College of Public Health
Strategic Initiatives
FY 2011-FY 2015

Adopted January 2010
Revised – September 2011
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INTRODUCTION

The College of Public Health (CPH) was founded in 1999 as the major component of the Public Health Initiative, sponsored by The University of Iowa, the Board of Regents, and the State of Iowa.

The mission of the CPH is

*To promote health and to prevent injury and illness through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice.*

The vision of the CPH is

*To serve Iowa and the Midwest as one of the nation’s premier state-assisted schools of public health and lead the global community in rural public health education and training, research, and practice.*

Our core values reflect those of The University of Iowa: Excellence, Learning, Community, Diversity, Integrity, Respect, and Responsibility. We seek to implement these values in ways that enhance the health and well-being of all Iowans, especially the most vulnerable segments of Iowa’s population.

*Excellence.* The CPH is dedicated to the pursuit of excellence in public health scholarship, teaching, and community service.

*Learning.* The CPH is dedicated to the discovery and dissemination of knowledge that will improve the health status of all people, especially those with rural roots and experiences.

*Community.* The CPH is committed to collaboration and actively seeks to engage community partners in its education, research, and public service.
Diversity. Diversity is key to a vibrant intellectual environment. Respect for, and inclusion of, all persons and valuing their unique experiences and contributions is essential to achieving our mission.

Integrity. The CPH adheres to the highest standards of honesty, fairness, respect, and professional and scholarly ethics.

Respect. The CPH is committed to maintaining an environment that recognizes the inherent worth and dignity of every person, and that fosters tolerance, sensitivity, understanding, and mutual respect.

Responsibility. The CPH is dedicated to the stewardship of all resources entrusted to it and fosters public policies that promote sustainability in all human activities, including environmental protection, agricultural production, economic development, and community health.

Social Justice. All activities within the CPH are motivated by a commitment to social equity and fairness, a spirit of compassion for all persons, and a desire to apply the tools of scientific knowledge to pressing societal health concerns. The College strives to improve the conditions in which everyone lives and thereby contribute to the formation of a just society.

The College of Public Health Strategic Initiatives (CPHSI) describes sustaining and incremental strategies to achieve aspirational goals for our three strategic areas of education, research, and public health impact. The CPHSI is intended to be a ‘living initiative’ that will guide annual objectives and metrics to assure incremental progress and to provide opportunities for modification of goals and strategies.

In early 2009 the CPH embarked on a Collegiate-wide strategic planning initiative. The overarching goals were for the initiative to be participatory and aspirational, to propose SMART goals (specific, measurable, achievable, relevant, and time bound), and to be efficient and fluid. The CPH Executive Committee comprised the initiatives’ steering committee. The overall steps involved in creating the strategic initiative are illustrated below.
The initiative began with a focus on seven strategic areas that were identified by the Executive Committee. These areas were: Education; External Relations; Faculty Recruitment and Retention; Global Public Health; Infrastructure; Public Health Impact; and Research Foci and Organization. Subgroups comprised of volunteers from among faculty (37), staff (28), and students (14) were commissioned for each of the strategic areas. Each subgroup: (a) conducted a SWOT (strengths, weaknesses, opportunities, and threats) analysis; (b) developed a core set of strategic, aspirational goals (2-5) in light of the SWOT analysis; and (c) defined SMART goals linked to the aspirations. Subgroups submitted an initial report using a common template. The Executive Committee reviewed and discussed the subgroup reports, developed the overarching framework (described above), and reviewed an initial draft.
SWOT ANALYSES SUMMARY

The subcommittees identified a number of common themes in their SWOT analyses which are summarized below:

Strengths

• Our faculty, students, and staff are described in all areas as:
  – Committed
  – Having a strong work ethic
  – Productive
  – Possessing a prominent, positive reputation
  – Skilled
  – Motivated
  – Well-qualified
  – Dedicated
  – Involved

• Our culture is described as:
  – Collaborative
  – Interdisciplinary
  – Collegial

• Other recurring strengths are:
  – External funding and research productivity
  – Internationally recognized academic and research programs
  – Outreach and partnerships locally, state-wide, nationally, and internationally
  – Alumni

Weaknesses

• Weaknesses in a number of areas centered on a lack of centralized infrastructure, including:
  – Course evaluation and review
  – Career placement and planning
  – Non-academic educational offerings
  – Alumni relations
  – Bench research
- Tracking international work of students and faculty
- Information on resources for international training and research
- Technical needs of investigators
- Provision of services or other support from the college to outside agencies
- Research facilitation

• Lack of aggressive marketing plans for continuing education and external relations suggests a common theme of weak marketing of our educational programs and overall achievements. This relates to issues of lack of a strong, unique identity and confusion of the CPH with the UIHC and the CCOM.

• Resources and funding was a recurring theme and mentioned specifically with regard to:
  - Lack of bridge funding
  - Sustainable funding for international research and training
  - Inadequate support for service
  - No sustainable funds for research-associated college activities
  - Competition with other sectors and institutions with more funding
  - Lack of scholarship funds and trainee fellowships

• Other recurring themes with regard to weaknesses were:
  - Distance between Iowa City and Des Moines
  - Research programs not co-located with academic building
  - Lack of depth in some areas due to low numbers of faculty which impacts research and curriculum

Opportunities
• Several growth opportunities were identified based on expanding what we are doing because of new resources (e.g., increased grant funding under the new administration) or increased collaborations:
  - More students through relationships with community colleges and undergraduate programs, through the development of courses/programs that transition students from bachelor’s programs to professional and doctoral programs, and international cooperative degrees
  - More professional training through certificate and CE offerings, particularly through increased marketing and changes in health department accreditation requirements
- Increased research resulting from greater emphasis in the College on collaboration among departments, between colleges, and with affiliated UI units such as the State Hygienic Laboratory
- Expanded distance learning, including global public-health training

• Subgroups also identified opportunities for new initiatives, including:
  - Development of an undergraduate program, including courses that would provide teaching opportunities for CPH students
  - Increasing income through consultant arrangements between the College and other sectors
  - New experiential learning opportunities through collaborations with public-health practice partners
  - Faculty expansion through the development of a research faculty track
  - Expanded visibility of the CPH through volunteer work and collegiate sponsorship of community service events

• In addition to specific areas for growth and innovation, several subgroups cited the growing visibility and public interest in public health issues.

Threats
• Not surprisingly, the most common theme for threats is lack of financial resources resulting from declining state support, the economic downturn overall, and reduced levels of available extramural funding.

• Other threats related to increased competition in several areas including:
  - Distance education
  - Newly accredited Schools of Public Health (SPH)
  - Maturity and branding of other SPHs in the region
  - Competition among other Board of Regents institutions for the same state resources
  - Recruitment of faculty to other institutions with less demands for research offset

• Some threats related to negative publicity to the college resulting from things such as HIPPA/IRB violations or the college taking public views on political, religious, or business matters.

• Other noteworthy threats include:
  - Threats from security breaches through organized cyber crime, hackers, spammers
  - Lack of understanding/awareness of PH as a career field
– Research threats from increased regulatory and compliance requirements by sponsors
coupled with slow response of UI IRB and clinical trials office

Summary
If we conceptualize strengths and weaknesses as internal factors and opportunities and
threats as external factors, the subgroup analyses and common themes tie together fairly well.
In many ways the strengths speak to the fundamental resources that we have to grow and
improve upon and the weaknesses point to what we may need for successful growth and
innovation. Opportunities point to existing areas of excellence that we can leverage as well as
new areas for our growth and innovation efforts. Threats show us what we need to anticipate
and to address in our planning and implementation to optimize the likelihood of our success.

We clearly have an extraordinarily solid base on which to grow and to innovate in our College
– productive, motivated, dedicated, skilled and committed faculty, staff and students; a
collaborative and collegial culture that values interdisciplinarity; and strong local, state,
national, and international recognition for our scholarship. Many of the identified weaknesses
speak to the importance of solid infrastructure. Virtually every group, in addition to the
infrastructure subgroup, identified needs for centralized resources and infrastructure that
would improve our educational, research, and service missions. These are modifiable
weaknesses and do not necessarily require new resources if we can redeploy our existing
resources more strategically. Another modifiable weakness is whether we are sufficiently
aggressive in marketing our educational programs and overall achievements, and whether we
are effectively creating a unique identity for public health, distinct from that of medicine and
health care services. Again, addressing this weakness may need a marketing plan more than it
needs additional resources. Less modifiable in the near term are valid concerns about
insufficient resources and funding, our physical structure, and lack of integration of research
space with our academic space. We, of course, cannot change the distance between Iowa City
and Des Moines, but can try to address its impact on our state-wide visibility and impact on
policy and practice.

Our growth opportunities come both from expanding what we are doing and by mounting new
initiatives. We have opportunities to increase enrollment in our professional and graduate
degree programs through strategic ‘pipeline’ initiatives with other institutions as well as
undergraduate programs within our institution and to increase professional training through
public-private partnerships. Potential new initiatives exist in undergraduate education,
research faculty, and public-private consultancies. As we expand and innovate we need to be mindful of competition from the growing number of SPHs for degree and distance learning education and for research and consultancy partnerships.

**ASPIRATIONAL GOALS**
The College of Public Health has three primary, aspirational goals to:

- **Provide outstanding public health education for both academic degree programs and non-academic training and education programs**
- **Conduct innovative, collaborative, interdisciplinary research that advances public-health theory, methods, and practice**
- **Enhance community health and improve quality of life in Iowa, nationally, and internationally through the translation and promotion of CPH’s education and research programs, public service, and creative partnerships.**

As illustrated in the figure below, central to our ability to achieve these goals are our: clearly articulated priorities; faculty, staff, and students; culture; and infrastructure. Thus, our strategic initiatives should be directed at sustaining and growing our College in a way that maintains an optimal balance among these core components.
STRATEGIC GOALS FY 2011-FY 2015

Achievement of our aspirational goals depends on sustaining current strengths as well as achieving incremental growth in strategic areas. The initial strategic initiative outlined nine sustaining strategies and eight incremental strategies. Based on a review of the strategies and objectives at the end of FY2013, these were revised to include seven sustaining strategies and eight incremental strategies listed below:

Sustaining strategies

By the end of FY 2015, the CPH aims to maintain or grow:

1. An overall average of 50% faculty salary offset for GEF-supported faculty;
2. Existing/potential external relationships with alumni, public health, health care, community, and industry partners;
3. Fundraising to achieve CPH program and building philanthropy goals;
4. Productive collegiate and departmental centers;
5. Best practices in collegiate governance;
6. A culture of collaboration and inclusion; and
7. The highest level of compliance of CEPH accreditation criteria.

**Incremental strategies**
By the end of FY 2015, the CPH aims to:
1. Increase the number of GEF-supported faculty positions to a minimum of 15 in each department;
2. Increase participation of undergraduates in degree programs and classes targeted at undergraduates;
3. Develop innovative traditional and non-traditional academic programs;
4. Enhance collegiate infrastructure for career development, curricular innovation, research growth, and public health service and outreach;
5. Target collegiate growth and innovation in research, academics, and outreach for public health impact around a core set of CPH-wide areas of collective excellence;
6. Implement a strategic marketing/public relations plan;
7. Create a nationally visible Iowa Institute for Public Health Research; and
8. Create collegiate-wide initiatives in global public health.

**Annual Objectives**
Annual objectives and tactics related to each of the CPHSI strategies will be developed using the following template:

**FY2014 Work Plan**

| SUSTAINING STRATEGIES – TO MAINTAIN OR GROW: |  |
|---|---|---|---|
| Strategies | FY2014 Objectives | FY2014 Tactics | Accountability |
| 1. Overall average of 50% salary offset for GEF-supported faculty |  |  |  |
| 2. Develop existing/potential external relationships with alumni, public health, health care, community, and industry partners |  |  |  |
| 3. Active fundraising to achieve CPH program and building philanthropy goals |  |  |  |
| 4. Productive collegiate and departmental centers |  |  |  |
| 5. Best practices in collegiate governance |  |  |  |
| 6. Culture of collaboration and inclusion |  |  |  |
| 7. Maintain highest level of compliance with CEPH accreditation criteria |  |  |  |

| INCREMENTAL STRATEGIES: |  |
|---|---|---|---|
| Strategies | FY2014 Objectives | FY2014 Tactics | Accountability |
1. Increase the number of GEF supported faculty positions to a minimum of 15 FTE in each department

2. Increase participation of undergraduates in degree programs and classes targeted at undergraduates

3. Develop innovative traditional and non-traditional academic programs

4. Enhance collegiate infrastructure for career development, curricular innovation, research growth, and public health service and outreach

5. Target collegiate growth and innovation in research, academics, and outreach for public health impact around a core set of CPH-wide collective areas of excellence

6. Implement a strategic marketing/public relations plan

7. Create a nationally visible Iowa Institute for Public Health Research

8. Create collegiate-wide initiatives in global public health

MEASURABLE OUTCOMES
Achieving our aspirational goals will occur through a series of strategic initiatives with annual objectives and metrics for success. In addition to these specific initiatives, the CPH has defined a series of broad outcomes that will be tracked through the use of collegiate dashboards. These outcomes are general indicators that we are achieving our educational, research, and public health impact goals and includes outcome measures for ensuring the balance of people, culture, priorities and infrastructure. The baseline data (average of FY08-10) will serve as benchmarks for these outcomes.

Education
Evidence that we provide outstanding public health education includes metrics related to our students and our degree partnerships. With regard to academic degree programs and non-academic training and education (e.g., certificate) programs, we will assess:

• The quality of the academic students we attract
• Student enrollment and graduation rates
• Student placement by degree and career impact
• Student funding
Research
Evidence that we conduct innovative, collaborative, interdisciplinary research focuses on our research teams, types of research funding, and visibility of our research findings in the academy and broader public arena. Metrics include:

- Number/types of interdisciplinary collaborations on the research teams of funded grants
- Interdisciplinary publication authorships
- Success rate on peer-reviewed grant submissions
- Quality of peer-reviewed journals of CPH-based publications
- Citation references of CPH-based publications
- Faculty recognition as fellows in professional societies, IOM membership, national awards

Public-Health Impact
Indicators of our impact on public health include:

- Local, state, national, and international collaboration on public health programs and policy
- Workforce development through training and education
- Non-academic references/citations of our research
- Adoption and integration of programs developed and evaluated by CPH faculty
- Public-private partnerships for innovative public health and health policy initiatives

Assessment of Progress
Annual progress will be assessed both with regard to achievement of annual workplan objectives and our measurable outcomes.