
Strategic attributes:	<ul style="list-style-type: none"> • Plan for financial self-sufficiency • Promotes university-community partnership • Community service to Seattle • Interdisciplinary, involving several UW Schools and Colleges • Addresses diversity and underserved populations

Synopsis: The *Collaborative Research Infrastructure to Transform School Health* initiative is a competitive NIH grant (direct costs \$612K, total \$999K, dates 2010-2013) supported by ARRA funds. The goal is to build a long-term, sustainable, cross-cutting research partnership between Seattle Public Schools (SPS) and UW investigators from several health-related Schools, the College of Education, and College of Arts and Sciences. Now in the third and final year of initial funding, the project team has made substantial progress toward its goals. Bridge funding will maintain the project infrastructure, permit ongoing use of data for pilot studies and grant writing by researchers across campus, and enable transition to a sustainable business model. Long-term support will come from federal, state and non-profit sponsors committed to K-12 student health and academic success.

Aims of the Original Grant:

1. To transform the research environments at SPS and UW by building collaborative skills and competencies for conducting relevant health and wellness research in schools;
2. To build a sustainable health and wellness research infrastructure to support health initiatives in SPS;
3. To establish an Action Guide for Health and Wellness Research for the district;
4. To prepare applications for funding for collaborative projects involving UW, SPS and other partners.

Progress to Date: Associate Professor Donna Johnson (Health Services and Nutritional Sciences) has assembled a strong team that includes SPS leaders and faculty from eight UW schools and colleges (Public Health, Nursing, Medicine, Dentistry, Pharmacy, Social Work, Education, Arts and Sciences). Representatives from UW, SPS, and the community have convened at several large and small gatherings. Community engagement is assured through a community-based research methodology. SPS leaders are strongly committed to the initiative, and the team has slowly and patiently built lasting relationships and established shared staff positions. Using data gathered through meetings, interviews and surveys, the team has identified five priority health research focus areas that are tied to academic success: health risk

behaviors, social/emotional health, nutrition, physical activity, and health conditions (e.g. asthma). Having obtained necessary permissions, they have successfully merged several large state and district data sets on academic, behavioral and health outcomes; the resulting database is housed at the UW Center for Studies in Demography and Ecology (CSDE). UW researchers from across campus have conducted pilot analyses for each of the five research focus areas, and shared the results with SPS and the community. SPS has a strong interest in using these data to inform decisions at the district and school levels, and in developing higher level research protocols to gather more detailed information or to test interventions within the district. There is also interest in expanding this approach in collaboration with other school districts or the Office of the Superintendent of Public Instruction.

An Interdisciplinary Initiative: The UW project advisory board, with members designated by the deans of the College of Education and all six Health Science Schools, has been invaluable in aligning the project with the mission and goals of each of the schools and colleges and with existing partnerships between the UW and SPS, and in building participation across UW. Faculty and graduate students from several disciplines are beginning to use the harmonized database to answer research questions of interest to SPS and to generate pilot data for research grants. An immediate priority is to expand collaboration with colleagues in the College of Education to address health and educational disparities in vulnerable populations.

The Vision: In three years, we will have a fully self-sustaining research center that serves the needs of UW faculty and graduate students who are interested in conducting research in schools, assures that UW health research meets the needs of Seattle Public Schools, and provides actionable findings to improve health and reduce disparities in academic performance. Our goal is to build a health-based research center that is similar to a long-standing center for school performance research that is a partnership between the University of Chicago and Chicago Public Schools (<http://ccsr.uchicago.edu/>).

Sustainable funding: In 2013 the project team will apply to the National Institute of Child Health and Development (NICHD) for an NIH center grant; they are in conversation with NICHD officials and the UW Complex Proposals Management Group about this proposal. The proposed center will include core funding to maintain the data structure at CSDE and staff support at SPS and UW as well as R01 and R21 proposals from investigators across campus. Each of the associated proposals will include an interdisciplinary team of investigators. The team also plans on collaborating with the College of Education in responding to the US Department of Education Institute of Educational Sciences program announcement, Social and Behavioral Context for Academic Learning. In addition they will support investigators in applying for funding independent of these larger grants, with the expectation that each grant will include a request for funds to sustain the data and relationship infrastructure. Dr. Johnson is working with Advancement to approach potentially interested foundations. SPS will continue to provide in-kind support.

Request: Support at the \$300,000 level over 18 months beginning July 1, 2013, will protect the progress to date by maintaining current staffing patterns, including staff within SPS, to support ongoing analysis and development until sustainability plans are fully in place.