MSHP Program Changes:

**Overview of** **Changes**

* Increase the total number of credits from 33 to 36 Credit Hours. This change is consistent with other MS programs at the University of Delaware and comparable programs across the country (e.g., University of Maryland, American University, University of Colorado)
* Changes to Core Courses including:
	+ Add HLPR610 (Health and the Media) or HLPR819 (Social Marketing and Health Communication)
	+ Add HLPR605 Concepts of Chronic Disease Management
	+ Add HLPR804 Pogram Evaluation
	+ Removal of HLPR823 (Human Response to Stress); HLPR807 (Topics and Issues)
* Addition of two optional concentrations that will assist in recruiting students and be beneficial for students for job placement upon graduation.
	+ **Health coaching**
	+ **Health and Disability**

Rationale:

The Master’s of Science in Health Promotion was established in 1998 as a multidisciplinary program housed in the College of Health Sciences. A formal outside review of the program recently occurred in 2013. Since then, the scope and depth of the field of Health Promotion has evolved substantially. Key factors motivating the proposed changes include (but are not limited to):

* Pervasive application of social determinants and ecological models of health behavior
* Growth of inter- and trans-disciplinary science, and the need to work as part of programmatic and scientific teams that are made up of personnel from different expertise backgrounds (i.e., urban planning, food science, computer science)
* Emphasis on data science, and the need for data management and analytic skills
* Emergence of the obesity and opioid dependence epidemics among adults and youth, both in the US and globally
* Identification of health coaching as a specific sub-discipline within the field
* Increased focus on equity, health disparity, and active participation of underrepresented populations in research and community programs.

Commensurate with the expansion of the broader field of Health Promotion, our department has grown in scope and depth. Growth in the number of faculty has expanded our content expertise and our ability to reach different target populations. Our areas of expertise now encompass the domains of health communication, adapted physical activity, applied behavior analysis, 24-hour epidemiology, technology-based health behavior change interventions (e.g. mobile apps, mixed reality), assessment of built environment, data science, and tailored health behavior change interventions (e.g., smoking cessation, diabetes prevention for racial/ethnic minority groups, exergame for older adults). High-risk populations that we serve include adults and youth with disabilities, food insecure families, the aging population, diverse underserved populations at risk of diabetes, cancer patients and survivors, hypertensive adults, and treatment-seeking smokers.

Another key consideration in the graduate training landscape is the large number of opportunities available to graduate students of health promotion and the related fields (i.e., public health). Numerous institutions in our region, including the University of Delaware, offer Master’s programs in public health; public health programs within a department of social and behavioral sciences could be seen to be quite similar to our MS in Health Promotion. Cultivating and refining our unique identity as an academic department will enable us to distinguish ourselves from these surrounding programs.