Montana University System

INTENT TO PLAN FORM

Program/Center/Institute Title: **PhD Indigenous and Rural Health Equity**

Campus, School/Department: **MSU-Bozeman, College of EHHD, CLS, CON, COA**

Contact Name/Info: **Suzanne Held, Suzanne@montana.edu**

Date: June 11, 2019

Expected Submission Date: **December 2019**

To increase communication, collaboration, and problem-solving opportunities throughout the MUS in the program/center/institute development process, please complete this form not more than 18 months in advance of the anticipated date of submission of the proposed program/center/institute to the Board of Regents for approval. The completed form should not be more than 2-3 pages. For more information regarding the Intent to Plan process, please visit [http://mus.edu/che/arsa/academicproposals.asp](http://mus.edu/che/arsa/academicproposals.asp).

1) Provide a description of the program/center/institute.

By leveraging interdisciplinary knowledge across the university, this doctoral program will prepare professionals equipped to lead the development, implementation, and evaluation of health systems, programs, and policies; direct research programs; and educate and train the next generation of health professionals. Students will learn to apply best practice including Indigenous research methods, community engagement, health care systems and policy, public health infrastructure, environmental health, social determinants of health, Indigenous wellness knowledge preservation and interdisciplinary and mixed qualitative and quantitative methods. We intend for this program to be available to students both at a distance and onsite in Bozeman. The goal is to develop scholars, educators, and practitioners who can address the health concerns and needs of Indigenous and rural communities in Montana and beyond.

Faculty from four colleges, four centers, and the University of Washington School of Medicine regional medical school in Montana (WWAMI program), including Extension Specialists, with support from multiple health-related agencies are creating this interdisciplinary doctoral program in the social, behavioral, health, and natural sciences. Faculty currently involved in planning are from disciplines including agriculture, anthropology, business, community health, engineering, graphic design, Native American Studies, sociology, nutrition, psychology, nursing, environmental health, microbiology, medicine, and as well as WWAMI, and four centers working in this area: IDEa Network of Biomedical Research Excellence (INBRE), the Center for American Indian and Rural Health Equity, the Center for Mental Health Research and Recovery, and the American Indian/Alaska Native Center for Translational Research. Planning members also represent relevant health-related agencies including Montana's Office of Rural Health, the Montana Area Health Education Center, the Montana Healthcare Foundation, the Rocky Mountain Tribal Leaders Council–Epidemiology Center and the Billings Area Indian Health Service.

2) Describe the need for the program/center/institute. Specifically, how the program/center/institute meets current student and workforce demands. (Please cite sources).

The Montana Healthcare Workforce Advisory Committee's (MHWAC) statewide strategic plan\(^1\) cites a need to transform the workforce to meet the state's unique health-related challenges through academic degree programs tailored to meet demonstrated state and regional needs. They cite the need for research, policy development, and health systems development that will address existing health disparities in the state. These needs can be directly addressed by graduates of this interdisciplinary PhD program.
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MHWAC's strategic plan also suggests utilizing the best practice of “growing your own” as a method to meet workforce demands and of providing academic programs to those in rural and underserved areas. With the options of distance and onsite learning, workers who are in tribal, county, and state health departments and tribal and other college and university health programs can advance their training. This includes those in nursing, as there is a lack of PhD programs for this audience. Professionals in these positions from other states can also take advantage of this program.

PhD-trained health scientists are needed to solve intractable health issues that our state faces. For example, there is a disparity in median age at death between whites and American Indians (Als) in the state with Als having lifespans that are 18 years shorter than white – this equates to Als having approximately three quarters the typical lifespan for whites. Another challenge Montana faces is reducing the highest per capita suicide rate in the nation, which has risen 38% in the last decade to nearly double the national average. Additionally, the state faces unique economic challenges as the average household income consistently trends $7,000 or more below the national average with housing, food, and healthcare costs comparable to or higher than the national average. Altering these statistics calls for innovative, multidisciplinary and collaborative solutions generated by the research of emerging health scientists.

3) Describe how the program/center/institute fits with the institutional mission, strategic plan, and existing institutional program array.

Our goal is to create an indigenous and rural health equity PhD program that is in alignment with MSU’s mission to integrate education, knowledge creation, and service to communities. The development of an indigenous and rural health equity PhD program addresses the three areas of intentional focus outlined in MSU’s 2019 “Choosing Promise” Strategic plan (http://www.montana.edu/strategicplan/index.html):

**Intentional Focus 1:** Drive Transformational Learning Experiences Creating Outstanding Educational Outcomes for All Students. The indigenous and rural health equity PhD program will support MSU’s goal to “expand high-quality graduate education” both in terms of balancing our portfolio of degrees offered (goal 1.2.1) and increasing the number of research doctoral degrees awarded annually (goals 1.2.3).

**Intentional Focus 2:** Improve Lives and Society through Research, Creativity, and Scholarship. The indigenous and rural health equity PhD program will support MSU to reach its goal of enhancing “the significance and impact of scholarship.” Specifically, students and faculty affiliated with this PhD program will produce interdisciplinary scholarship that addresses “access and equity in education and health outcomes” thus “promoting wellness in our Montana communities” (goal 2.1.1 and a topic area that is part of the “Grand Challenges”). In addition, this PhD program will help enhance the education of “graduate students through increased participation in research” (goal 2.1.3).

**Intentional Focus 3:** Expand Mutually Beneficial and Responsive Engagement for the Advancement of Montana. This indigenous and rural health equity program will support MSU to “increase mutually beneficial collaborations with tribal nations and partners.” Specifically, this program will “improve and increase tribal partnerships with mutually defined outcomes” (goal 3.1.2) and is “tailored to demonstrated state and region needs with attention to national trends” (goal 3.2.4).

The indigenous and rural health equity PhD program also fits with our existing institutional program array. Faculty involved with the program will come from already established departments and centers (listed above in Section 1).
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4) Describe how the program/center/institute overlaps, complements, or duplicates existing efforts in the MUS. Describe efforts that will be made to collaborate with similar programs at other institutions. If no efforts will be made, please explain why.

MSU has two interdisciplinary doctoral degrees, one in Ecology and Environmental Science (EES) and the other, an individual interdisciplinary program (IIP) which is designed for students who have a research idea in mind and want to work with faculty across departments rather than a discipline specific orientation. However, the EES Program requirement for students to incorporate ecology and/or environmental science courses means this option is not suitable for students interested in a social science or straight public health doctoral degree focused on health disparities. While the IIP PhD similarly provides an interdisciplinary approach, it is a very self-directed approach without the focus on Indigenous and rural health. Students with a bachelor’s degree or particular interest in Native American Studies sometimes choose to go on to earn a doctoral degree in American Studies at MSU. This degree program is appropriate for many fields of interest, but not for a doctoral program focused on health and health disparities. Although the above degree options could be used to do a doctorate focused on health and health disparities, any such student would lack a cohort of other graduate students pursuing similar passions, which substantially detracts from the graduate experience. MSU’s proposed doctoral program in Indigenous and Rural Health Equity would create a cohort of interdisciplinary PhD students and faculty with a shared focus on health equity, providing a rich and exhilarating graduate experience. The University of Montana also has an interdisciplinary doctoral degree with no particular disciplinary focus, as well as a PhD program in public health in their College of Health Professions & Biomedical Sciences. This public health program includes faculty working in Indigenous and rural health. However, only one required course is specific to rural health, with optional courses in Indigenous or rural health. Strong collaborations with communities are essential to researching and addressing health equity, hence proximity facilitates effective partnerships. MSU Bozeman’s proposed PhD program will be well positioned to serve and work with communities north and east of Bozeman, while UM’s PhD in public health can more readily serve western Montana communities. Additionally, the two programs can develop and exchange complementary areas of expertise. The program we propose will complement these existing doctoral programs and offer options for the departments included in this initiative which do not offer doctoral degrees or would like to expand their doctoral degree offerings.

References:

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Signature/Date

College/School Dean:  Alison Harmon, EHHD  5/10/19

Chief Academic Officer:  [Signature]  6-4-19
Chief Executive Officer:  [Signature]  June 4, 2019
Flagship Provost*:  [Signature]  6-4-19
Flagship President*:  [Signature]  June 4, 2019

*Not applicable to the Community Colleges.

Date of Final Review:

When submitting the proposal to the BOR, include this signed form with the Level II request.