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College of Public Health

Strategic Initiatives

FY 2011-2016

Adopted January 2010

COLLEGE OF PUBLIC HEALTH
STRATEGIC INITIATIVE
FY 2011-2016

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: Community, Integrity, Learning, Quality, Responsibility, and Social Justice. 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.

> *Community*. The CPH is committed to collaboration and actively seeks to engage community partners in its education, research, and public service.
>
> *Integrity*. The CPH adheres to the highest standards of honesty, fairness, respect, and professional and scholarly ethics.
>
> *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.

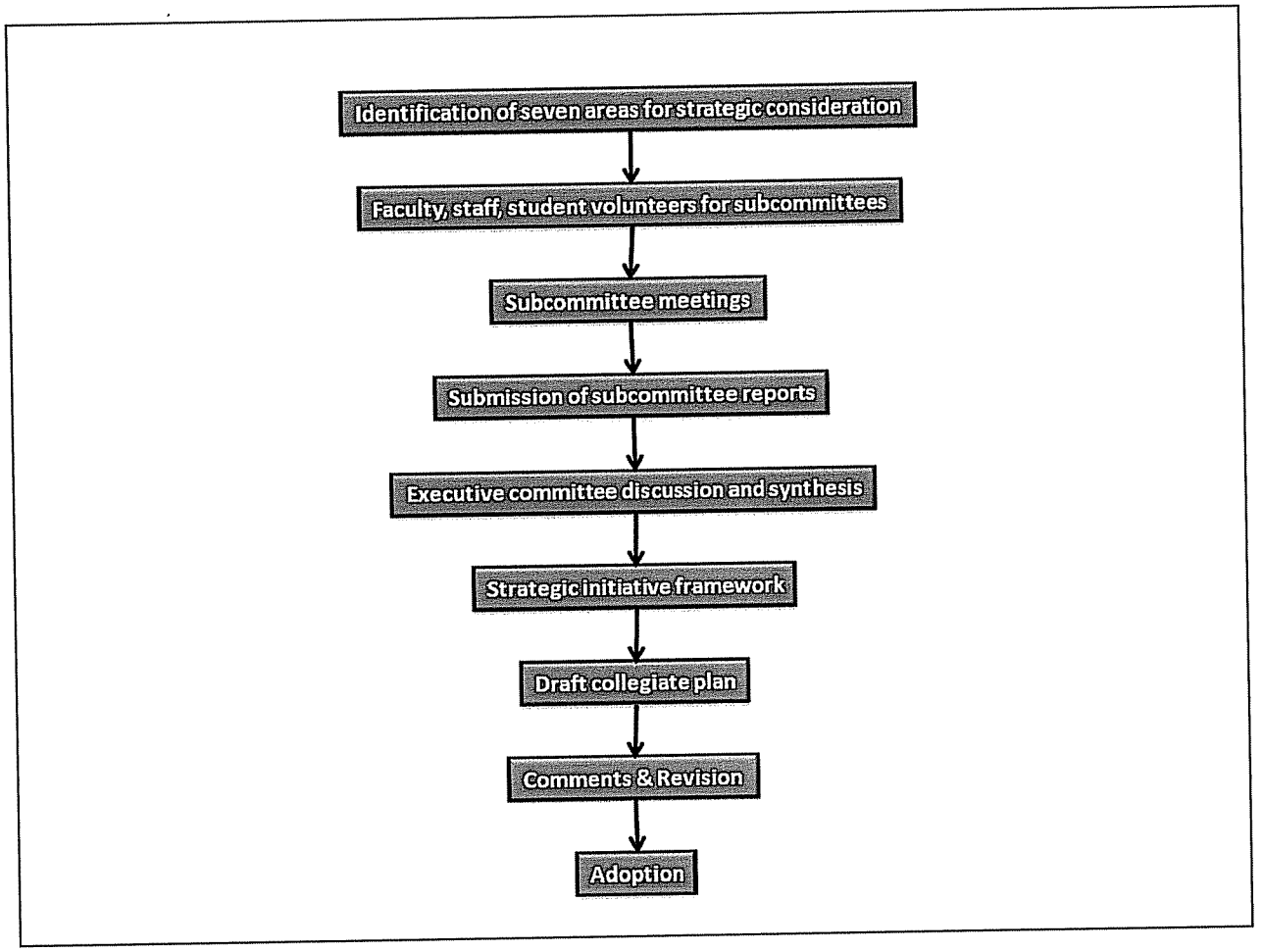
Quality. The CPH is dedicated to the pursuit of excellence in public health scholarship, teaching, and community service.

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 University Hygienic Lab
  - 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

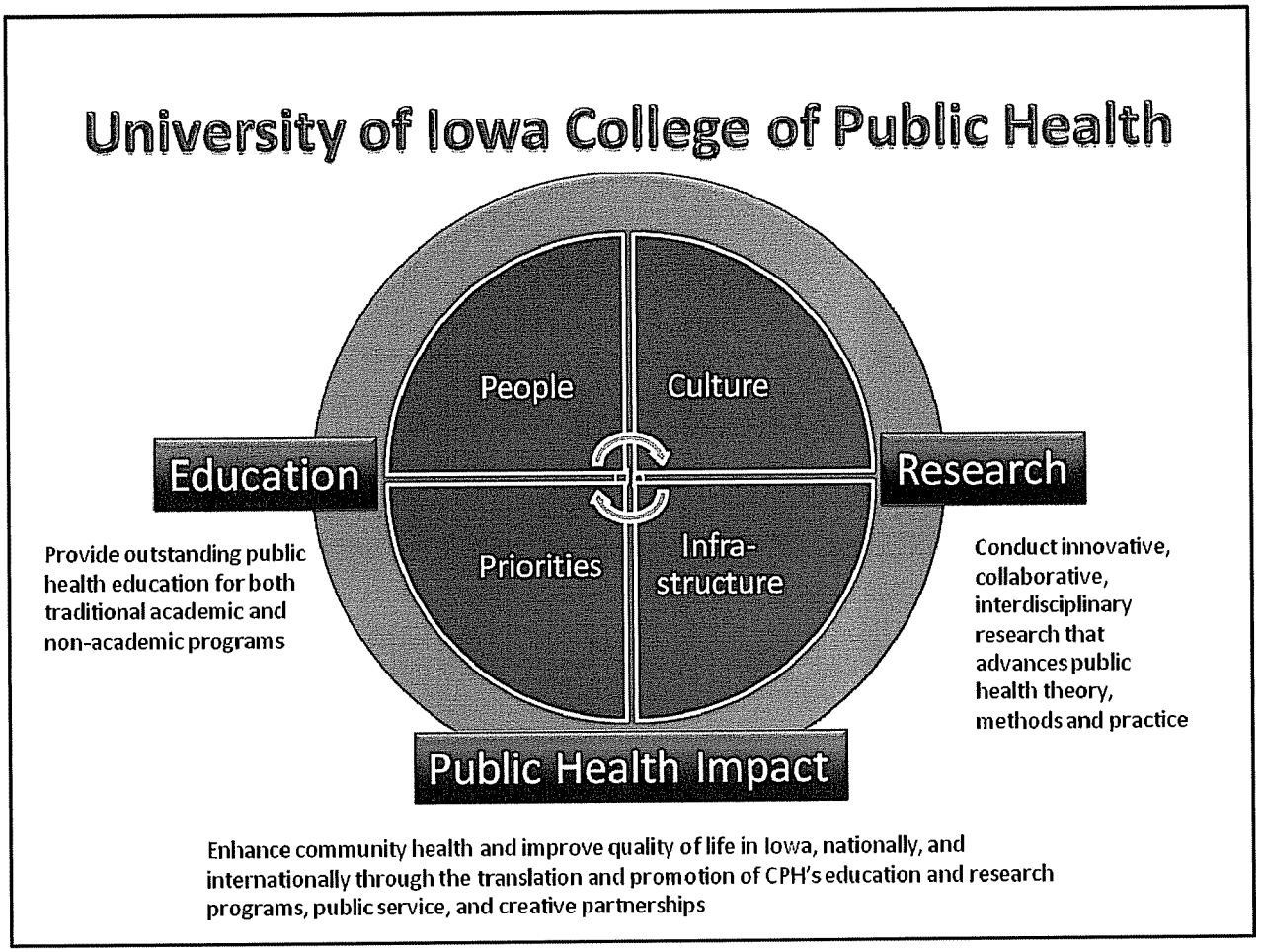
public-private partnerships. Potential new initiatives exist in undergraduate education, research faculty, and public-private consultancies. As we expand and innovate we need to be mindful of competition from the growing number of SPHs for degree and distance learning education and for research and consultancy 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 2011-2016

Achievement of our aspirational goals depends on sustaining current strengths as well as achieving incremental growth in strategic areas. The strategic initiative outlines nine sustaining strategies and eight incremental strategies listed below.

Sustaining strategies

In the next five years, the CPH aims to maintain:

1. Overall average of 50% faculty salary offset
2. Existing external relationships with public health, health care, community, and industry partners
3. Active fundraising to achieve CPH program and building philanthropy goals
4. Existing productive collegiate and departmental research centers
5. Benchmarked practices in collegiate governance
6. Existing collaborative degree programs

7. Existing global health partnerships and integration of global public health in academic curricula
8. State-of-the-art IT and distance-learning infrastructure
9. Culture of collaboration and inclusion

Incremental strategies

In the next five years, the CPH aims to:

1. Increase the number of GEF-supported faculty positions to a minimum of 15 in each department
2. Create innovative undergraduate educational opportunities
3. Increase enrollment in traditional and non-traditional academic programs
4. Enhance centralized collegiate infrastructure for faculty and staff career development, curricular innovation, research growth, public health service and outreach, and alumni relations
5. Define a core set of CPH-wide areas of collective excellence to inform collegiate growth and innovation in research, academics, and outreach for public health impact
6. Implement a strategic marketing/public relations plan
7. Create a nationally visible Public Health Research Institute
8. Create collegiate-wide initiatives in global public health research and education

Annual Objectives

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

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
SUSTAINING STRATEGIES – TO MAINTAIN OR GROW:			
1. Overall average of 50% salary offset for GEF supported faculty			
2. 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. Existing productive collegiate and departmental research centers			
5. Best practices in collegiate governance			
6. Existing combined degree programs			
7. Existing global health partnerships and curriculum integration			
8. State-of-the-art IT and distance learning infrastructure			
9. Culture of collaboration and inclusion			

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
INCREMENTAL STRATEGIES:			
1. Increase the number of GEF supported faculty positions to a minimum of 15 FTE in each department			
2. Create innovative undergraduate educational opportunities			
3. Increase enrollment in traditional and non-traditional academic programs			
4. Enhance centralized 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 an nationally visible Iowa Institute for Public Health Research			
8. Create collegiate-wide initiatives in global public health research and education			

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
- Number and type of degree partnerships within UI, state-wide, nationally, and internationally
- 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
- Large-scale research projects, such as center grants and program projects
- 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 work plan objectives and our measurable outcomes.

FY2011 Work Plan

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
SUSTAINING STRATEGIES – TO MAINTAIN OR GROW:			
1. Overall average of 50% salary offset for GEF supported faculty	• Identify and implement faculty mentoring and work plans for GEF-supported faculty with levels of offset below 50%	• Develop and implement templates for assessments and work plans • Develop a collegiate mentoring program • Develop an "expertise pool" that can be used to identify faculty who may be looking for opportunities for projects that needs their skill set	Burmeister
2. Existing/potential external relationships with alumni, public health, health care, community, and industry partners	• Create and maintain centralized database of external relationships	• Collect and enter data using a form completed by faculty and centers	McMillan
3. Active fundraising to achieve CPH program and building philanthropy goals	• To achieve a 100% participation rate for faculty for the campaign • To achieve a 50% participation rate for staff and students for the campaign • To achieve 100% of the programmatic and building goals of campaign	• Implement collegiate faculty, staff and student component of fundraising campaign • Develop donor proposals for collegiate supporters who are ready to finalize program and/or building contributions • Provide regular feedback to collegiate supporters on how their gifts are being used • Assess joint fundraising possibilities (e.g. Holden Cancer Center, Hancher, etc) • Create new and enhance existing relationships with alumni to support philanthropy goals	Curry/Ford
4. Existing productive collegiate and departmental research centers	• Conduct regular evaluation of research centers	• Develop a task force to define criteria to evaluate research centers • Identify how centers fit the overall University strategic plan as well as the collegiate strategic plan • Identify model(s) for centralized infrastructure support of centers	Burmeister
5. Best practices in collegiate governance	• Achieve improvement and consistency in the P&T process • Achieve improvement and consistency in annual faculty review • Improve CPH process for participation in UI faculty governance • Develop research faculty track	• Develop collegiate guidelines, procedures and mechanisms for post-tenured faculty review process (tenured faculty) • Develop collegiate guidelines, procedures, and mechanisms for clinical and research faculty contract renewal process (clinical and research track faculty) • Review membership and procedures for CPH Faculty Council in general, and in response to anticipated approval of research track faculty • Increase interest in University Faculty Senate and Faculty Council. Identify candidates for positions and	Executive Committee Subgroup/Faculty Council Subgroup

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
		hold forum to allow candidates to discuss concepts. Require report from Senators and Councilors to be presented at the two faculty meetings each semester • Assess academic promotion criteria at other schools of public health • Determine faculty performance measures	
6. Existing combined degree programs	• Review and assess opportunities to increase enrollment in combined degree programs	• Create a task force including key program directors to review and assess opportunities • Establish regular meetings between faculty, staff, and students in combined programs • Prepare program-specific promotional materials • Explore cross-listed collaboratively taught courses with other colleges • Evaluate productivity of programs and cost-benefit of faculty-staff effort	Uden-Holman/Aquilino
7. Existing global health partnerships & curriculum integration	• Create and maintain centralized database of global health partnerships • Provide resources for inclusion of global health examples in CPH core courses	• Develop a standard set of data for partnerships, collect and enter information into database • Identify alumni who have relationships with global health entities • Identify collaborators on campus to provide lectures or other resources • Assess scope of partnerships • Determine funding opportunities	Global Public Health Committee
8. State-of-the-art IT and distance learning infrastructure	• Implement ARRA funded distance learning projects • Insure distance education will generate revenue for the CPH for at least 10 years	• Purchase perpetual license for Elluminate and track use of Elluminate within College both number and purpose of use (e.g., academic course, CE, research meetings, etc) • Develop undergraduate online introduction to public health using innovative/state-of-the-art distance learning methods. Share final product and any templates utilized with faculty interested in developing distance learning courses • Establish a collegiate office for educational support that provides instructional design and evaluation services • Establish an agreement with the Division of Continuing Education for return of revenue to the CPH for distance education courses	Uden-Holman/Cook
9. Culture of collaboration and inclusion	• Increase diversity of students and faculty • Highlight importance of collaboration and inclusion via collegiate activities	• Review and assess opportunities and models for "pipeline" collaborations with undergraduate colleges that serve traditionally under-represented populations • Develop a calendar of annual collegiate events to	Diversity Committee

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
	and initiatives	promote inclusion (orientation lunch for students of color, CCOM/CPH GLBT orientation dinner, MLK event) and add at least one new event in FY 2011, and in every year, until culture is inclusive • Identify methods to ensure smooth transitions when the under-represented groups arrive on campus • Identify philanthropic or governmental sources for designated scholarships or GRA opportunities	
INCREMENTAL STRATEGIES:			
1. Increase the number of GEF supported faculty positions to a minimum of 15 FTE in each department	• Develop business plan for generating revenues to meet faculty goals without shrinking the number of faculty in departments with > 15 FTE	• Reward collaborative hiring efforts • Seek philanthropic donations to endow faculty lines • Pursue opportunity hires that draw funds from outside the CPH (e.g. co-sponsor positions with other colleges) • Explore consulting/contracting opportunities, especially with the state for faculty salary support • Project faculty retirements and assess the need for new faculty	Curry/Coady
2. Create innovative undergraduate educational opportunities	• Develop plan for a 3+2 degree program option for UI undergraduates • Increase undergraduate course capacity in CPH	• Annually offer 1st year seminar on "What is Public Health?" • Create one on-line undergraduate course and generate enrollment from UI, area undergraduate colleges, and community colleges (e.g., RN to BSN programs) • Approach community colleges to co-offer courses that prepare students for upper level public health courses. • Explore options for TA support to allow expansion of existing classes that attract undergraduates • Create a task force to develop a plan for a 3+2 degree program that includes members of the Advisory Board or other friends of CPH who sit on small college boards	Aquilino
3. Increase enrollment in traditional and non-traditional academic programs	• Identify capacities and opportunities for growth • Ensure sustained retention and graduation/completion • Expand recruiting activities	• Review current academic programs, identify programs where targeted growth may be possible (e.g., potential development of MPH for practicing physicians) and what resources are needed • Review non-traditional academic programs (e.g., certificates) to determine current reach, marketing strategies, and needed resources to expand to additional students • Track retention and graduation rates; for areas where retention/graduation rates are lower, review and develop plan to address • Expand the distance professional MPH program to	Uden-Holman

Strategies	FY2011 Objectives	FY2011 Tactics	Accountability
		include practicing MDs • Explore on and off campus programs and weekend programs • Survey students who leave, or who are considering leaving to find out why • Needs assessment	
4. Enhance centralized collegiate infrastructure for career development, curricular innovation, research growth, and public health service and outreach	• Create strategic plan for centralized infrastructure in anticipation of move to new building	• Conduct needs assessment • Identify model structures • Develop data systems to enhance efficiency	Coady
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	• Create initial set of areas of collective excellence	• Define criteria for designation of an area as collegiate area of collective excellence • Conduct faculty survey	Executive Committee Subgroup
6. Implement a strategic marketing/public relations plan	• Draft plan for implementation in 2011-2012	• Create taskforce of CPH communication staff and request University communications staff to provide consultation	McMillan
7. Create a nationally visible Iowa Institute for Public Health Research	• Develop précis for collegiate institute that includes potential funding models	• Identify interdisciplinary areas of excellence in translational research • Determine priorities • Assess infrastructure and resource needs	Curry/TBN
8. Create collegiate-wide initiatives in global public health research and education	• Identify opportunities and resources for global health degree options	• Identify funding for resources for global initiatives • Assess current research and education activities and funding • Determine departmental initiatives and interdepartmental opportunities for a Global Public Health subtrack • Explore collaboration with the Graduate College in creation of interdisciplinary PhD in Global Health	Executive Committee Subgroup/Global Public Health Committee

Outcome Measures	Target	FY2011
Education		
The quality of the academic students we attract		
Yield Rate (number of enrollees to the number of acceptances)	Track	
MHA GRE	1100	
MHA GPA	3.25	
MPH GRE	1100	
MPH GPA	3.25	
MS GRE	1100	
MS GPA	3.25	
PhD GRE	1200	
PhD GPA	3.33	
Student enrollment		
MPH student enrollment (need to report for CEPH but do not need target)	Track	
MHA student enrollment (need to report for CEPH but do not need target)	Track	
MS student enrollment (need to report for CEPH but do not need target)	Track	
PhD student enrollment (need to report for CEPH but do not need target)	Track	
Minority student enrollment	10.9%	
International Student enrollment	9.0%	
Undergraduates taught in CPH classes	Track	

Outcome Measures	Target	FY2011
Student funding		
Funding support for PhD students	90%	
Student Outcomes		
% of FT MPH students graduating within 3 years	80%	
% of PT and joint degree MPH students graduating within 3 years	80%	
% of FT MHA students graduating within 2 years	80%	
% of joint degree MHA students graduating within 4 years	80%	
% of MS students graduating within 3 years	80%	
% of PhD students graduating within 7 years	80%	
% of graduates with job placement (including internships & fellowships) at 12 months post-graduation or pursuing further education.	90%	
# of publications with students and graduates less than 2 years out	Track	
Faculty		
Minimum of 15 GEF supported primary faculty positions per department	90	
Number of ***teaching*** adjunct, secondary, or other as of fall semester	Track	
Minority tenured and tenure-track faculty	16%	
Female tenured and tenure-track faculty	32%	

Outcome Measures	Target	FY2011
Primary faculty leadership activities	Track	
# of nominations of faculty for appropriate national awards	Track	
# of nominations of faculty for fellow status in professional or scientific societies	Track	
Research		
Grant Activity		
Number of externally funded research grants involving interdisciplinary investigators	Track	
F&A research funding involving interdisciplinary investigators	Track	
Direct research funding involving interdisciplinary investigators	Track	
# of cross-departmental collaborations on research grants	25% of faculty will have this type of grant activity	
# of cross-collegiate collaborations on research grants where CPH investigator initiated	25% of faculty will have this type of grant activity	
Proportion of grants that are CPH investigator initiated	Track	
% of faculty who are PI on at least 1 grant/contract	Track	
# of research grant applications broken into the categories: NIH, Other Federal, Non-federal (Note: must be extramural, peer-reviewed, competitive)	Track	
$ amount of the above applications, by category	Track	
Of the above grant applications, % that were funded 12 months after submission	Track	

Outcome Measures	Target	FY2011
# of large-scale research projects, such as center grants and program projects (e.g., PRC, IPRC, Superfund)	Track	
Publications		
# of publications where authors are from different departments/colleges	Track	
# of publications in peer reviewed journals	Track	
During FY number of times CPH-based publications referenced (use ISI)	Track	
Public Health Impact		
Certificate program enrollment	Track	
Non-degree/continuing education activities	Track	
# of faculty presenting at CE/professional development activities	Track	
Non-academic references/citations of our research	Pilot Test	
Adoption and integration of programs developed and evaluated by CPH faculty	Pilot Test	
Public-private partnerships—e.g., Practicum/internship sites	Pilot Test	
Alumni		
Conduct alumni survey every 3 years	Every third year	

Cross-Cutting		
Fund raising campaign	$15 M	
Minority staff	7.5%	
Females in executive, administrative, and managerial positions	37%	
Minorities in executive, administrative, and managerial positions	8%	
Primary faculty salary offset through external funding	50%	
List of University committees on which primary faculty serve	Track	
Research dollars per full-time-equivalent faculty	$500,000	
Conduct employee climate surveys every 2 years	Conduct in even years	

THE UNIVERSITY OF IOWA **Working at IOWA**

Faculty Version

How do you view your position, your unit, and the University as an employer?

- The confidential survey asks faculty how they feel about the work environment at the University of Iowa. Survey results will be used to measure and then improve the University as a workplace.
- Working at IOWA in 2008 is the follow-up to our survey in 2006. We will be comparing results to determine what has changed or stayed the same during the past two years.
- This survey will take approximately 10 minutes.
- There is no right or wrong answers; we would like your honest opinion.
- If you are unsure of how to answer, have no opinion, or feel that the item does not apply to you, select Not Applicable.
- Your HawkID is used to verify that you are eligible to complete this survey. Similar to voter registration and voting, the HAWK ID allows us to determine if you are eligible to participate and to collect data regarding your classification, unit, and years of service. Once we verify eligibility, personal data is stripped away. There will be no way to match survey responses with individuals.
- This year, we are offering incentives to those who participate. Each week that the survey is open, we will randomly draw one faculty, one P&S/MSEC, and one merit staff member from all of those who have responded. That person will win a $100 Corridor Gift Certificate. Respond earlier and you will have a greater chance of winning.
- Your confidentiality will be maintained. Data from the survey will be reported only in summary format.
- You do not have to complete the survey in one sitting. The survey will automatically save your responses as you go. You can open the survey as many times as needed until you click SUBMIT.

Questions? Please contact workingatiowa@uiowa.edu

To proceed to the survey, click on LOGIN

General Instructions/Definitions

The survey has three sections containing items about:

- My position — includes your day-to-day responsibilities.
- My unit — your primary workplace.
- The UI as an employer — think about the University as a whole.

My Position

Instructions
Respond to items in relation to your specific position. Items that refer to supervisor are intended to reference the person to whom you report and who has administrative responsibility for your position. This person may be a Dean, Departmental Executive Officer (DEO), Department Head or Chair.

Rating Scale

Circle your response using the rating scale.

SA = Strongly Agree
A = Agree
SWA = Somewhat Agree
SWD = Somewhat Disagree
D = Disagree
SD = Strongly Disagree
NA = Not Applicable

1.	SA A SWA SWD D SD NA	I know what is expected of me in my work.
2.	SA A SWA SWD D SD NA	I have the authority to make decisions as defined by my position.
3.	SA A SWA SWD D SD NA	I feel included in decisions that are made about my work.
4.	SA A SWA SWD D SD NA	I receive regular feedback about my work.
5.	SA A SWA SWD D SD NA	My supervisor acknowledges me for doing good work.
6.	SA A SWA SWD D SD NA	My supervisor provides me with clear work expectations.
7.	SA A SWA SWD D SD NA	My supervisor values the work I do.
8.	SA A SWA SWD D SD NA	I look for more effective ways to do my work.
9.	SA A SWA SWD D SD NA	I have the basic resources I need to do my work.
10.	SA A SWA SWD D SD NA	I see the value in changes I am asked to make.
11.	SA A SWA SWD D SD NA	My workload is reasonable.
12.	SA A SWA SWD D SD NA	The feedback I receive at my performance review helps me to improve my performance.
13.	SA A SWA SWD D SD NA	Overall, I am satisfied with my work.

My Unit

Instructions
Definition — Your primary workplace
Respond to items in relation to your primary unit. Items that refer to supervisor are intended to reference the person to whom you report and who has administrative responsibility for you. This person may be a Dean, Departmental Executive Officer (DEO), Department Head or Chair

Rating Scale

Circle your response using the rating scale.

SA = Strongly Agree
A = Agree
SWA = Somewhat Agree
SWD = Somewhat Disagree
D = Disagree
SD = Strongly Disagree
NA = Not Applicable

My Unit

14.	SA A SWA SWD D SD NA	My unit's goals are clear.
15.	SA A SWA SWD D SD NA	Faculty suggestions are encouraged.
16.	SA A SWA SWD D SD NA	My opinions are valued.
17.	SA A SWA SWD D SD NA	Faculty are respected.
18.	SA A SWA SWD D SD NA	There are resources in my unit to help me build my job skills.
19.	SA A SWA SWD D SD NA	Good performance is acknowledged.
20.	SA A SWA SWD D SD NA	Poor performance is managed appropriately.
21.	SA A SWA SWD D SD NA	Work-related conflicts are managed constructively.
22.	SA A SWA SWD D SD NA	I am encouraged to participate in professional development.
23.	SA A SWA SWD D SD NA	Workloads are distributed fairly.
24.	SA A SWA SWD D SD NA	I can go to my supervisor to discuss inappropriate behavior (e.g., offensive or discriminatory comments) without fear of negative consequences.
25.	SA A SWA SWD D SD NA	I can go to someone such as (my HR rep) to discuss inappropriate behavior (e. g., offensive or discriminatory comments) without fear of negative consequences.
26.	SA A SWA SWD D SD NA	My unit has a strong focus on providing excellent service to those we interact with.
27.	SA A SWA SWD D SD NA	Given the opportunity, I tell other people great things about working in my unit.
28.	SA A SWA SWD D SD NA	I can speak openly about work-related concerns with my supervisor.
29.	SA A SWA SWD D SD NA	We work collaboratively in my unit.
30.	SA A SWA SWD D SD NA	My unit has the flexibility to allow me to participate in UI sponsored committees, e.g., Charter Committees, service oriented committees, etc.
31.	SA A SWA SWD D SD NA	My unit provides support to help faculty balance work and personal life responsibilities.
32.	SA A SWA SWD D SD NA	I am kept informed of my unit's budget status.
33.	SA A SWA SWD D SD NA	Overall, I think my unit is moving in a positive direction.

The University of Iowa as an Employer

Instructions
Definition —Think about the University as a whole.

Rating Scale

Circle your response using the rating scale.

SA = Strongly Agree
A = Agree
SWA = Somewhat Agree
SWD = Somewhat Disagree
D = Disagree
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NA = Not Applicable

34.	SA A SWA SWD D SD NA	I understand how my job fits into the overall mission of the UI.
35.	SA A SWA SWD D SD NA	The UI does a good job of recognizing the accomplishments of faculty.
36.	SA A SWA SWD D SD NA	The UI does a good job of informing faculty of policy changes.
37.	SA A SWA SWD D SD NA	The UI has a sincere interest in the well-being of faculty.
38.	SA A SWA SWD D SD NA	The UI treats faculty with respect.
39.	SA A SWA SWD D SD NA	There are opportunities for promotion within the UI.
40.	SA A SWA SWD D SD NA	If I had a comparable opportunity to be employed somewhere else, leaving the UI would be difficult for me.
41.	SA A SWA SWD D SD NA	Being a member of the University community inspires me to do my best work.
42.	SA A SWA SWD D SD NA	I would not hesitate to recommend the UI to a friend seeking employment.
43.	SA A SWA SWD D SD NA	I am confident there is a clear plan to strengthen the UI.
44.	SA A SWA SWD D SD NA	The UI makes a strong effort to attract faculty from diverse backgrounds.
45.	SA A SWA SWD D SD NA	Overall, I think the UI is moving in a positive direction.

Demographics

Responding to demographic items is optional

What is your racial/ethnic identification? ***(Check the ONE category that BEST describes your primary identification.)***

_____ **African American/Black/Black Other**— Persons having origins in any of the Black racial groups of Africa

_____ **Asian American/Asian/Pacific Islander**— Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.

_____ **Hispanic/Latino** — Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **Native American/American Indian**— Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition

_____ **White/Caucasian (Non-Hispanic/Non-Latino)**— Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

_____ **Biracial/Multiracial**

Circle the range that includes your age.

Age?

18-25 26-33 34-41 42-51 52-60 61+

Circle your gender.

Gender?

Female Male Transgender

Directions to submit your Working at IOWA survey response via this paper form.

Your paper response will not be processed unless you provide your University ID number.

Write your University ID number here: _____

*Your University ID number is an **eight digit number** found on the upper right side of the back of your University ID card.*
For UIHC cards, look on the right side on the back.
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Your University ID number is also shown at the very bottom of the Self-Service log-in page. shttp://hris.uiowa.edu

Be sure to provide your University ID number,

NOT your employee ID, also found at the bottom of the Self Service page.

As noted above, please circle the response that matches your level of agreement with each statement in the survey or provides demographic information.

Send completed surveys to:

Working at Iowa Survey
Exam and Testing Services
300 Jefferson Building

For assistance or if you have questions, email workingatiowa@uiowa.edu or call 335-1371, and speak to Jane Holland.

Thank you.

THE UNIVERSITY OF IOWA

Working at IOWA

Staff Version

How do you view your position, your unit, and the University as an employer?

- The confidential survey asks staff how they feel about the work environment at the University of Iowa. Survey results will be used to measure and then improve the University as a workplace.
- Working at IOWA in 2008 is the follow-up to our survey in 2006. We will be comparing results to determine what has changed or stayed the same during the past two years.
- This survey will take approximately 10 minutes.
- There is no right or wrong answers; we would like your honest opinion.
- If you are unsure of how to answer, have no opinion, or feel that the item does not apply to you, select Not Applicable.
- Your HawkID is used to verify that you are eligible to complete this survey. Similar to voter registration and voting, the HAWK ID allows us to determine if you are eligible to participate and to collect data regarding your classification, unit, and years of service. Once we verify eligibility, personal data is stripped away. There will be no way to match survey responses with individuals.
- This year, we are offering incentives to those who participate. Each week that the survey is open, we will randomly draw one faculty, one P&S/MSEC, and one merit staff member from all of those who have responded. That person will win a $100 Corridor Gift Certificate. Respond earlier and you will have a greater chance of winning.
- Your confidentiality will be maintained. Data from the survey will be reported only in summary format.
- You do not have to complete the survey in one sitting. The survey will automatically save your responses as you go. You can open the survey as many times as needed until you click SUBMIT.

Questions? Please contact workingatiowa@uiowa.edu

To proceed to the survey, click on LOGIN

General Instructions/Definitions

The survey has three sections containing items about:

- My position — includes your day-to-day responsibilities.
- My unit — your primary workplace.
- The UI as an employer — think about the University as a whole.

My Position

Instructions
Respond to items in relation to your specific job. Items that refer to supervisor are intended to reference your immediate supervisor.

Rating Scale

Circle your response using the rating scale.

SA = Strongly Agree
A = Agree
SWA = Somewhat Agree
SWD = Somewhat Disagree
D = Disagree
SD = Strongly Disagree
NA = Not Applicable

1.	SA A SWA SWD D SD NA	I know what is expected of me in my work.
2.	SA A SWA SWD D SD NA	I have the authority to make decisions as defined by my position.
3.	SA A SWA SWD D SD NA	I feel included in decisions that are made about my work.
4.	SA A SWA SWD D SD NA	I receive regular feedback about my work.
5.	SA A SWA SWD D SD NA	My supervisor acknowledges me for doing good work.
6.	SA A SWA SWD D SD NA	My supervisor provides me with clear work expectations.
7.	SA A SWA SWD D SD NA	My supervisor values the work I do.
8.	SA A SWA SWD D SD NA	I look for more effective ways to do my work.
9.	SA A SWA SWD D SD NA	I have the basic resources I need to do my work.
10.	SA A SWA SWD D SD NA	I see the value in changes I am asked to make.
11.	SA A SWA SWD D SD NA	My workload is reasonable.
12.	SA A SWA SWD D SD NA	The feedback I receive at my annual review helps me to improve my performance.
13.	SA A SWA SWD D SD NA	Overall, I am satisfied with my work.

My Unit

Instructions

Definition — Your primary workplace

Respond to items in relation to your primary unit. Items that refer to supervisor are intended to reference your immediate supervisor.

Rating Scale

Circle your response using the rating scale.

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32.	SA A SWA SWD D SD NA	I am kept informed of our unit's budget status.
33.	SA A SWA SWD D SD NA	Overall, I think my unit is moving in a positive direction.

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_____ **Biracial/Multiracial**

Circle the range in which your age falls.

Age?

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Circle your gender

Gender?

Female Male Transgender

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Thank you.

Faculty Survey of Workplace Satisfaction at the University of Iowa College of Public Health

Item #	**Please indicate how strongly you agree or disagree with each statement below by placing an X in the appropriate box.**	**Strongly Disagree**	**Disagree**	**Sometimes Agree/ Sometimes Disagree**	**Agree**	**Strongly Agree**	**NA**
1	I am confident there is a clear plan to strengthen the CPH. (WAI)						
2	Faculty are meaningfully involved in CPH strategic planning. (COE)						
3	Overall, I think the CPH is moving in a positive direction. (WAI)						
4	My opinions are valued and respected and I feel I can openly express them. (WC)						
5	In the CPH, we discuss and debate issues respectfully to get better results. (COE)						
6	CPH is always looking to achieve the highest standards of quality. (OCM)						
7	Collegiate funds are managed in a fair and open manner. (WC)						
8	I am kept informed of our unit's budget status. (WAI)						
9	Faculty workloads are comparable between departments in CPH. (WAI)						
10	Faculty workloads are distributed fairly in my department. (WC)						

Item #	**Please indicate how strongly you agree or disagree with each statement below by placing an X in the appropriate box.**	**Strongly Disagree**	**Disagree**	**Sometimes Agree/ Sometimes Disagree**	**Agree**	**Strongly Agree**	**NA**
11	In the CPH, objectives are modified in light of changing circumstances. (OCM)						
12	My department receives good administrative support from the CPH senior leadership. (COE)						
13	I am treated with respect by my senior colleagues and leaders in CPH. (WC)						
14	I can count on faculty to cooperate across departments. (COE)						
15	There is a feeling of community and collegiality in CPH. (COE)						
16	CPH provides support to help faculty balance work and personal life responsibilities. (WAI)						
17	There are comparable expectations for teaching, service, and research across departments in CPH. (COE)						
18	There is a good balance of teaching, service, and research in the performance expectations in my department.						
19	Teaching is appropriately recognized in the evaluation and promotion process in CPH. (COE)						
20	I am given and encouraged to take opportunities to further my professional development growth in CPH. (WC)						

Item #	**Please indicate how strongly you agree or disagree with each statement below by placing an X in the appropriate box.**	**Strongly Disagree**	**Disagree**	**Sometimes Agree/ Sometimes Disagree**	**Agree**	**Strongly Agree**	**NA**
21	The facilities (e.g. classrooms, offices, laboratories) adequately meet my needs. (COE)						
22	If I had a comparable opportunity to be employed somewhere else, leaving the CPH would be difficult for me. (WAI)						
23	Faculty are appropriately involved in decisions related to education programs (e.g. curriculum development, evaluation). (COE)						
24	My supervisor acknowledges me for doing good work. (WAI)						
25	I have been provided with the feedback necessary to understand the directions and expectations for career advancement (tenure track or contractual - clinical). (WC)						
26	Our department has an effective mentoring system in place for faculty.						
27	My supervisor/department chair is consistent and fair. (COE)						
28	I am paid fairly for my work. (COE)						
29	Poor performance is managed appropriately in my department. (WAI)						
30	Work-related conflicts are managed constructively. (WAI)						

	Demographics
	Are you clinical track or tenure track? _____ Clinical _____ Tenure
	What is your rank? _____ Assistant Professor _____ Associate or Full Professor
	SOURCES:
	COE – CHRONICLE OF EDUCATION "GREAT COLLEGES TO WORK FOR"
	OCM - ORGANIZATIONAL CLIMATE MEASURES
	WAI - WORK AT IOWA
	WC - WRITTEN BY COMMITTEE

DIVERSITY CLIMATE SURVEY

Defining Diversity--Differences based on age, disability, ethnicity, gender, national origin, race, religion, sexual orientation, and an infinite range of individuals' unique characteristics and experiences all define diversity. Diversity awareness strives to create an inclusive, respectful and equitable work environment and academic community that values and utilizes the unique skills and abilities of everyone.

A Note on Privacy--This survey is anonymous. The record kept of your survey responses does not contain any identifying information about you.

Please share your most candid views regarding the diversity climate at the University of Iowa College of Public Health (CPH).

1. **The CPH values differences among people.**
   Strongly Agree
   Agree
   Disagree
   Strongly Disagree
   Unsure

2. **In the CPH, individuals are open to those different from them.**
   Strongly Agree
   Agree
   Disagree
   Strongly Disagree
   Unsure

3. **The CPH is a welcoming and inclusive place for all students, staff and faculty members from underrepresented or underserved groups.**
   Strongly Agree
   Agree
   Disagree
   Strongly Disagree
   Unsure

4. **How important is diversity to you personally?**
   Very important
   Important
   Somewhat important
   Not important
   Unsure

5. **During the past year, have you seen or experienced a positive incidence of using diversity awareness to enhance a class, research project or employee relationship?**
   Yes
   No
   Unsure

6. **During the past year have you seen or experienced an incident that resulted in an unsatisfactory outcomes/situation due to insufficient diversity awareness?**
   Yes
   No
   Unsure

7. **In the past year, have you participated in any activities that address diversity issues? Examples might include workshops, brown bag lunches, formal presentations, etc. Please select all that apply.**
   University sponsored events
   College of Public Health sponsored events
   Events sponsored by other Colleges, Departments, or Programs
   Other professional events
   Have not attended any events

8. **Has the CPH offered or promoted enough opportunities to participate in events related to diversity?**
   Yes
   No
   Unsure

9. **Are there specific areas where the CPH should enhance its diversity efforts? Please check all that apply.**
   Age
   Disability
   Ethnicity
   Gender
   National origin
   Race
   Religion
   Sexual orientation
   Other, please specify

10. **Do you know how to report any racist, sexist, or other discriminatory behaviors?**
    Yes
    No
    Unsure

11. Please identify your primary role with the University of Iowa College of Public Health (CPH).

Staff
Faculty
Student

12. Do you consider yourself a member of an underrepresented or underserved population in the CPH?

Yes
No
Unsure

13. Please describe the diversity-related activities that you would like to see the CPH offer or promote.

14. What specific suggestions do you have to improve the diversity climate at the CPH?

Thank you for your assistance!!

1. College of Public Health

Thank you for taking the time to complete this survey which is designed to provide us with feedback on your experience while a student, and your immediate career plans.

1. Which of the following graduate degrees did you hold prior to entering the University of Iowa College of Public Health? Select all that apply.

- [ ] No prior graduate degrees
- [ ] Masters of Arts
- [ ] Master of Business Administration
- [ ] Master of Health Administration
- [ ] Master of Public Health
- [ ] Master of Science
- [ ] Master of Science in Nursing
- [ ] Master of Social Work
- [ ] Doctor of Veterinary Medicine
- [ ] Juris Doctor
- [ ] Doctor of Medicine
- [ ] Doctor of Philosophy
- [ ] Other Doctorate
- [ ] Other Masters

2. Which of the following public health degrees/programs did you complete at the University of Iowa College of Public Health? Select all that apply.

- [ ] Master of Health Administration
- [ ] Master of Public Health
- [ ] Master of Science
- [ ] Doctor of Philosophy
- [ ] Certificate

3. If you completed a dual degree program, please indicate the second degree.

- [ ] Master of Business Administration
- [ ] Master of Science in Nursing
- [ ] Doctor of Veterinary Medicine
- [ ] Juris Doctor
- [ ] Doctor of Medicine
- [ ] Doctor of Pharmacy
- [ ] Other Masters Degree
- [ ] Other Doctoral Degree

4. Which of the following departments or programs were you most closely affiliated with? Select only one.

- ◯ Biostatistics
- ◯ Clinical Investigation
- ◯ Community and Behavioral Health
- ◯ Epidemiology
- ◯ Health Management and Policy
- ◯ Occupational and Environmental Health
- ◯ Master of Public Health Program
- ◯ Other (please specify)

_____

5. Which of the following were most important to you in making the decision to attend the UI College of Public Health?

	Not Important	Slightly Important	Important	Very Important	N/A
Availability of your chosen area of study	◯	◯	◯	◯	◯
Reputation/ranking of department/degree program	◯	◯	◯	◯	◯
Faculty with expertise in your area of interest	◯	◯	◯	◯	◯
Reputation of the University of Iowa	◯	◯	◯	◯	◯
Already residing in the area	◯	◯	◯	◯	◯
Availability of financial aid	◯	◯	◯	◯	◯
CEPH Accreditation of the College of Public Health	◯	◯	◯	◯	◯
Livableness of Iowa City/Coralville Community	◯	◯	◯	◯	◯

Other reasons not mentioned above

6. What is your current employment situation? Select one response.

- ◯ Working in the same position I was working in prior to my degree program
- ◯ Working in a new position
- ◯ Pursuing another degree, additional training or fellowship
- ◯ Actively seeking employment
- ◯ Do not plan to work outside the home
- ◯ Undecided

If you are currently employed please answer questions 7-11. Otherwise, please skip to question 12.

7. Which of the following best describes the type of organization for which you work? Select only one.

- ◯ Federal government (U.S. or foreign)
- ◯ Military
- ◯ State or local government
- ◯ Hospital or other health care provider
- ◯ Association, foundation, voluntary, NGO, or other non-profit organization
- ◯ Consulting firm
- ◯ Pharmaceutical, biotech or medical device firm
- ◯ Other industrial or commercial firm
- ◯ University or college
- ◯ Self-employed
- ◯ Other (please specify)

8. What is your job title?

9. Did you utilize any of the following resources from the University of Iowa to obtain your current position? (check all that apply)

- ☐ Advice/guidance from your academic advisor
- ☐ Advice/guidance from other faculty members
- ☐ Advice/guidance from CPH staff members
- ☐ Pomerantz Career Center
- ☐ Job Connection website
- ☐ Other (please specify)

10. Where is your current position based?

- ◯ Iowa
- ◯ Other (please enter a US state or Country name)

11. What is the gross salary of your current or pending position? [Please note: Salary ranges of public health professionals are often requested by potential students. Individual responses to this question will be kept strictly confidential; only compiled data will be shared.]

- ◯ Less than $10,000
- ◯ $10,000 - $19,999
- ◯ $20,000 - $29,999
- ◯ $30,000 - $39,999
- ◯ $40,000 - $49,999
- ◯ $50,000 - $59,999
- ◯ $60,000 - $69,999
- ◯ $70,000 - $79,999
- ◯ $80,000 - $89,999
- ◯ $90,000 - $99,999
- ◯ $100,000 - $124,999
- ◯ $125,000 - $149,999
- ◯ $150,000 and above

12. Gender

- ◯ Male
- ◯ Female

13. Age

14. Race/Ethnicity/Citizenship

- ◯ African American/Black
- ◯ Asian or Pacific Islander
- ◯ Alaskan Native or American Indian
- ◯ Hispanic/Latino(a)
- ◯ Non-U.S. Citizen/Permanent Resident
- ◯ Undeclared
- ◯ White/Caucasian
- ◯ Other (please specify)

What is your level of satisfaction with the following aspects of your College of Public Health degree program?

15. Quality of instruction

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

16. Mentoring provided by faculty

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

17. Assistance and guidance provided by your Academic Advisor

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

18. Assistance and guidance provided by staff

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

19. Assistance with career development and job placement

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◉ Not Applicable

20. Opportunities for "real life" projects or "hands on" experiences

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

21. Overall preparation for your future

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

22. Overall experience

◯ Very Dissatisfied ◯ Dissatisfied ◯ Neutral ◯ Satisfied ◯ Very Satisfied ◯ Not Applicable

23. In your opinion, what is the number one strength of the College of Public Health?

24. In your opinion, what would be the number one way to improve the overall experience of students in the College of Public Health?

CPH ALUMNI SURVEY

As The University of Iowa College of Public Health prepares to enter its second decade, we wish to build on the traditions of excellence established by the units that formed the foundation for our College. Please help us evaluate and strengthen our current programs and keep you better informed by completing this alumni survey. Thank you for your participation!

ACADEMIC PROGRAMS

1. Please indicate the degree(s) / credential(s) earned at the University of Iowa
[list the following options; users should be able to make multiple selections:]

- Master of Health Administration/Master of Arts in Hospital Administration
- Master of Public Health
- Master of Science
- Doctor of Philosophy
- Certificate(s)
  [list the following options; multiple selections can be indicated]
  - Agricultural Safety and Health
  - Emerging Infectious Disease Epidemiology
  - Public Health

Year(s) of graduation:
Department(s)

2. Please indicate how your experience in the following areas influenced your graduate education at The University of Iowa:
1 = Positive experience 2= Somewhat positive 3 = Neutral
4= Somewhat negative 5= Negative experience 6= Not applicable

__ Professors, instructors from the College of Public Health
__ Professors, instructors from other UI colleges
__ Employment opportunities following graduation
__ Research experiences
__ Professional/clinical training experiences
__ Academic quality
__ Course offerings, curricula
__ Student organizations/interaction with fellow students
__ Educational facilities
__ Faculty advisors
__ Graduate program coordinators
__ Other (please specify)

3. **What knowledge, skills and abilities do you think are important for our students to have upon graduation? (Check all that apply.)**
   - Ability to apply appropriate methods and techniques to the solution of public health problems
   - Ability to develop and mobilize community partnerships
   - Ability to synthesize and integrate public health knowledge
   - Ability to successfully initiate and oversee research activities
   - Broad public health orientation
   - Computational competency
   - Cultural competency
   - Written and oral communication competency
   - Other (please specify) _____

ALUMNI SERVICES

4. **In what areas could the College of Public Health be of service to you and other alumni? (Check all that apply.)**

- Build the quality and stature of the College and its programs
- Conduct high-quality basic and applied research that will enhance scientific knowledge and promote future improvements in health
- Provide opportunities for career development through continuing education
- Provide electronic learning opportunities
- Provide alumni career networking opportunities
- Alumni outreach events (e.g., gatherings at annual meetings, on the UI campus, or at UI sporting events)
- Other (please specify) _____

5. **Please indicate your interest in becoming involved with the following activities.**

1 = Much 2= Some 3 = Little 4 = None

- Advising students about public health careers
- Serving as a contact for student internships or practicum programs
- Recruiting or interviewing potential students
- Mentoring faculty/student projects
- Giving guest lectures or seminars (on campus or remotely via web connection)
- Facilitating interaction between your employer and the College of Public Health
- Participating in research activities by supporting recruitment of sites or subjects or sharing data
- Helping coordinate/host alumni activities or events
- Other (please specify) _____

COMMUNICATIONS

6. **Which of the following are important sources of information about the College of Public Health? (Rank order; 1 = most important.)**

- College of Public Health printed publications (e.g., departmental newsletters, collegiate newsletters, annual reports)
- College of Public Health website
- Letters, e-mails and other personal communications from the dean, department heads, or faculty
- OnIowa.com (UI online community)
- University of Iowa communications (e.g., @IOWA e-newsletter, Spectator, UI Alumni Association magazine, etc.)
- General news media (e.g., newspapers, TV, radio)
- Other (please specify)

Comments: _____

7. **Which of the following communications options do you prefer when receiving information related to the College of Public Health? (Rank order; 1 = most important.)**

- Printed publications
- Electronic communications (e.g., websites, e-mail, e-newsletters, Facebook)
- Letters from the Dean or Department Heads
- Other (please specify) _____

PERSONAL INFORMATION

8. **Please help us keep your contact information up to date.**

First name
Last name
Last name while attending the University of Iowa (if different from current last name)
Street
City
State
Country
ZIP code
Phone
E-mail

EMPLOYMENT INFORMATION

9. Please indicate your current employment status.

Currently employed:

Employer:

Self-employed

Position title:

Organization type:

[drop down menu listing:]

- Association, foundation, voluntary, NGO or other non-profit organization
- Consulting firm
- Federal government (U.S. or Foreign)
- Hospital or other health care provider
- Military
- Non-health-related position
- Pharmaceutical, biotech or medical device firm
- Other industrial or commercial firm
- State or local government
- University or College Faculty
- University or College Staff

Continuing training

Seeking employment

Retired

Employer prior to retirement:

Self-employed prior to retirement

Position title at time of retirement:

Organization type:

[drop down menu listing:]

- Association, foundation, voluntary, NGO or other non-profit organization
- Consulting firm
- Federal government (U.S. or Foreign)
- Hospital or other health care provider
- Military
- Non-health-related position
- Pharmaceutical, biotech or medical device firm
- Other industrial or commercial firm
- State or local government
- University or College Faculty
- University or College Staff

10. **Please use the space below for any additional thoughts or comments you would like to share with us.**

Implementation of the College of Public Health's Strategic Plan for FY 2005-2010

Report on Progress during FY 2009

College of Public Health
The University of Iowa
Iowa City, Iowa

11/12/09

Appendix 1.2.vi

OVERVIEW

The College of Public Health's Strategic Plan for FY 2005-2010 includes 8 goals and 19 primary objectives. For each objective, there are one or more "key indicators" that are used to assess progress toward achieving them. The College's assessment for the fiscal year ending June 30, 2009 (FY 2009) found that satisfactory progress was made in relation to 45 of the 47 key indicators. The assessment identified two indicators where progress as of June 30, 2009 was considered to be unsatisfactory (see pp.4 and10). Concerted attention will be devoted to those indicators during FY 2010. On balance, the CPH leadership team believes that FY 2009 was a very productive and successful year for the College.

PRIMARY OBJECTIVES FOR 2005-2010 AND KEY INDICATORS OF PROGRESS[1,2]	PROGRESS DURING FY 2009
Goal 1: "Provide excellent education for public health professionals and research scientists."	
1. Maintain high-quality, well-supported academic programs. *Goals II, VI)* [T. Uden-Holman, M. Aquilino, and Department Heads]	
• Promote interdisciplinary educational programs including combined degree programs with other colleges within the University and other Iowa Regent institutions.	• Satisfactory Progress: There are five official combined UI MPH degree programs (DVM, JD, MSN, MD, PharmD) as well as a UI/ISU collaborative program for professional veterinarians. There are three official combined UI MHA degrees (MBA, JD, Urban and Regional Planning).
• Annually review if articulation agreements are needed with other UI colleges, Regents' institutions, and outside institutions and report to the Executive Committee as needed.	• Satisfactory Progress: In FY 2009 it was determined that articulation agreements with other UI colleges, Regents' institutions and outside institutions were not needed at this time. We do anticipate with the increased emphasis on undergraduate education that articulation agreements will be developed for 3 + 2 programs.
• Annually review the current enrollment levels and plans for all academic programs.	• Satisfactory Progress: Enrollment levels for all academic programs were reviewed.
• Identify funding support for at least 90% of PhD students annually through FY 2009.	• Satisfactory Progress: In FY 2009, 100% of full-time PhD students received at least the equivalent of a 25% GRA to support their education.
• Maintain at 100% the percentage of masters and PhD recipients obtaining post-graduate positions within six months after graduation. [Note: This outcome measures the prior fiscal year and the percentage reflects only those individuals for which we have contact information.]	• Satisfactory Progress: In FY 2008, 100% of masters and PhD recipients obtained positions or continued their education within six months of graduation.

[1] Person or team with lead responsibility for each primary objective is indicated in brackets.
[2] All baseline numbers are as of the first semester of the 1999-2000 academic year.

2. <u>Consider development of undergraduate education in public health</u>. *(UI Goals I, II)* [T. Uden-Holman and CPH Executive Committee]	
• Annually assess the need and options for providing undergraduate education in public health, including an undergraduate certificate in public health. Potential needed resources should also be identified.	• <u>Satisfactory Progress</u>: The CPH continues to teach large numbers of undergraduate students in its courses. In addition, the Certificate in Public Health is available to undergraduate students and we have seen an increase in applications from undergraduate students. In addition, the College is developing a seminar for first year students on "What is Public Health and How Does it Impact Me?" that will be offered in Fall 2009 as a pipeline activity and to increase awareness of public health among undergraduate students.
• Annually review the number of undergraduates taught in CPH classes.	• <u>Satisfactory Progress</u>: In FY 2009 there were 207 undergraduates who took CPH classes.
3. <u>Review the need for and feasibility of non-degree educational programs (e.g., professional development, continuing education, and certificate programs) to serve the existing public health workforce in Iowa and our region</u>. *(UI Goals II, V)* [T. Uden-Holman in concert with the Executive Committee]	
• Review annually the current enrollment level in CPH Certificate Programs.	• <u>Satisfactory Progress</u>: 54 students were enrolled in CPHs certificate programs in FY 2009.
• Examine annually the need for and feasibility of any additional educational programs (e.g., other certificates).	• <u>Satisfactory Progress</u>: In FY 2009 no additional educational programs or certificate programs were developed.
• Annually compile a list of non-degree/continuing education activities provided by the CPH and its related Centers.	• <u>Satisfactory Progress</u>: As reported to the UI Division of Education, there were a total of 8,082 registrations in non-credit courses provided by the CPH in FY 2009.
• Annually review the CPH Summer Institute and Distance Education/Saturday/Evening Course Fund Distribution Policy adopted on June 16, 2004.	• <u>Satisfactory Progress</u>: This policy was discussed by the Executive Committee and no changes were made.

Goal 2: "Advance the College's overall growth and development."	
4. <u>Recruit and appoint the new faculty members needed to support the College's educational, research, and community service programs</u>. *(UI Goals II, IV)* [S. Curry, L. Burmeister and Department Heads]	
• Increase the net number of primary faculty from 41 in FY 2000 to 85 in 2015.	• <u>satisfactory Progress</u>: Primary faculty in FY 2009 was 74 which is an increase from 70 in FY 2008.
• Increase the net number of secondary faculty from 25 in FY 2000 to 80 in FY 2009.	• <u>Unsatisfactory Progress</u>: Secondary faculty in FY 2009 was 67 which is a decrease from 70 in FY 2008.
• Annually track the number of adjunct faculty who teach CPH courses.	• <u>Satisfactorily Progress</u>: In FY 2009, 22 adjunct faculty taught or co-taught CPH courses.
5. <u>Review the CPH governance infrastructure and institute changes that will enhance faculty and staff involvement and college-wide effectiveness</u>. *(UI Goal IV)* [S. Curry, CPH Faculty Council, CPH Staff Council, and Department Heads]	
• Annually review the structure and contributions of the CPH Faculty Council and its committees.	• <u>Satisfactory Progress</u>: Dean Curry met with the Faculty Council in FY 2009 and the chair of the committee attends the executive committee meetings held twice a month.
• Annually review the structure and contributions of the CPH Staff Council and its committees.	• <u>Satisfactory Progress</u>: Dean Curry met with the Staff Council in FY 2009 to review their charge.
6. <u>In concert with the UI Foundation, and with the advice of the College's Board of Advisors, implement the College's external fund-raising campaign</u>. *(UI Goal IV)* [S. Curry and S. Ford in concert with the CPH Campaign Committee and CPH Executive Committee]	
• Launch the public phase of the CPH Campaign in June 2009.	• <u>Satisfactorily Completed</u>: The public phase of the campaign was kicked-off at an event held on June 18, 2009.
• Identify CPH Campaign members by June 2009.	• <u>Satisfactorily Completed</u>: Campaign Committee membership was finalized and the committee's first in-person meeting was held on June 18, 2009.

• Successfully complete the CPH Campaign by the end of FY 2012.	• Satisfactory Progress: The campaign is well on its way with over $10 million in received and pledged gifts.
Goal 3: "Contribute to strengthening the scientific basis for the practice of public health."	
7. Continue to enhance the College's performance in University-wide research collaboration and research funding. *(UI Goal IV)* [S. Curry in concert with L. Burmeister and Department Heads]	
• The number of externally-funded grants involving interdisciplinary, cross-collegiate principal investigators in FY 2009 should be maintained at 142.[3]	• Satisfactory Progress: There were 166 externally-funded grants that involved interdisciplinary, cross-collegiate principal investigators in FY 2009.
• The F&A and direct funding of externally-funded grants involving interdisciplinary, cross-collegiate principal investigators in FY 2008 and future years should be maintained at $11,274,438 and $45,115,962, respectively.[4]	• Satisfactory Progress: There were 166 F&A direct funding interdisciplinary and cross-collegiate awards in FY 2009 at $17,368,336 and $78,137,528 respectively.
• For CPH departments and the CPH primary faculty as a whole, achieve an average of at least 50% salary offset through external funding.	• Satisfactory Progress: The College of Public Health achieved an overall average of 55.1% offset for FY 2009. This is a slight decrease compared to 55.4% in FY 2008. The departmental averages ranged from 43.3% to 65.1%.
• Sponsor an annual Iowa research conference addressing state, regional, and national health issues.	• Satisfactory Progress: The Carver College of Medicine, College of Pharmacy, College of Public Health, Institute for Clinical and Translational Science and VA Health System Research Week is held each year in April. Nationally and internationally known speakers present lectures on health science research during the week. Also, two separate poster sessions are held, with one competition for medical and graduate students and one competition for post-doctoral fellows and staff.

[3] These grants include those where the principal investigator is located in one College and the co-investigator(s) is in another.
[4] These grants include those where the principal investigator is located in one College and the co-investigator(s) is in another.

Goal 4: "Promote meaningful community service[5] and economic development in Iowa through creative partnerships in the public and private sectors."	
8. <u>Strengthen CPH communications and outreach with key constituencies at the local, state and national levels to build understanding and support for the College and its programs</u>. *(UI Goal V)* [D. McMillan]	
• Annually hold an event or conduct other activities in conjunction with Public Health week to promote the College and its programs.	• <u>Satisfactory Progress</u>: The College hosted a legislative breakfast at the State Capitol in Des Moines on April 8, 2009 to mark National Public Health Week 2009. Approximately 27 elected officials attended the event, along with a CPH contingent consisting of faculty, students, staff, and Board of Advisors members.
9. <u>Increase community engagement through continuing education programs, policy analysis & development, and technical assistance for Iowa communities, agencies, and organizations</u>. *(UI Goal V)* [T. Uden-Holman and Department Heads]	
• Beginning in FY 2008, a quarterly report will be generated from the collegiate outreach database. This report will be distributed to the Executive Committee and discussed as needed.	• <u>Satisfactory Progress</u>: As reported to the UI Division of Continuing Education, there were a total of 8,082 registrations in non-credit programs provided by the CPH. The programs were delivered on-site, at a distance, and via mailed media. Participants included individuals from Iowa, across the nation and internationally.

[5] "Community service" involves efforts by CPH faculty and staff to reach out beyond the University to address the needs of families, groups, and communities in Iowa and the region we serve. Examples of community service include educational programs, technical assistance projects and other consultative services, applied research, policy analysis, and involvement in community-based organizations.

10. <u>Promote, support, and evaluate the leadership[6] activities of College faculty in pertinent societies, organizations, and programs at the national and international levels</u>. *(UI Goal IV)* [L. Burmeister in concert with Department Heads]	
• In FY 2006 and in future years, departments will track the number of leadership activities of their faculty in pertinent societies, organizations, and programs at the state, national, and international levels.	• <u>Satisfactory Progress</u>: The departments have tracked the defined leadership activities. In FY2009 there were 110 leadership activities.
11. <u>Provide leadership in conducting public health statistics research and developing high-quality statistical information at the Center for Public Health Statistics</u>. *(UI Goals IV, V)* [J. Pendergast in conjunction with Department Heads]	
• In conjunction with the Iowa Department of Public Health, enhance and publish the Iowa Health Fact Book in FY 2009.	• <u>Satisfactorily Completed</u>: The 2009 edition of the Iowa Health Fact Book was created and distributed in August, 2009. In addition to the types of information presented in the past, three new measures of social determinants of health were included – county-level high school graduation rates, percent below poverty level and percent uninsured. In partnership with the Iowa Department of Public Health, 350 hardcopy books were printed and 1000 CDROMs produced. For the first time, the hardcopies included a CDROM version as well, attached to the back cover.

[6] "Leadership" roles include office holders, membership on governing boards and advisory boards, membership on editorial boards, journal editorship (including associate or assistant editor), and conference organizer (including lead responsibility for organizing a major session at a conference).

• Beginning in FY 2006, the Center for Public Health Statistics annually will prepare a year-end report for Wellmark and CPH leadership that summarizes the nature and volume of the uses for which the Wellmark data have been employed.	• Satisfactory Progress: Documentation on the proposed uses of the Wellmark Data Repository have been provided to Wellmark on four studies. The electronic data request submission system and review process is working well, with one of those four projects receiving feedback on how the proposal needed to be altered in order to be approved. The suggested revisions were made and the project subsequently approved. The first submission to Wellmark for review of study results that were to be distributed publicly was submitted under the data use guidelines and helpful feedback from Wellmark received. The faculty in the Center continue to be very involved in facilitating the use of the database – such as doing the necessary programming to carve out the data for which the project has permission to use and working on a funding strategy that will facilitate greater use of the resource.
Goal 5: "Encourage renewal of the public health infrastructure to better protect families and communities and improve the quality of life for all citizens."	
12. Provide leadership in public policy development and evaluation at both the state and national levels directed toward public health and individual health care. *(UI Goals IV, V)* [S. Curry]	
• Sponsor an annual Iowa health policy conference addressing state, regional, and national health policy issues.	• Satisfactory Progress: On May 28, 2009, the CPH co-sponsored a health care reform policy conference entitled "Value in Healthcare and the Lessons Learned In Iowa" which took place in Des Moines.
13. Promote collaboration between CPH and public health agencies to strengthen the public health workforce. *(UI Goals V)* [C. Atchison, T. Uden-Holman in collaboration with the MPH program and Department Heads]	
• Establish and maintain working agreements with representative organizations of public health practice to ensure alignment of academic and practice agendas.	• Satisfactory Progress: The Institute for Public Health Practice has established and maintained working agreements with several public health practice organizations, including Iowa Department of Public Health, the Iowa Counties Public Health Association, and the Iowa/Nebraska Primary Care Association.

Goal 6: "Enhance diversity among CPH students, staff, and faculty."	
14. <u>Assess, strengthen, and promote University-wide and College programs directed toward identifying, recruiting, and supporting well-qualified minority and women faculty, staff, and students</u>. *(UI Goals II, III)* [CPH Diversity Committee in concert with Executive Committee]	
• Draft an overall strategic plan for CPH to advance its efforts toward identifying, recruiting and supporting well-qualified minority and women faculty, staff and students by June 2009.	• <u>Satisfactory Progress</u>: The College sponsored the Field of Dreams Conference which brought about 90 minority undergraduates and their faculty to Iowa City to learn about graduate opportunities. The College of Public Health and the Department of Biostatistics participated in the recruiting fare and several Biostatistics graduate students also participated and/or served on panels for the Conference or for StatFest. • The MHIRT completed a successful summer program providing international summer internships for minority students. • The College of Public Health plans to host a lunch for students of color in the health sciences at the beginning of the Fall 2009 semester. • The Diversity Committee will be meeting to formulate a strategy and draft a potential mission statement.
Faculty and Staff:	
• Increase the proportion of minority tenured and tenure-track faculty to 16% by FY 2009.	• <u>Satisfactory Progress</u>: The proportion of minority tenured and tenure track at the end of FY 2009 was 16%.
• Maintain the proportion of female tenured and tenure-track at 32% or higher in FY 2005 and subsequent years.	• <u>Satisfactory Progress:</u> The proportion of female tenured and tenure track at the end of FY 2009 was 36%.
• Increase the proportion of minority P&S and merit staff to 7.5% by FY 2009.	• <u>Satisfactory Progress</u>: The proportion of minority P&S and merit staff at the end of FY 2009 was 8.09%. There is no change as the corresponding figure for FY 2008 was 8.09%

• Maintain the proportion of females in executive, administrative, and managerial positions at 37% or higher.	• Satisfactory Progress: The proportion of females in executive, administrative, and managerial positions at the end of FY 2009 was 45.7%. The corresponding figure at the end of FY 2008 was 42.8%.
• Increase the proportion of minorities in executive, administrative, and managerial positions to 8% in by FY 2009.	• Unsatisfactory Progress: The proportion of minorities in executive, administrative, and managerial positions at the end of FY 2009 was 2.9%. There is no change as the corresponding figure for FY 2008 was 2.9%.
Students:	
• Increase the proportion of minority student enrollment to 10.9% by FY 2009.	• Satisfactorily Completed: There were 11.6% minority students enrolled in FY 2009. There were 17.5% international students enrolled in FY 2009.
Goal 7: "Improve communications and collaboration among CPH students, staff, faculty, and alumni."	
15. Increase communications between students and CPH Administration. (*UI Goal II*) [S. Curry, T. Uden-Holman, and D. McMillan]	
• At least annually, the Dean and the Associate Dean for Education and Student Affairs will meet with the CPH Student Association to discuss matters of mutual interest.	• Satisfactory Progress: Dean Curry and Associate Dean Uden-Holman met with CPH Student Association officers to discuss various issues during the fall and spring semesters.
• Share annual reports and CPH publications and newsletters with students.	• Satisfactory Progress: Worked with CPH student services staff to build awareness to ensure students are added to the distribution list of the CPH News Digest, the College's weekly electronic newsletter. The News Digest includes information about upcoming events as well as links to electronic versions of CPH publications, such as the annual report and Wellspring.
• Continue to support CPH Student Association.	• Satisfactory Progress: The Assistant Dean, Director of the MPH Program and Associate Dean for Education & Student Affairs both contribute to the CPH Student Association as needed.

16. <u>Create and implement assessment processes that will contribute to building an enjoyable and productive working environment for CPH staff</u>. *(UI Goal IV)* [A. Coady and CPH Staff Council]	
• Annually report the percentage of CPH permanent P & S and merit staff who receive formal performance evaluations and feedback using 100% as the target.	• <u>Satisfactorily Completed</u>: In FY 2009 we were able to attain a 99.6% completion rate of performance evaluations. 245 of 246 CPH permanent staff (Professional & Scientific and Merit) received performance evaluations and feedback.
• In FY 2009, the CPH Staff Council will review the Working at Iowa survey results and identify strengths and opportunities and will discuss these results with the Executive Committee.	• <u>Satisfactory Progress</u>: The Working at Iowa survey results were not available in FY 2009. The current survey results will be made available to the Staff Council in early September 2009. Strengths and opportunities will be reviewed with the intent to create a follow up survey targeted at opportunities for improvement.
17. <u>Create and implement assessment processes that will contribute to building an enjoyable and productive working environment for CPH faculty</u>. *(UI Goal IV)* [L. Burmeister and CPH Faculty Council]	
• The Faculty Council will obtain feedback from CPH primary faculty on the work environment, communications, and collaboration using a faculty survey and share the information with the Executive Committee.	• <u>Satisfactory Progress</u>: Because of the Working at Iowa survey last year, Faculty Council decided to conduct our survey this year. We do not yet have the Working at Iowa data for CPH, and will use that data to determine whether we need to edit our survey. Our understanding is that the Work at Iowa data will be available in late August.
• The Working at Iowa survey results will be reviewed by the CPH Faculty Council to identify strengths and possible opportunities for improvement and will discuss these results with the Executive Committee.	• <u>Satisfactory Progress</u>: The Working at Iowa survey data was not available during FY 2009. The Faculty Council will receive data early in FY 2010 and is currently identifying someone to be the repository for the data in order to avoid any concerns over confidentiality within CPH.

18. <u>In concert with the UI Alumni Association and the UI Foundation, conduct a College-wide alumni relations program that will promote communication, cooperation, and collaboration between the College & its departments and alumni.</u> *(UI Goal V)* [D. McMillan, S. Ford, Department Heads and CPH Alumni Relations Council]	
• In conjunction with the UI Foundation, initiate programs and disseminate materials designed to foster alumni in the college's "Building Today for a Healthy Tomorrow" capital campaign (e.g., preparation of case statements for the Departments of Biostatistics, Community and Behavioral Health, Epidemiology, and Occupational and Environmental Health; organize activities to publicly announce the campaign and mark the college's 10-year anniversary).	• <u>Satisfactory Progress</u>: In partnership with the UI Foundation, the College developed a case statement for the "Building Today for a Healthy Tomorrow" campaign. Several companion inserts were developed to highlight specific aspects of the campaign. A formal campaign kick-off event was held in June 2009. Additional communications materials, including videos, websites, and promotional items, have been developed and distributed to alumni and other supporters. An ad hoc work group was formed during FY 2009 to identify and plan activities marking the college's 10th anniversary during the 2009-10 academic year.
• Produce and disseminate periodic collegiate and departmental communications to keep alumni informed of major collegiate developments and highlight opportunities for alumni to participate in collegiate activities.	• <u>Satisfactory Progress</u>: Collegiate and departmental communications are disseminated to alumni and other audiences to build awareness and support for the college. Regular communications include newsletters, annual reports, and invitations to attend events. Alumni also routinely receive letters, newsletters, and telephone calls as part of the "I Fund Iowa" annual giving program, carried out in partnership with the UI Foundation.
Goal 8: "Maintain full accreditation by the Council on Education for Public Health and other accreditation governing bodies.	
19. <u>Prepare for CEPH accreditation review in 2010</u>. *(UI Goals II, IV)* [T. Uden-Holman in concert with CPH Executive Committee]	
• Prepare and submit self-study and complete successful site visit to achieve full accreditation in 2010.	• <u>Satisfactory Progress</u>: Associate Dean Uden-Holman continues to attend ASPH/CEPH related meetings for updates and will attend a CEPH-sponsored accreditation workshop in July 2009 and Dean Curry will attend CEPH site visitor training in November of 2009.

Collegiate Committees
Charge and Membership
Updated April 2010

Committee	Charge	Membership
CPH Administrative Committee	The Administrative Committee includes the dean, three associate deans, two assistant deans, the assistant to the dean, the director of communications and external relations, and the administrative assistant to the dean. This committee meets weekly to discuss current activities and sets the agenda for the Executive Committee meetings.	K. Andrews, Administrative Assistant M. Aquilino, Assistant Dean and Director of MPH Program C. Atchison, Associate Dean for Public Health Practice L. Burmeister, Associate Dean for Research and Academic Affairs A. Coady, Assistant Dean for Administration S. Curry, Dean D. McMillan, Director, Communications and External Relations T. Uden-Holman, Associate Dean for Education and Student Affairs
CPH Executive Committee	The Executive Committee includes the dean, three associate deans, two assistant deans, five department heads, the director of communications and external relations, the chair of the Faculty Council, and the administrative assistant to the dean. The Executive Committee meets bi-monthly to address all Collegiate concerns, with particular emphasis on faculty appointments, financial resources, strategic planning, educational development, alumni relations, space procurement and allocations, and policies. The meetings also provide a forum in which the dean informs the Committee of University policies and requests, as well as state and national public health issues and interactions.	K. Andrews, Administrative Assistant M. Aquilino, Assistant Dean and Director of MPH Program C. Atchison, Associate Dean for Public Health Practice L. Burmeister, Associate Dean for Research and Academic Affairs K. Chaloner, Head, Biostatistics A. Coady, Assistant Dean for Administration S. Curry, Dean B. Greene, Head, Health Management and Policy D. McMillan, Director, Communications and External Relations L. Snetselaar, Interim-Head, Community and Behavioral Health P. Thorne, Acting Head, Occupational and Environmental Health J. Torner, Head, Epidemiology T. Uden-Holman, Associate Dean for Education and Student Affairs T. Vaughn, Chair, Faculty Council
CPH Diversity Committee	The CPH Diversity Committee includes faculty, staff, and student representatives. This committee aims to promote and develop a culture of collaboration and inclusion in the College and University. The committee interprets diversity as embracing and respecting all races, nationalities, colors, creeds, religions, age, disabilities, veteran status, sexual orientation, gender identity, or associational preference. The committee works towards greater representation of those currently underrepresented in the College and in the public health workforce.	M. Aquilino, Faculty, Community and Behavioral Health D. Asa, Staff, Occupational and Environmental Health K. Chaloner, Faculty, Biostatistics (Chair) J. Coulter, Faculty, Community and Behavioral Health S. Nayar, Student E. Pintor Martinez, Student M. Ramirez, Faculty, Occupational and Environmental Health K. Shie, Staff, College of Public Health E. Smith, Faculty, Epidemiology B. Toner, Staff, College of Public Health T. Uden-Holman, Faculty, Health Management and Policy

Committee	Charge	Membership
		D. Venzke, Staff, College of Public Health G. Wehby, Faculty, Health Management and Policy G. Zamba, Faculty, Biostatistics
CPH Computation and Informatics Committee	The Computation and Informatics Committee (CIC) includes faculty and staff representatives from each department in the college. The CIC advises the dean on the information technology and informatics needs of the college, monitors how well those needs are being met, and anticipates changes in those needs over time. This committee is not charged with the everyday management of the college's Information Technology group. This committee is charged to: 1) Monitor the needs of the college for information technology and informatics support. This includes hardware, software, and personnel needs; 2) Evaluate the needs, advise the dean as to how well those needs are being met, and, if some needs are not being met, to propose strategies to remedy the problems; 3) Anticipate changes in information technology and/or informatics needs and propose to the dean strategies to meet the new needs.	R. Bennett, Staff, College of Public Health L. Burmeister, Faculty, Biostatistics A. Coady, Staff, College of Public Health J. Coulter, Faculty, Community and Behavioral Health H. Diehl, Staff, Occupational and Environmental Health D. Dodd, Staff, Occupational and Environmental Health A. Grimm, Student E. Heiden, Student R. Higareda, Staff, College of Public Health K. Hurley, Staff, College of Public Health D. Jiang, Student B. Kaskie, Faculty, Health Management and Policy (Chair) T. Peters, Faculty, Occupational and Environmental Health P. Romitti, Faculty, Epidemiology T. Shie, Staff, College of Public Health B. Smith, Faculty, Biostatistics
CPH Awards Committee	The Awards Committee includes representatives of faculty from each department and faculty and staff representatives. This committee is charged to: 1) Oversee college-wide teaching, research and service awards for faculty; 2) Oversee college-wide staff research and service awards; and 3) Develop and oversee CPH-specific student awards, including those awarded at the spring awards dinner.	M. Aquilino, Faculty, Community and Behavioral Health J. Cavanaugh, Faculty, Biostatistics (Chair) L. Fuortes, Faculty, Occupational and Environmental Health M. Hutton, Student F. Oprescu, Student L. Rudin, Staff, College of Public Health T. Uden-Holman, Faculty, Health Management and Policy R. Wallace, Faculty, Epidemiology M. Ward, Faculty, Health Management and Policy
CPH Alumni Relations Council	The Alumni Relations Council membership includes faculty representing each department, other faculty and staff with interests and/or job functions related to alumni, and representatives from the UI Alumni Association and the UI Foundation. The role of the Council is to advance the ongoing development of a strong, college-wide alumni relations program and, in doing so, contribute to building a strong sense of	M. Aquilino, Faculty, Community and Behavioral Health R. Breon, Alumni L. Burmeister, Faculty, Biostatistics K. Donham, Faculty, Occupational and Environmental Health S. Ford, Staff, UI Foundation R. Haughton, Staff, College of Public Health H. Hinkle, Student D. McMillan, Staff, College of Public Health (Chair)

Committee	Charge	Membership
	community with alumni. The Council's functions include: 1) Serve as a forum for creative thinking and college-level planning for alumni-related strategies and activities; 2) Promote good communications and coordination of alumni-related activities across departmental lines and with key University level units serving alumni; 3) Address alumni-related matters of college-wide importance (e.g., effective communications with alumni, continuous improvement of alumni records); 4) Serve as the review and selection committee for the College of Public Health Outstanding Alumni Award; and 5) On-going assessment of the collegiate alumni relations program.	V. Nelson, Staff, UI Foundation A. Thompson, Staff, Community and Behavioral Health J. Torner, Faculty, Epidemiology T. Uden-Holman, Faculty, Health Management and Policy T. Vaughn, Faculty, Health Management and Policy D. Venzke, Staff, College of Public Health
CPH Research Council	The Research Council is composed of directors of CPH research centers, student and staff representatives, and faculty representatives from the other four health science colleges. The role and functions of the CPH Research Council include the following: 1) To develop and to facilitate collaborative research and research training within the College; with other colleges at The University of Iowa; with other colleges and universities, with private organizations; and with state and federal governmental agencies; 2) To identify research training opportunities resulting from and required by the collaborative research; 3) To identify problems or barriers that prevent the advancement of research and research training goals; and 4) To identify innovative public health research initiatives that will advance the strategic goals of the College.	M. Aquilino, Faculty, Community and Behavioral Health M. Apicella, Representative, Carver College of Medicine C. Atchison, Faculty, Health Management and Policy L. Burmeister, Faculty, Biostatistics (Chair) S. Campo, Faculty, Community and Behavioral Health K. Chaloner, Faculty, Biostatistics B. Chrischilles, Faculty, Epidemiology B. Clarke, Faculty, Biostatistics A. Coady, Staff, College of Public Health T. Cook, Faculty, Occupational and Environmental Health K. Culp, Representative, College of Nursing K. Donham, Faculty, Occupational and Environmental Health M. Duffel, Representative, College of Pharmacy F. Gerr, Occupational and Environmental Health B. Greene, Faculty, Health Management and Policy K. Hicklin, Staff, College of Public Health G. Hunninghake, Representative, Carver College of Medicine R. Kuthy, Representative, College of Dentistry J. Lundell, Staff, Occupational and Environmental Health C. Lynch, Faculty, Epidemiology K. McKeen, Staff, Epidemiology D. McMillan, Staff, College of Public Health J. Merchant, Faculty, Occupational and Environmental Health F. Nothwehr, Faculty, Community and Behavioral Health C. Peek-Asa, Faculty, Occupational and Environmental Health J. Pendergast, Faculty, Biostatistics J. Robinson, Faculty, Epidemiology

Committee	Charge	Membership
		P. Romitti, Faculty, Epidemiology A. Skinstad, Faculty, Community and Behavioral Health L. Snetselaar, Faculty, Epidemiology P. Thorne, Faculty, Occupational and Environmental Health J. Torner, Faculty, Epidemiology T. Uden-Holman, Faculty, Health Management and Policy R. Wallace, Faculty, Epidemiology M. Ward, Faculty, Health Management and Policy G. Wehby, Faculty, Health Management and Policy
Faculty Council	The Faculty Council holds regular meetings (usually once per month) and is composed of an untenured, a tenured, and a clinical faculty member, where appropriate, from each department. The Faculty Council's purpose is to: 1) Provide the College of Public Health dean with input on faculty views on important issues affecting the college; 2) Serve as the faculty advisory body to the dean on matters of concern to faculty, including planning and setting of overall priorities and objectives for the college, collegiate governance policies and procedures, and collegiate programs; 3) Oversee standing committees and form ad-hoc subcommittees within the Faculty Council structure as may be necessary; 4) Select members of standing and ad-hoc committees of the Faculty Council and recommend membership on college-wide committees; and 5) Report on activities of the Faculty Council to the College of Public Health faculty at least once in the Fall term and once in the Spring term.	Y. Kim, Community and Behavioral Health N. Thompson, Community and Behavioral Health A. Skinstad, Community and Behavioral Health J. Dawson, Biostatistics B. Smith, Biostatistics G. Zamba, Biostatistics P. Romitti, Epidemiology T. Smith, Epidemiology R. Carnahan, Epidemiology T. Vaughn, Health Management and Policy (Chair) G. Wehby, Health Management and Policy G. Ludewig, Occupational and Environmental Health T. Cook, Occupational and Environmental Health D. Osterberg, Occupational and Environmental Health
Faculty Council Curriculum Committee	The major function of the Curriculum Committee is to facilitate the involvement of the faculty of the UI College of Public Health (CPH) in the promotion of quality education in public health and related fields by working with departments and other program units to aid in the development and implementation of curricular policies. Input into recommendations for enhancement of educational quality will be sought from students, faculty and administrators. In addition to providing curricular oversight of the	A. Colvin, Student S. Holoubek, Student M. Jones, Faculty, Biostatistics M. Kang, Student P. O'Shaughnessy, Faculty, Occupational and Environmental Health (Chair) L. Rudin, Staff, College of Public Health A. Saftlas, Faculty, Epidemiology A. Skinstad, Faculty, Community and Behavioral Health E. Spies, Student

Committee	Charge	Membership
	College's educational programs, members of the Curriculum Committee will also participate, with departmental DEOs and other academic administrators, in the development of policy with respect to the quality of teaching. Membership Each department and program will be represented by a faculty member appointed by its DEO; the committee chair will be appointed by the CPH Faculty Council. An MPH student, an MHA student, and an MS/PhD student will also be named to the committee. The Associate Dean for Education and Student Affairs and the Collegiate Programs Advisor will be *ex officio* to the committee. This committee is charged to: 1) Review the UI College of Public Health's educational goals and overall curriculum at least every five years to ensure that curriculum and educational goals are consonant with the College's mission. 2) Provide oversight for regularly scheduled curricula review of all degree programs conducted by each department and the MPH program to ensure that conducted reviews are consistent with collegiate and university quality standards and do not represent unnecessary duplication. 3) Review new course development proposals based on: (a) interdepartmental and intercollegiate discussion and assessment of need for the proposed new course; (b) originating departmental approval of the course; and (c) opportunities for cross-listing the new course. The following criteria will be applied: a. The material in the course is sufficient to achieve the stated course goals. b. The amount of material is appropriate for the amount of credit being offered. c. The course being proposed does not overlap substantially with another course at the CPH or with another course in the University as a whole. 4) Review new degree and certificate proposals, including MPH degree sub-tracks, based on substantiated need for, prospective student interest in, and adequate	T. Uden-Holman, Faculty, Health Management and Policy T. Vaughn, Faculty, Health Management and Policy K. Yamaki, Staff, College of Public Health M. Yang, Student

Committee	Charge	Membership
	financial and departmental faculty support. 5) Review changes to existing degree programs proposed by departments or the MPH Steering Committee. 6) Periodically review the format and effectiveness of the College's course evaluation forms. 7) Review and make recommendations related to curriculum delivery for distance learning.	
Faculty Council MPH Steering Committee	The MPH Steering Committee is composed of Faculty Council members and staff and student representatives. Members of this committee will represent the faculty of the MPH program for the purposes outlined below, given the absence of faculty committee primarily to the program. These purposes are served by department faculty for a department's degree programs, and the members of this committee will serve that purpose for the MPH program. The MPH Steering Committee is charge to: 1) Update and maintain the strategic plan for the MPH program; 2) Monitor performance measures to ensure that goals expressed in the strategic plan are being met; 3) Review and advise on the details of an annual report detailing the enrollment in each of the MPH sub-tracks, focus areas and dual degrees; 4) Annually outline and oversee implementation of a recruitment strategy designed to meet the stated goals for enrollment in each of the MPH degree programs; 5) Review proposed and existing MPH sub-tracks, focus areas, and dual degrees for quality and demand; 6) Review proposed plans of study of MPH students in the general MPH curriculum as necessary; 7) Provide oversight and quality control for the practical aspects of the MPH Program, especially for the practicum course; and 8) Oversee the awarding of MPH training and scholarships funds to students.	M. Aquilino, Faculty, Community and Behavioral Health C. Atchison, Faculty, Health Management and Policy S. Brockman, Student L. Just, Staff, College of Public Health B. Kaskie, Faculty, Health Management and Policy C. Peek-Asa, Faculty, Occupational and Environmental Health J. Pendergast, Faculty, Biostatistics L. Rudin, Staff, College of Public Health T. Uden-Holman, Faculty, Health Management and Policy A. Wallis, Faculty, Epidemiology G. Yang, Faculty, Community and Behavioral Health
Faculty Council P&T Committee	The P&T Committee acts as an independent standing committee for the CPH faculty for the purpose of reviewing all promotion and tenure material and providing recommendations on each	T. Burns S. Campo J. Cavanaugh B. Chrischilles

Committee	Charge	Membership
	candidate to the Dean. The Chair and members of the P&T Committee are representative of faculty by department, rank, and track. The P&T Committee is charged to: 1) Review and make recommendations to the Dean on CPH policies and procedures relating to faculty promotion and tenure decisions, consistent with those of the University; 2) Review all material for promotion and tenure of tenure track and clinical primary, joint, secondary, and adjunct faculty. The review will include all new appointments involving tenure; 3) Provide the Dean a written report that recommends specific actions on promotion and tenure, including vote counts and reasons for or against promotion and/or tenure; 4) Provide faculty input to the Dean, department heads and faculty on other matters related to promotion and tenure.	T. Cook J. Coulter J. Dawson (Chair) L. Dennis B. Field M. Jones B. Kaskie C. Lynch F. Nothwehr C. Peek-Asa J. Pendergast P. Romitti B. Smith T. Vaughn M. Ward
Staff Council	The purpose of the College of Public Health Staff Council is to voice concerns and issues of represented staff to College of Public Health Administration, facilitate communication within the College, and ensure staff involvement in committees and discussions that affect College of Public Health represented staff. The CPHSC is an elected body that represents staff members in the College of Public Health. This constituent group is composed of staff that are non-organized Professional and Scientific and Merit Exempt personnel holding a regular appointment of 50% or more within the College. The goals of the CPHSC are to: 1. Develop and promote activities and opportunities to enhance the quality of work-life for staff; 2. Advocate changes or improvements for staff; 3. Advise the College Administrative Liaison and the Dean on policies affecting staff members where the discretion remains with the college on the actual policy application; 4. Inform staff of the activities of the CPHSC; 5. Develop a broader understanding among the staff of the strategic goals and	J. Bock, At Large H. Fletcher, Administration G. Lenoch, Epidemiology K. Merchant, At Large K. Provin, Biostatistics P. Ramstad, Occupational and Environmental Health (Chair) D. Schaeffer, Health Management and Policy R. Svetly, Community and Behavioral Health A. Tatro, Administration

Committee	Charge	Membership
	challenges of the college; 6. Provide opportunities for all staff to participate in outreach activities such as diversity initiatives, professional development, community building and philanthropic activities; 7. Facilitate communication between staff and college administration.	
Student Association	The College of Public Health Student Association at The University of Iowa was established to advocate for opportunities in professional development and outreach, discuss student issues, and create a greater sense of community for all students in the College of Public Health. The Council is an elected body that represents all CPH students.	C. Cunningham, MPH program B. Hanson, MS program G. Krueger, MPH program (President) L. Vonnahme, MPH program J. Zhang, PhD program

CPH Primary Faculty Service on University Committees
2007-2009

BIO=Biostatistics; CBH=Community and Behavioral Health; EPI=Epidemiology; HMP=Health Management and Policy; OEH=Occupational and Environmental Health

University Committee/Council Name	2007	2008	2009
Advisory Committee, Widernet Project	T. Cook, OEH		Y. Kim, CBH
African American Council		T. Armstead, CBH	T. Armstead, CBH
Animal Facility Task Force		P. Thorne, OEH	
Biosciences Graduate Programs Admissions Committee	P. Thorne, OEH	P. Thorne, OEH	G. Ludewig, OEH P. Thorne, OEH
Campus Nutrition Advisory Council			J. Pendergast, BIO
Cancer and Aging Program Steering Committee	C. Lynch, EPI		
Center for Environmental Research	B. Smith, BIO	P. Thorne, OEH	P. Thorne, OEH
Center for Policy Analysis		B. Kaskie, HMP	B. Kaskie, HMP
Clinical Investigations Training Program	C. Peek-Asa, OEH	C. Peek-Asa, OEH	C. Peek-Asa, OEH
Collaborative Hospital Planning for an Influenza Pandemic	C. Atchison, OEH		
Comprehensive Laboratory Review and Director Search Committee, University Hygienic Laboratory, The University of Iowa	W. Sanderson, OEH		
Conflict of Interest Committee		J. Robinson, EPI	J. Robinson, EPI
Council of Deans	J. Merchant, OEH	S. Curry, HMP	S. Curry, HMP
Council on Teaching			L. Snetselaar, EPI
Data Safety Monitoring Board	G. Zamba, BIO	G. Zamba, BIO	G. Zamba, BIO
Distance Education Advisory Committee	T. Uden-Holman, HMP	T. Uden-Holman, HMP	T. Uden-Holman, HMP
Division of Sponsored Programs Focus Group		P. Romitti, EPI	P. Romitti, EPI
Environmental Engineering and Science Committee		L. Robertson, OEH	L. Robertson, OEH
Executive Subcommittee of the Presidential Committee on Athletics	C. Lynch, EPI	C. Lynch, EPI	C. Lynch, EPI
Faculty Council	L. Snetselaar, EPI	L. Robertson, OEH	L. Robertson, OEH
Faculty Development Advisory Council			L. Snetselaar, EPI
Faculty Senate	F. Nothwehr, CBH L. Snetselaar, EPI	F. Nothwehr, CBH T. Vaughn, HMP	J. Pendergast, BIO L. Robertson, OEH

University Committee/Council Name	2007	2008	2009
	L. Robertson, OEH	L. Robertson, OEH	T. Vaughn, HMP
Faculty Senate Committee on Elections	L. Snetselaar, EPI	L. Snetselaar, EPI	L. Snetselaar, EPI
Faculty Senate Committee on Faculty Policies and Compensation		F. Nothwehr, CBH	
Graduate College Council	M. Jones, BIO	M. Jones, BIO	J. Pendergast, BIO
Graduate College Task Force on Graduate/Professional Education			M. Jones, BIO
Hancher Advisory Committee		J. Torner, EPI	J. Torner, EPI
Hardin Library for the Health Sciences Advisory Committee	D. Katen-Bahensky, HMP	T. Uden-Holman, HMP	T. Uden-Holman, HMP
Health Informatics Steering Committee	T. Uden-Holman, HMP	T. Uden-Holman, HMP	T. Uden-Holman, HMP
Health Protection Office, Flood Response Group		P. Thorne, OEH	
Health Sciences Policy Council	J. Merchant, OEH	S. Curry, HMP	S. Curry, HMP
ICON Advisory Committee	T. Uden-Holman, HMP	T. Uden-Holman, HMP	T. Uden-Holman, HMP
Integrated Health Management Advisory Group		M. Aquilino, CBH	M. Aquilino, CBH
Intercollegiate Task Force on the Organization of Research and Education in the Life Sciences	J. Torner, EPI		
Interdisciplinary Health Group		M. Aquilino, CBH	M. Aquilino, CBH
Iowa Area Health Education Center Advisory Committee	T. Uden-Holman, HMP	T. Uden-Holman, HMP	T. Uden-Holman, HMP
James F. Jakobsen Conference Judge	B. Smith, BIO		
Lake Macbride Academic Advisory Committee		J. Torner, EPI	J. Torner, EPI
Life Sciences Mass Spectroscopy Oversight Committee		L. Robertson, OEH	L. Robertson, OEH
Presidential Committee on Athletics	C. Lynch, EPI	C. Lynch, EPI	C. Lynch, EPI
Presidential Search Committee	B. Chrischilles, EPI		
Productivity in Scholarship Committee		L. Robertson, OEH	L. Robertson, OEH
Provost Search Committee	J. Torner, EPI	J. Torner, EPI	
Research Council	L. Snetselaar, EPI	P. Romitti, EPI L. Snetselaar, EPI	P. Romitti, EPI L. Snetselaar, EPI
Research Council Publication Waiver Subcommittee		P. Romitti, EPI	P. Romitti, EPI
Search Committee for Senior Vice Provost		S. Curry, HMP	S. Curry, HMP
Security Committee	L. Robertson, OEH		

University Committee/Council Name	2007	2008	2009
Steering Committee for Alcohol Initiative			S. Curry, HMP
Steering Committee to Develop University Pre-Disaster Mitigation Plan			C. Peek-Asa, OEH
Strategic Initiatives Task Force on Research and Creative Excellence			P. Thorne, OEH
University Animal Use Committee	L. Fuortes, OEH	L. Fuortes, OEH	L. Fuortes, OEH
University Enterprise Information Technology Committee	B. Clarke, BIO		
University Occupational Health and Safety Sub-Committee	L. Fuortes, OEH	L. Fuortes, OEH	L. Fuortes, OEH
University TB Task Force	L. Fuortes, OEH	L. Fuortes, OEH	L. Fuortes, OEH
University Threat Assessment Team		C. Peek-Asa, OEH	
Vice President for Research Advisory Committee in the Physical and Mathematical Sciences (review of internal funding programs)	M. Jones, BIO		
Working at Iowa Survey Group		B. Zimmerman, BIO	B. Zimmerman, BIO

CPH Laboratory Space
March 2010

Pulmonary Toxicology Facility

The Pulmonary Toxicology Facility (PTF) occupies 5000 sq. ft. in IREH and offers facilities and expertise for investigators to enhance their environmental health research in asthma, nanotoxicology, pulmonary biology, inhalation toxicology and aerosol science. In addition, federally funded investigators from other institutions are supported with expertise and assays for evaluation of exposures to asthma triggers such as endotoxin, glucans, and allergens. Inhalation exposures in the rural and agricultural environment primarily include bioaerosols and other types of organic dust, pesticides and toxic vapors. These and other exposures are replicated in the PTF for inhalation toxicology studies of rats and mice and the aerosol exposures of primary airway cells in vitro. The PTF also conducts exposure of laboratory animals to vapors of polychlorinated biphenyls, or PCBs using extensive containment systems. The PTF includes the following laboratories: Inhalation Lab 1, Inhalation Lab 2, Gravimetrics Lab, Necropsy Lab, Microbiology and Assay Lab, PCR Lab, Bioanalytical Lab, Microscopy Lab, Cold Room, Animal Rooms I, II, and III, Large Equipment Room, Record Archive Room.

Environmental Modeling and Exposure Assessment Facility

The Environmental Modeling and Exposure Assessment Facility (EMEAF) provides for the equipment and modeling needs of investigators in their efforts to understand the relationship between various airborne contaminants and their impact on health. Through the lending of costly instrumentation, providing instrument use instruction, and guidance on modeling, the EMEAF enhances research capabilities of faculty, staff and students conducting studies on the effects of environmental contaminants on human health, and especially, the pulmonary system. The EMEAF plays a critical role by providing state-of-the-art geographical information systems (GIS) and computational fluids dynamics (CFD) capabilities to enhance exposure assessment research among investigators.

Cellular and Molecular Toxicology Laboratories

The Cellular and Molecular Toxicology Laboratories comprise about 2500 sq. ft. of contiguous laboratory space in the second floor of the Institute for Rural Environmental Health (IREH), plus additional space and common equipment rooms in an adjacent area of the building near animal rooms, constant temperature rooms and other specialized facilities. All of these facilities have been renovated and represent state-of-the-art research facilities. These laboratories consist of a cell/tissue culture lab, an analytical laboratory, a microbiology/molecular biology laboratory, a microscopy laboratory, a biochemistry laboratory, an organic synthesis laboratory, and office facilities for all personnel. All laboratories have (or have easy access to) fume hoods, showers, eye wash stations and fire extinguishers. These laboratories are well-equipped to carry out the following functions: 1) Organic synthesis, 2) analytical measurements, 3) molecular biology, 4) cell culture and genotoxicity, 5) microscopy, and 6) animal metabolism and gene expression, critical aspects of Cellular and Molecular Toxicology.

Laboratory Animal Vivarium

IREH is home to three AAALAC- and NIH-approved animal rooms. Each of these three animal rooms has 100% fresh conditioned supply air and 100% exhaust air exchange. These facilities provide 230 sq. ft. of rodent space. Each room is able to accommodate one large rack of animals (about 50 guinea pigs, 75 rats, or 250 mice) or a Thoren Caging Unit with HEPA-filtered air and laminar cross flow. The University of Iowa, Institutional Animal Care & Use Committee has approved these animal rooms as an IACUC satellite facility. All the animal care and housing

requirements set forth by the NIH Committee on Care and Use of Laboratory Animals of the Institute of Laboratory Animal Resources are met. These rooms also meet with all APHIS and AAALAC requirements. The U.I. Animal Care Unit staff provide animal care and maintenance for these rooms as part of the *per diem* charge for animals. Cage washing, bedding changes, and sterilizing are performed in the adjacent facility and brought into the IREH under micro isolator covers.

Industrial Hygiene Laboratories

The Industrial Hygiene (IH) Laboratories encompass a total of 2,200 sq. ft. of floor space with state-of-the-art teaching and research facilities. The centerpiece of these laboratories is a high-bay Teaching and Research Facility used to prepare students to anticipate, evaluate, and control occupational hazards. The overhead door of this facility accommodates for the delivery and testing of pilot scale industrial equipment and in preparation for numerous exposure assessment field studies that the faculty, staff, and students conduct. A second laboratory serves as the staging area for community-based field projects. Two Wet Chemistry Laboratories are used to synthesize chemical solutions and to analyze samples from the field. The Exposure Modeling Laboratory maintains high-speed computers and software licenses to conduct computational fluid dynamics investigating contaminant transport, human exposures, and sampler designs. The WORKSAFE IOWA laboratory is devoted to house staff, equipment, and supplies that support outreach activities of the IH Program.

Biomechanics and Ergonomics Facility

The Biomechanics and Ergonomics Facility occupies 4,700 total square feet and is dedicated to the study of work-related musculoskeletal disorders. One enclosed lab space contains a digital video suite for the capture, processing, and analysis of video recordings of occupational activities. A second enclosed lab space houses a variety of instrumentation and a basic electronics shop for constructing custom measurement devices. Available sensors include load cells, force platforms, accelerometers, pressure transducers, strain gauges, dynamometers, electrogoniometers, and an electromagnetic tracking system for three-dimensional analysis of human motion. A variety of instrumentation options for surface electromyography are available, including three 8-channel rack units, a 16-channel bench top unit, six custom 4-channel data loggers, a Delsys 8-channel data logger/telemetry unit, and a Biometrics data logger unit. Other hardware systems include signal conditioning amplifiers for Wheatstone bridge-based sensors, a portable human vibration exposure assessment meter, an oscilloscope for signal monitoring, and a function generator for instrumentation testing purposes. Analog-to-digital conversion hardware is available for data collection in both field and laboratory settings, including a 32-channel suite from National Instruments. The lab uses primarily LabVIEW for data acquisition and signal processing, but other data acquisition and processing software packages are available (e.g., Spike2, Matlab). Non-enclosed lab space occupies 3730 ft^2 and is used for larger-scale lab studies requiring the construction of simulated workspaces and activities. This space also contains basic machining equipment (mill, lathe, etc.) for creating research-related fixtures and mechanical devices.

Human Exposure Facility

The Department through one of its research centers operates a 30 cu. meter human exposure chamber located adjacent to the University Hospital. The exposure chamber consist of a stainless-steel-paneled room (12' x 12' x 8') with a dedicated ventilation system, an adjoining control room, and a small exposure-generating room with a fume hood. For controlled gas exposures, the entire chamber can be ventilated with "pollutant"-containing gas. For facemask-delivered exposures, the chamber can be a source of purified air, and it protects the research staff and external environment from the contaminants. The flow rate through the chamber can

exceed one air-exchange per minute and environmental conditions can be varied to obtain a variety of temperature and relative humidity conditions. Prior to entering the chamber, the air is also conditioned to remove undesirable contaminant gases and particulates. During an exposure, gases and/or aerosols can be injected into any one of three ports located in the supply duct prior to entry into the chamber. For lung exposure studies using individual delivery, the system utilizes a dosimeter powered by medical compressed air. Subject monitoring equipment includes: EKG monitor, automatic blood pressure monitor, and oximeter. Airway inflammation can be assessed non-invasively by measuring exhaled NO. Also available to the Exposure Facility are the equipment needed for exposure generation, particulate assessment and specific exposure monitoring.

Keokuk County Rural Health Study Research Facility

The Keokuk County Rural Health Study research facility is located at 109 East Marion St, Sigourney, Iowa. The 1609 square foot space was leased and renovated and consists of three soundproof interview and medical exam rooms, a storage room for freezers, staff offices and a reception area. The facility accommodates 4 to 5 staff members and 3 to 4 research subjects at a time. Equipment for assessment of clinical status of study participants includes three spirometers, an audiometer and soundproof booth, vision testing equipment, two -85°C freezers, and a centrifuge. In addition, equipment for measurement of aerosols, gasses, noise and light are available for field-based industrial hygiene assessments.

The Department of Epidemiology has laboratories and clinics space in several locations. Following are descriptions of these spaces.

Center for Emerging Infectious Diseases

Established in 2003, this center focuses upon research and training regarding emerging infectious diseases, particularly those which are zoonotic. The Center is operated by faculty from the Department of Epidemiology in the University of Iowa's College of Public Health. The CEID has won a national reputation for excellence in respiratory virus work. It is well-suited to support complex epidemiological studies of emerging pathogens including large cohort studies, evaluation of diagnostic tests, and clinical trials. Its Emerging Pathogens Laboratory is a modern 6345 sq-ft collection of wet laboratory spaces and offices. This includes 2860 sq-ft of laboratory space, 1600 sq-ft for 18 offices, including 5 student stations, and 1885 sq-ft of shared spaces and storage. The lab has been recently renovated to qualify as a BSL2 lab.

Laboratory personnel are adept in viral and bacterial culture, molecular identification, serotyping, genotyping, and serological studies. The Emerging Pathogens Laboratory is divided into four sections: virology, bacteriology, serology, and molecular studies. Laboratory staff use 13 desk top computers, 6 printers, one facsimile machine, five certified class II biological safety cabinets with gas and vacuum, as well as two certified fume hoods. The laboratories also have multiple large -80°C upright freezers, laboratory refrigerators, CO2 water-jacketed incubators, two rocking egg incubators, microcentrifuges, tabletop refrigerated centrifuges, a Metler analytical balance, an Acculab digital balance, two inverted microscopes, two 96-well thermocyclers, an ELISA reader, four Biorad sub-cell GT agarose gel electrophoresis platforms, a Gel Doc 2000 gel digitizer, and a Biorad iCycler real-time PCR platform. Adjacent shared equipment include two lab-dishwashers, an autoclave, a Millipore water purification system, an ice machine, a drying oven, a Beckman UV-Vis spectrophotometer, a fluorescent microscope, shaking incubators, walk-in refrigerators, a thermo King Fisher nucleic acid purification instrument, a floor model Beckman J2 high speed centrifuge, and a L-80 ultra centrifuge.

The laboratory's focus areas include adenovirus, influenza, human metapneumovirus, avian pneumovirus, *Brucella canis*, *Streptococcus suis*, methicillin-resistant *Staphlococal aureus*, and *Streptococcus agalactiae* (group B streptococcus) The laboratory holds permits (USDA/APHIS and CDC) to work with animal adenovirus, avian pneumovirus type C, Porcine Reproductive & Respiratory Syndrome Virus (PRRSV), Porcine Circovirus type 2 (PCV2), *Streptococcus suis*, *Streptococcus agalactiae*, Streptococcus pyogenes, and all influenza viruses, including highly pathogenic avian influenza viruses. Unique laboratory capabilities include: adenovirus culture, identification, serotyping, and genotyping; human metapneumovirus culture, identification, and genotyping; zoonotic influenza culture (embronated eggs or MDCK tissue culture), identification, serotyping, and genotyping; and *Streptococcus agalactiae* culture, identification, and genotyping. The Emerging Pathogens Laboratory staff frequently use BSL3 Laboratory and DNA Core Laboratory facilities which belongs to the University of Iowa College of Medicine (see below). The Center routinely trains laboratory interns and international visitors in various laboratory techniques. Many of these interns have gone on to win laboratory employment, advanced graduate training or special recognition.

Clinical and Molecular Epidemiology Group (CMEG)

Facilities for Dr. Elaine Smith's Clinical and Molecular Epidemiology Group (CMEG) include over 1300 square feet encompassing over 630 square feet of laboratory space and over 670 square feet for staff offices, meeting areas, secured data storage and data analyses. This laboratory is for storage and processing samples and is equipped with three -86 freezers, a medium refrigerator/freezer and 2 small open front freezers. Areas for staff offices and data analysis include 5 computers and 3 printers networked into the College's servers, 2 fax machines and a scanner. Locked file cabinets in locked rooms are used to store patient information. On-line sites with patient information are password protected and limited to staff that work directly with the data forms and information. The list of approved staff is updated quarterly.

Reproductive Molecular Epidemiology Research and Education Program (RMEREP)

The RMEREP has 574 square feet of laboratory space housed in Rooms M3-M3A Oakdale Hall located on the UI Oakdale Research Campus. The laboratory is equipped with gas and water access and is designed to facilitate sample extraction and genotyping. The lab also has an Applied Biosystems 7900HT Real Time PCR, Applied Biosystems 9700 PCR machine, Tecan GENios microplate reader, Hermle Z300K centrifuge, Qiagen BioRobot 3000, waterbath, drying oven, -80 (X2) and -20 (x3) degree freezers and portable generator for freezer power backup.

Clinical Space

Clinical laboratories also exist within the Preventive Intervention Center located in General Hospital and the General Clinical Research Center. These labs are used for serum and urine sample processing and shipped to central laboratories for analysis.

Clinical diagnostic facilities are located within the General Hospital area. Bone mineral density assessments are done using a Hologic 4500 and a XCT 3000 Large Bore pQCT Scanner. These are located in the General Clinical Research Center and are used extensively by CPH investigators.

Towncrest Clinic

A MRI facility for evaluation of knee osteoarthritis and musculoskeletal abnormalities is located at the UI's Towncrest Clinic. This clinic occupies 6,750 square feet with 824 square feet as the diagnostic facility and laboratory and is equipped with an OrthOne™ 1.0-T dedicated MRI system, a Delsys Bagnoli-4 Portable system, a Novel emed-x/E sensor system (Foot Pressure

Platform), and a GAITRite Portable Walkway System. The lab has a refrigerated centrifuge, refrigerator and a minus 80 degree freezer and can be used for serum and urine sample processing and storage until shipped to a repository. In addition, we have access to DEXA and radiologic services through Towncrest X-Ray.

NCI SEER Residual Tissue Repository (RTR) Program

Established in 2003, the RTR program maintains biospecimens from three population-based registries: Iowa, Hawaii and Los Angeles. These biospecimens are typically obtained from pathology laboratories after being held for several years, once slated for destruction. The RTR program contains biospecimens throughout registry geographic areas and addresses a potential bias of clinical studies regarding population representativeness. The RTR occupies 967 square feet in the University Capitol Center.

Core Facilities in Health Science available to CPH

The University of Iowa Carver College of Medicine Core Research Facilities include: Crystallography Facility, DNA Facility, Electron Spin Resonance Facility, Flow Cytometry, Gene Transfer Vector Core, Gene Targeting Facility, Molecular Analysis Facility, Nuclear Magnetic Resonance Facility, Tissue Culture/Hybridoma Facility Laboratories, and Transgenic Animal Facility.

The University of Iowa Animal Biological Safety Level 3 Laboratory Facility provides researchers with a state of the art containment laboratory in which to safely study biosafety level 3 Select Agent organisms and their effects on animals.

The University of Iowa DNA Facility is centrally located in the Eckstein Medical Research Building adjoining the medical school, provides a broad spectrum of services and resources designed to make the techniques of recombinant DNA technology readily available to the University of Iowa research community.

College of Public Health
Computer Facilities and Resources
April 2010

College of Public Health Academic Building, General Hospital, Westlawn, and Institute for Rural and Environmental Health at Oakdale: These facilities include a computer classroom with 20+ computer workstations, a group workspace for students of 15-20 computer workstations, an individual quiet workspace for students of 15-20 computer workstations, multiple departmental student computer workrooms, and multiple classrooms, conference rooms, and auditoriums equipped with podium computer workstation(s) with projection technology for lecturing and group meetings. The computer classroom, group workspace, individual workspace, and departmental computer workrooms are equipped with printing and scanning technology. The auditoriums and general classrooms incorporate lecture capturing technology for distance/continuing education.

A central collegiate server room was designed to facilitate departmental and collegiate servers, including climate controlled air, gigabit network bandwidth, enhanced electrical power (220v), power conditioning (Uninterrupted Power Supplies), backup electrical power, redundant cooling, and restricted access controls. Within the College, the local area network infrastructure consists of a combination of Microsoft Windows 2008 Server, Microsoft Windows 2003 Server, RedHat Enterprise Linux, Ubuntu Linux and VMS with over 3 terabyte of server storage space. Backups of file, web, database and application servers are run daily and preserved in a fireproof safe. Monthly backup tapes are transported offsite. RAID array backup technology has been implemented to provide a redundant backup system to compliment tape backups. Virtual Private Network (VPN) and Terminal Services servers are available to offsite and traveling faculty, staff, and students.

Network security and protection are top priorities within the College, requiring password authentication to all network resources and in some cases, password and data encryption. Software firewalls and IP Security (IPsec) filtering have been installed to protect servers. Secure Socket Layer (SSL) is incorporated into Internet-based web data and web mail. Anti-virus/spyware tools and software have been implemented across the College to ensure data protection. Information Technology staff monitor event logs, including security audit logs, applications logs, and system logs.

Collegiate IT policies, plans, and procedures include Contingency and Disaster Recovery Plan, Incident Handling, Risk Assessment Management and Analysis, Facility Security Plan, Systematic Change Control Procedures, Data Destruction and Sanitization Guidelines, Server Monitoring and Audit Procedures, and Enterprise Password Policy. The collegiate Office of Information Technology requires IT staff to attend HIPAA and FERPA training, as well as read and sign an annual Confidentiality Statement.

The College network supports over 1000 personal computers, 30 plus Linux workstations, a host of local and network printers, and approximately 80 servers. The local area network is connected to the University of Iowa campus and Internet through the campus fiber optic network. All faculty members and most research and administrative staff have personal computers in their offices. Miscellaneous hardware includes access to laptops, scanners, network printers, mobile devices (smartphones and PDAs), video projectors, and video conferencing units.

Iowa Cancer Registry IT Support Systems: The Iowa Cancer Registry (ICR), in order to meet contact obligations, maintains a secure server facility within its offices at 2600 UCC. The ICR has used Oracle for many years as the primary repository for research data. In July of 2007 the ICR migrated to the SEER Data Management System (SEER*DMS) which is based on Oracle.

The SEER Data Management System provides support for all core ICR functions – importing data, editing, linkage, consolidation and reporting. It is sponsored by the SEER Program within the National Institutes of Health and is supported by Information Management Systems, a data security system, and our own IT team. It runs on three Sunfire 4100 AMD 64 diskless servers running Enterprise SUSE version 11. These are connected via a private network to a NetApp FAS 2020 Network Attached Storage (NAS) device. The NAS is configured with 1/3 terabyte of storage and hosts three logical segments:

- Live data: The live data storage segment houses the primary Oracle table spaces.
- Data warehouse: The data warehouse is a data snapshoot of the live data segment and provides a test bed.
- Applications/User space: The applications/user space is devoted to hosting the applications that run the SEER*DMS appliance that consists of Oracle 11g, Apache/TomCat, PERL.

ICR additionally supports the following services:

- Data Backup and recovery: ICR maintains a robotic tape library controlled by a dedicated server running SynSort backup express. In addition both the SEER*DMS appliance and ICR file storage servers run digital backups of data 3 times every 24 hours.
- Terminal servers: ICR maintains two terminal servers; one is used by field staff as a secure method to access data files behind the ICR firewalls. The second is restricted to the University IP space for research purposes.
- File services: ICR maintains approximately 2 terabytes of restricted file storage for use in ICR imaging efforts, and all other day-to-day activities encompassed by the ICR research arm.
- Internal Web server: ICR maintains a Red Hat ES Linux server running web services as an additional resource for internal development efforts. It currently hosts the latest version of the ICR digital help manual used within the central office.
- Secure file transfers: ICR maintains a Windows server 2008 configured with IIS and IP-Switch WS-Sftp server, and web transfer module. This server is configured to allow SSH/SSL transfers via web browsers or SFTP/SSH clients. Currently the ICR supports 33 external facilities through this server.
- Linux utility servers: ICR maintains two separate "Utility Linux servers." These servers are used to monitor and report on the health of the ICR servers and server room environment.
- Security servers: ICR maintains three servers classified as security servers to meet current and future contractual obligations. These servers provide resources for antivirus, malware, web check (content filter), mobile media encryption, full disk encryption, SSL VPN, encryption key repositories and software/hardware firewall management.
- Print services: ICR maintains a single server to support the central office printing requirements.
- Remote access/VPN server: ICR currently maintains a remote access and VPN server to support dial up connections. This capability should be phased out early in 2010.
- Hardware firewalls: ICR maintains two Resilience FCR7204 in a high availability configuration. All servers with the exception of the terminal servers and print server reside behind these firewalls.

Information Commons, Hardin Library for the Health Sciences: Hardin Library's state-of-the-art health sciences educational technology facility, the Information Commons, offers high-end multimedia development workstations, two networked electronic classrooms, a case-based learning/ conference room, and information research workstations for searching health-related databases and the Internet. Staff members assist users in accessing and manipulating information in a variety of formats. They serve as consultants to faculty, staff and students about specialized tool software, computer-based learning software, on-line and CD/DVD databases, as well as information sources on the Internet. The Information Commons is a central support and delivery venue for courseware development, classroom instruction, health-related research, and independent learning. The facility was funded in part by all of the UI Health Colleges, the UI Libraries, the Roy J. Carver Charitable Trust, the UI Office of the Provost, and the UI Student Computing Fee Advisory Committee.

Information Technology Services: The UI Information Technology Services (ITS) departments provide a broad spectrum of enterprise services and resources to campus computer users.

- HawkID enterprise services are available to all faculty, staff and students who use a common HawkID identifier and password to access services. These services include the following:
  - Account / Identity Management / Directory Services, HawkID account provisioning and authentication and authorization for campus enterprise services, based on Active Directory.
  - Shibboleth Identity provider to support off-campus collaborations
  - Enterprise e-mail and calendaring , based on Microsoft Exchange
  - File and print services, based on Microsoft Windows servers
  - Access to public kiosk and public lab workstations
  - Access to virtual workstations providing SAS and other specialized software
  - authenticated wireless access in common spaces, classrooms, conference rooms, and similar areas
  - Virtual private network access providing secure access to University resources from off-campus
- Campus licensing of Microsoft Office and other common computer applications
- Remote workstation management system for Windows workstations, based on Microsoft System Center Configuration Manager 20007
- Virtual Server and server management in centralized campus data centers
- ITS Learning Systems provides services and resources for instructors and their students. These include
  - ICON, a course management system
  - Support for audience response systems (clickers)
  - Support for lecture capture
  - Support for technology deployed in General Assignment Classrooms and libraries
  - Hosting and support for podcasting, streaming video, and other new media applications
  - Training and consulting on instructional technology for teaching faculty
- ITS Administrative Information Systems provides applications that support faculty, staff, and students. These include
  - ISIS, a student registration and course information system
- OSIRIS, a student record management system for faculty and administrators

- ITS Research Technology Services group provides support for the high performance computing and data visualization needs of UI researchers, including access to shared clusters and other high-performance computing facilities, and consultation.
- ITS Campus Services provides help desks, user education, and consultation.

Instructional Technology Centers: Information Technology Services supports a network of 26 Instructional Technology Centers (ITCs). These open labs:

- Provide campus student access campus-side access to the University's academic computing resources
- Encourage departments to integrate computing into their academic programs

The ITCs are the delivery mechanism for the majority of instructional computing on campus. All the ITCs are interconnected by a campus network to provide maximum connectivity to the Internet, personal file space for students, faculty and staff, and common campus resources such as the library system catalog, the on-line student registration, and virtual desktops that provide advanced software such as SAS. ITCs are located in 26 locations on campus, creating a network of over 1200 workstations available for student use. All 26 ITCs are wheelchair accessible. Seven ITCs are designed to incorporate adaptive technology such as voice recognition and voice synthesis. Instructional Technology Centers that are near the CPH are located in the Hardin Library for the Health Sciences, Medical Laboratories, Nursing Building, Pharmacy Building, and Quadrangle Residence Hall.

A Memorandum of Understanding

Between
The University of Iowa, College of Public Health
and
The State Hygienic Laboratory at The University of Iowa

Related to the

RESPECTIVE ROLES AND INTERACTIONS OF THE TWO ORGANIZATIONS CONCERNING THE PROTECTION OF THE PUBLIC HEALTH OF IOWANS AND THE PROTECTION OF THE ENVIRONMENT THROUGH AUGMENTED ACADEMIC, TRAINING AND RESEARCH COLLABORATIONS.

I. Introduction and Background

Through this Memorandum of Understanding (hereinafter "MOU"), the University of Iowa, College of Public Health (hereinafter "College") and The State Hygienic Laboratory at The University of Iowa (hereinafter "Laboratory"), Iowa's State Environmental and Public Health Laboratory, hereby establish a collaborative relationship that will promote both organizations' mutual interests in the areas of environmental and public health practice; training and education; and research. Through this memorandum and subsequent detailed letters of agreement both organizations seek to enhance opportunities to more effectively address their missions and ensure mutual alignment of strategic directions.

Mutually derivable achievements to be facilitated through this MOU specifically include:

1) Translation of collaborative educational endeavors into enhanced public health career opportunities;
2) Meaningful community service pertinent to public health in the state of Iowa;
3) Enhanced scientific interaction on pressing health issues;
4) Promotion of nationally-recognized graduate education and research programs that draw high-quality students and faculty to the College;
5) Promotion of nationally-recognized public health laboratory services and expertise with nearly unparalleled value;
6) Increased professional competency of state and local public health professionals through degree programs and continuing education;
7) Advancement of a distinctive and exceptional model for public health education; and
8) Enhanced health and well-being of Iowans.

The College Mission Statement is, "To promote health and prevent injury through commitment to education and training, excellence in research, innovation in policy development, and devotion to public health practice."

The Laboratory's Statement of Mission is, "As a state agency under the Iowa Board of Regents, within the Health Sciences Center of the University of Iowa, the Hygienic Laboratory provides multidisciplinary analytical and diagnostic scientific services, leadership and education to support environmental quality and public health. The Laboratory provides services for assessment, surveillance, research and development, and technology transfer in support of public policy and its development on a state, national, and international level."

The Laboratory's Statement of Mission is derived from, and consistent with, its responsibilities as specified in Sections 263.7-8, Code of Iowa. (Rules implementing this statute and governing the operations of the Laboratory are found in Chapter 681-5, Iowa Administrative Code.) The mission of the Laboratory has been affirmed by the Iowa Supreme Court.

Specific areas for collaboration include, but are not limited to, any program or activity that offers either institution the opportunity to address a practice, training and education, or research need. These areas for collaboration will be further defined through future mutual agreements and may be incorporated into this MOU through an addendum or attachment. However, the absence of an addendum or attachment shall not serve as per se evidence that a mutual agreement does not exist.

II. Purpose of Memorandum of Understanding

A. Educational Development

1) The College and Laboratory will collaborate on the identification of training needs and apply identified needs to design, develop, and implement academic courses, training programs, workshops, conferences, internships, practica, service learning, postdoctoral, and research training projects with a career development focus.

2) The College and Laboratory will collaborate on curricula that will provide a public health professional with essential knowledge in the major disciplines of public health laboratory practice.

3) The College and Laboratory will explore the development of a Certificate in Public Health Laboratory Practice and/or a Master's degree in Public Health (MPH), specializing in laboratory leadership.

B. Faculty Appointments at the College of Public Health

1) The Laboratory will identify potential qualified Laboratory staff to be considered for appointment to the faculty of the College to clinical, research or adjunct track faculty positions. Proposed appointments of Laboratory staff to faculty positions

include, but are not limited to, individuals holding the following Laboratory positions:

a. Laboratory Associate Director(s)
b. Laboratory Assistant Director(s)
c. Other Laboratory scientists possessing appropriate credentials

2) Appropriate academic Departments and the College will review all such candidates to determine qualifications and coordinate the applicants' procedural requirements for appointment and/or promotion consistent with existing College policies and procedures.

C. Faculty/Staff Exchanges

1) To promote and advance the practice of public health, the Laboratory and the College will encourage faculty and staff to jointly develop both off-site collaborations and on-site scientific work through exchange of staff and faculty.

2) The College and the Laboratory will review and approve proposed collaborative initiatives and mutually agree on candidates, assignment of responsibilities and the duration of activities. Collaborations with affiliated Centers may be established on a case by case basis.

3) These collaborations offer the opportunity to the College to translate theory into practice and offer the opportunity to the Laboratory to develop curricula and training products.

4) Faculty and staff from College and Laboratory will be encouraged to, but not limited to, develop collaborative projects in the following areas:

a. Development of innovative clinical and environmental tests to allow detection and recognition of public health risks;
b. Development of effective and efficient surveillance methods, including innovative and non-traditional approaches and using the data resources of both organizations;
c. Collaborative opportunities to increase outreach with local, state and federal agencies;
d. Development of innovative strategies to educate and train current and future public health workforce members; and
e. Collaborate in public heath policy development and proposals using the combined data resources of each organization.

D. Student Learning Experiences

1) The Laboratory will identify, on a continuing basis, learning experiences and courses for College of Public Health students, including internships, practica, doctoral and post doctoral fellowships, and graduate research assistantships in laboratory science and associated support areas such as informatics, communications, ethics and health system development.

2) The Laboratory and College will apply their best efforts to make stipends available when resources permit.

3) The College will notify students of the availability of learning experiences at the Laboratory and will share information on the evaluation of those experiences with Laboratory preceptors.

4) All students placed at the Laboratory will be approved by the Director and may be removed by the Director at any time at the Director's discretion, in consultation with the Associate Dean for Education and Student Affairs or their designee.

E. Research

1) To encourage collaborative research between Laboratory and the College, representatives from the College and Laboratory will share information on requests for proposals; collaborate on grant submissions as full partners; collaborate on use of instrumentation and personnel as feasible and mutually agreed upon; jointly assure quality control plans; and conduct research.

2) To encourage collaborative research between the Laboratory and the College, it is the intent of the parties that all publications or results from the studies developed through these collaborative efforts will be co-authored by mutually agreed upon members of the respective study group. Senior authorship will be determined by the mutually agreed upon individual primarily responsible for the study.

III. General Principles of Understanding

A. Joint Oversight

1) A Joint Advisory Committee ("Committee") shall be appointed to oversee the implementation of this agreement, review and execute potential curriculum enhancements to be offered by the College's faculty and the Laboratory's staff, and implement a series of jointly developed and conducted special projects. The Committee will be subject to the following terms:

a. Co-chairs will be appointed by the Dean of the College and the Director of the Laboratory.
b. Co-chairs may each select two individuals from each organization as members of the Committee.
c. Meetings of the Committee will be held no less than bi-annually. Additional meetings may be held at the co-chairs' discretion.
d. Non-members from College or Laboratory may attend meetings at the discretion of co-chairs, but will not have voting rights, where applicable.
e. Each organization will provide administrative and logistical support for one meeting per year.

IV. Term and Cessation

This Memorandum of Understanding shall replace all prior agreements between the University of Iowa, College of Public Health and the State Hygienic Laboratory at The University of Iowa. All future relationships and agreements between the faculty and staff of College and the Laboratory shall be subject to the terms of this MOU.

Either the College or the Laboratory may terminate this MOU with sixty days written notice. The only persons within College or Laboratory possessing signatory authority to terminate this agreement are the Dean of the College of Public Health and the Director of the State Hygienic Laboratory at The University of Iowa. This MOU must be renewed in writing within six months of instatement of a new Dean in the College or a new Director in the Laboratory. If this MOU is not renewed within the requisite time period, it shall be deemed expired.

Parties may modify or amend this MOU without altering the basic agreement, provided such modification or amendments shall be in writing and signed by both the Dean of the College and the Director of the Laboratory.

V. Assignment

The terms of this MOU may not be assigned unless agreed upon in writing by both parties with such writing affixed hereto as an amendment or addendum.

In testimony whereof this Memorandum of Understanding between the State Hygienic Laboratory at The University of Iowa and the University of Iowa, College of Public Health is effective as of the 28th day of April, 2010 by their authorized representatives signed below.

For the State Hygienic Laboratory at The University of Iowa

4-28-10

Christopher Atchison, MPA
Director, State Hygienic Laboratory at The University of Iowa

Date

For the University of Iowa College of Public Health

4-28-10

Sue Curry, PhD
Dean, College of Public Health

Date

For the University of Iowa Office of the Vice President for Research

5-7-10

Jordan Cohen, PhD
Vice President for Research

Date

For the University of Iowa Office of the Provost

5-11-10

Wallace Loh, PhD
Executive Vice President and Provost

Date

Memorandum of Understanding

Between the University of Iowa College of Public Health
And The Iowa Department of Public Health

The University of Iowa College of Public Health (College) and the Iowa Department of Public Health (Department) hereby establish a collaborative relationship that will promote our mutual interests in public health practice, training and education, and research. Through this agreement both organizations seek to enhance opportunities to more effectively address their missions.

Specific areas for collaboration include, but are not limited to, any program or activity that offers either institution the opportunity to address a practice, training and education, or research need. These programs and/or activities will be further defined through mutual agreements, usually in letter form, or through a formal contract.

To establish a comprehensive basis for collaboration, both institutions agree to the following:

I. Educational Development

A. Training

1. When mutually beneficial, the College and Department will collaborate on the design, development, and implementation of training courses, workshops, conferences, preceptorships, work-study programs, and research training projects.

2. The College will issue certificates of completion, as appropriate, for those participating in the jointly developed training courses.

B. The Certificate in Public Health

1. The College will deliver, via distance learning, a multi-course Certificate in Public Health that will provide a public health professional with essential knowledge in the major disciplines of public health practice.

C. Master's in Public Health

1. The College will deliver a Master's degree in Public Health (MPH) supported through a variety of distance learning methodologies and on-site coursework focused on the needs of non-traditional students.

D. Learning Management System

1. The College will oversee the administration of a Learning Management System to enable the enrollment, evaluation and training of the public health workforce.

2. The Department will assist the College in the further development and maintenance of the Learning Management System.

3. The College and the Department will collaborate on the identification and/or development of training programs utilizing the Learning Management System.

II. Appointments

A. Faculty Appointments at the College

1. The Department will identify potential agency staff to be considered for appointment to the faculty of the College of Public Health. This information will be transmitted to the College annually in time to allow for screening and processing for the next academic year.

2. The College will review all such candidates to determine qualifications and coordinate the applicants' procedural requirements for appointment and/or promotion consistent with existing College policies and procedures. Non-salaried adjunct appointments to the ranks of Professor, Associate Professor, Assistant Professor, Instructor, and Lecturer will be considered. Any remuneration to IDPH employees will be only that allowable by Iowa law.

3. The College will formally notify the Department of the actions/decisions taken on all Department staff annually.

III. Faculty/Staff Exchanges

A. Department Staff at the College

1. The Department may identify candidates appropriate for assignment to teaching and research responsibilities at the College for a period of one semester or longer if necessary, using the 28D provision of Iowa law.

2. The College will review the candidates and determine whether an individually tailored program can be designed for those candidates.

3. The College and the Department may jointly select one candidate each year and agree upon the content of the assignment. The individual will remain a full-time employee of the Department during this assignment.

4. If the department and the College implement a faculty/staff exchange in accordance with this section, the parties shall execute a 28D agreement to define the terms of the exchange.

B. Faculty Service at the Department

1. The College may identify candidates appropriate for assignment to responsibilities at the Department for a period equivalent to one semester or longer if necessary.

2. The Department will review the candidates and determine whether an individually tailored program can be designed for those candidates.

3. The Department and the College may jointly select one candidate each year and agree upon the content of the assignment. The individual will remain a full-time employee of the College during this assignment.

4. If the Department and the College implement a faculty/staff exchange in accordance with this section, the parties shall execute a 28D agreement to define the terms of the exchange.

C. Annual Review/Grand Rounds

1. The Department and the College will collaborate in an annual discussion of public health research, issues and trends, and practice experiences.

2. The College will establish a continuing series of distance-learning Grand Rounds in public health practice that will provide practitioners with an opportunity to share practice experiences in critical public health practice areas.

IV. Learning Experiences

A. Academic Health Department

1. The College and the Department will collaborate to establish an Academic Health Department model for the state of Iowa.

B. Practica and Internships

1. The Department will offer a jointly agreed upon minimum number of practica for College of Public Health students. These positions will include both ongoing and specially designed experiences.

2. The Department will seek to make stipends available for these positions, if and when resources are available.

3. The University will notify College students of the availability of practica experiences at the Department and will share information on the evaluation of those experiences with the College/Department preceptorship coordinator and preceptors.

4. The College will identify a coordinator within the College to facilitate these placements and to promote awareness of these preceptorships among students and faculty advisors.

5. The Department and the College will collaborate to develop sponsored internships at the Department. All participants will go through a mutually agreed-upon selection process.

6. All students and interns will apply through the Department's Internship Program. If at any time the student or intern exhibits poor performance, substandard practice, or there is evidence of a risk of legal or ethical breach, the student or intern may be released from the internship program.

C. Mentorships

1. The Department and the College shall establish a mentorship program which will offer the opportunity for students of the College to be associated with a public health practitioner as a career mentor for the student.

V. Research and Public Health Data

A. The Department will work with College public health researchers to design procedures to make Department public health data available to qualified public health researchers through data sharing agreements. This will assure confidentiality of individual subjects and providers and provide for compensation to the Department for any associated costs. Final authority for release of data rests with the Department Director.

B. To encourage collaborative research between the Department and College, representatives from the College and the Department may share information on requests to prepare grants applications to be submitted to third parties, collaborate on grant submissions, share personnel and instrumentation, jointly assure quality control plans, and conduct research.

VI. Joint Oversight

A. A Joint Oversight Committee will be appointed to oversee the implementation of this agreement, review and execute potential curriculum enhancements to be offered by the College's faculty and the Department's staff.

B. The membership of the Committee will consist of four members, two to be appointed by the Director of the Department and two to be appointed by the Dean of the College.

C. The Committee shall, from time to time, propose joint meetings either via electronic conferencing or in person. These meetings will be convened to promote understanding and project development between the staff of the department and the staff and faculty of the College. Such meetings shall be held no less than once per year.

D. Whenever fiscal resources become available to either the College or the Department to implement components of this agreement, those funds may be made available to the other party (College or Department) through a separate agreement that defines the scope of services and deliverables consistent with the purposes of this agreement.

E. It is agreed that the parties may modify or amend this agreement annually without altering the basic agreement, providing such modification or amendments shall be in writing and signed by both parties.

F. This agreement shall be reviewed annually during May and June of each year by the Joint Oversight Committee.

G. This agreement terminates in (5) five years.

H. This agreement may be terminated by either the College or the Department with (90) days written notice.

VII. Assignment

The terms of this agreement may not be assigned unless agreed upon in writing by both parties and affixed hereto as an amendment.

In testimony whereof this agreement between the Iowa Department of Public Health and The University of Iowa College of Public Health is effective on December 1, 2008, being amended from a Memorandum first signed on January 1, 2000 and subsequently amended on March 1, 2004 by the then-authorized representatives.

For the Iowa Department of Public Health

Thomas Newton, MPP
Director, Iowa Department of Public Health

For the University of Iowa
College of Public Health

Susan J. Curry, PhD
Dean, College of Public Health

Appendix 2.6

Fall 2008 Core Competency Survey Results

	171:161 Introduction to Biostatistics	Student	Faculty
1	Describe the roles biostatistics serves in the discipline of public health.	3.8	4
2	Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	4.1	4
3	Apply descriptive techniques commonly used to summarize public	4.3	4
4	Use basic concepts of probability, random variation and commonly used statistical probability distributions.	4.5	4
5	Apply common statistical methods for inference.	4.6	4
6	Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	4.1	4
7	Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question.	4.3	4
8	Interpret results of statistical analyses found in public health studies.	4.3	4
9	Develop written and oral presentations based on statistical analyses for both public health professionals and educated lay audiences.	2.8	4
10	Use basic informatics techniques with vital statistics and public health records in the description of public health characteristics and in public health research and evaluation.	3.4	MD

SCALE

1=Not discussed at all

2=Minimally discussed

3=Discussed somewhat

4=Well-discussed

5=Discussed In-depth

MD=Missing data

	172:101 Introduction to Health Promotion & Disease Prevention	Student	Faculty
1	Describe the role of social and community factors in both the onset and solution of public health problems.	4.3	4
2	Identify the causes of social and behavioral factors that affect health of individuals and populations.	4.2	4
3	Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice	4	3
4	Apply ethical principles to public health program planning, implementation and evaluation.	3	3
5	Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	4	4
6	Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.	3.8	3
7	Use evidence-based approaches in the development and evaluation of social and behavioral science interventions.	3.5	4
8	Describe the merits of social and behavioral science interventions and policies.	3.5	4
9	Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.	4	3
10	Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.	3.5	3

SCALE

1=Not discussed at all

2=Minimally discussed

3=Discussed somewhat

4=Well-discussed

5=Discussed In-depth

MD=Missing data

	173:140 Epidemiology I	Student	Faculty
1	Recognize the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues.	4.4	3
2	Describe a public health problem in terms of magnitude, person, time and place.	4.3	4
3	Utilize the basic terminology and definitions of epidemiology.	4.9	5
4	Identify key sources of data for epidemiologic purposes.	4.6	3
5	Calculate basic epidemiology measures.	4.8	4
6	Evaluate the strengths and limitations of epidemiologic reports.	4.7	4
7	Draw appropriate inferences from epidemiologic data.	4.6	4
8	Communicate epidemiologic information to lay and professional audiences.	4.1	3
9	Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data.	4.3	3
10	Recognize the principles and limitations of public health screening programs.	4.4	4

SCALE

1=Not discussed at all

2=Minimally discussed

3=Discussed somewhat

4=Well-discussed

5=Discussed In-depth

MD=Missing data

	174:200 Intro to Health Care Organization	Student	Faculty
1	Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the US.	4.5	5
2	Discuss the policy process for improving the health status of populations.	4.2	5
3	Describe the legal and ethical bases for public health and health services.	3.6	3
4	Apply quality and performance improvement concepts to address organizational performance issues.	4.5	4
5	Demonstrate leadership skills for building partnerships.	3.3	2
6	Apply "systems thinking" for resolving organizational problems.	3.4	5
7	Apply principles of strategic planning and marketing to public health.	3.1	1
8	Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives.	3.1	2
9	Communicate health policy and management issues using appropriate channels and technologies.	3.7	3
10	Explain methods of ensuring community health safety and preparedness.	2.9	1

SCALE

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5=Discussed In-depth

MD=Missing data

	175:197 Environmental Health	Student	Faculty
1	Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety.	4.3	5
2	Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents.	4.3	5
3	Specify current environmental risk assessment methods.	4	5
4	Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental hazards.	3.7	3
5	Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity.	3.7	3
6	Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures.	3.4	5
7	Develop a testable model of environmental injury.	3.4	5
8	Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues.	4.4	4

SCALE

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MD=Missing data

College of Public Health
Research Centers
August 2010

Biostatistics Consulting Center

Department of Biostatistics
Director: M. Bridget Zimmerman
Website: http://www.public-health.uiowa.edu/biostat/biocon.html

Description

The Biostatistics Consulting Center is a unit within the Biostatistics Department of the College of Public Health. The unit was established to provide biostatistical consulting to the Carver College of Medicine (CCOM), and continues to offer expert statistical consulting for the CCOM researchers, as well as other health science researchers at the University of Iowa Colleges of Dentistry, Nursing, Pharmacy and Liberal Arts and Sciences on a fee basis.

Full-time and student consultants from the Biostatistics Consulting Center work with investigators during all phases of health science research: proposal development, study design, data form or questionnaire development, data entry, data management, statistical analysis, and report preparation. We are actively involved in research projects ranging from brief consultations to long-term collaborative research. Departmental faculty members are available as consultants to Center staff and to all faculty, staff, and students of the health science colleges should the need arise.

Center for Education and Research on Therapeutics

Department of Epidemiology
Director: Elizabeth Chrischilles
Website: http://www.public-health.uiowa.edu/cert/

Description

The Center for Education and Research on Therapeutics (CERT) program is a national initiative to conduct research and provide education that advances the optimal use of drugs, medical devices, and biological products. The program, which consists of eleven research centers and a coordinating center, is administered as a cooperative agreement by the Agency for Healthcare Research and Quality (AHRQ), in consultation with the U.S. Food and Drug Administration (FDA).

The research conducted by the Iowa CERT places priority on evidenced-based therapeutic decision-making involving older patients who are under-represented in randomized clinical trials. The Iowa CERT is focused on safe and effective use of medications among older adults. It also aims to educate providers, patients, and policy makers about therapeutic decision-making within the older adult population. An important aim of the center is to expand existing collaborations to new partnerships with both private and public entities.

The Iowa CERT is a multidisciplinary Center comprised of researchers within the University of Iowa Colleges of Public Health, Medicine, Pharmacy and Nursing, and the Veteran's Administration Medical Center. Numerous interrelationships between various Centers and Colleges within the University of Iowa and collaborations with private and public sector partners provide a cross-linked network for translational research and education.

Center for Emerging Infectious Diseases
Department of Epidemiology
Director: Tara Smith
Website: http://www.public-health.uiowa.edu/ceid/

Description
Established in 2003, CEID focuses upon research and training regarding emerging infectious diseases, particularly those that are zoonotic. The Center is operated by faculty from the Department of Epidemiology within the University of Iowa's College of Public Health. CEID has won a national reputation for excellence in respiratory virus work. It is well-suited to support complex epidemiological studies of emerging pathogens including large cohort studies, evaluation of diagnostic tests, and clinical trials.

CEID is comprised of epidemiologists, clinicians, veterinarians, microbiologists, virologists, statisticians, laboratory technologists, laboratory technicians, undergraduate students, and graduate students from the University of Iowa, as well as their collaborators from other organizations. The Center is conducting a wide array of research projects in studying emerging pathogens. These studies include international, national, state and local surveillance for emerging pathogens, risk factor analyses for pathogen infections, vaccine trials, evaluations of rapid diagnostic tests, and outbreak investigations. Center staff are collaborating with national and international experts in studying these emerging pathogens.

CEID's Emerging Pathogens Laboratory is a modern 6345 sq-ft collection of wet laboratory spaces and offices. This includes 2860 sq-ft of laboratory space, 1600 sq-ft for 18 offices, including 5 student stations, and 1885 sq-ft of shared spaces and storage. Laboratory personnel are adept in viral and bacterial culture, molecular identification, serotyping, genotyping, and serological studies. The Emerging Pathogens Laboratory is divided into four sections: virology, bacteriology, serology, and molecular studies.

Center for Health Communication and Social Marketing
Department of Community and Behavioral Health
Director: Shelley Campo

Description
The mission of the Center for Health Communication and Social Marketing (HCSM) is to promote innovative, theory- and data-driven communication research to address today's public health challenges through participation in interdisciplinary, collaborative, community-based projects and the training of graduate students in the Health Communication subtracks in the Department of Community and Behavioral Health (MPH, MS , PhD) and other health communication students in the School of Journalism and Mass Communication and the Department of Communication Studies.

Center for Health Policy and Research
Department of Health Management and Policy
Director: Marcia Ward
Website: http://www.public-health.uiowa.edu/hmp/chpr/

Description
The Center for Health Policy and Research is the research arm of the Department of Health Management and Policy, and is a University-wide interdisciplinary research facility. Faculty members from the Colleges of Public Health, Medicine, Dentistry, Pharmacy, Nursing, Business Administration and Liberal Arts and Sciences serve as investigators in a variety of studies. Master's degree and doctoral students may be selected to assist with ongoing research projects.

The Center houses numerous projects led by Center Associates. On average, 15-20 research projects are funded through the Center at any given time. Primary project funding comes from the National Institute of Health (NIH), State of Iowa, Agency for Healthcare Research and Quality (AHRQ), foundations, and private organizations. The Center sponsors a number of educational activities. The Center also promotes collaboration among health organizations through frequent exchanges with professional and provider associations, policy and planning groups, insurance organizations, health delivery institutions, and other members of the health services research community.

Center for International Rural and Environmental Health
Department of Occupational and Environmental Health
Director: Tom Cook
Website: http://www.public-health.uiowa.edu/cireh/

Description
The Center for International Rural and Environmental Health (CIREH) was officially established in June of 1990 with an eye towards facilitating international cooperation to address increasingly globalized health priorities. Technological advances have brought global health concerns to the local level: epidemics and injuries are no longer isolated to certain countries or peoples. Health and well-being have become international issues, creating an overwhelming need to address them as a united global community.

To assist in this cause, CIREH focuses on building capacity through the training of health workers, both domestic and international, to combat these issues. The center is complimented by three separate training programs: environmental and occupational health, injury prevention and minority health. It's through education, training and research that CIREH hopes to promote a greater understanding and awareness into the causes, consequences and prevention of public health issues in all regions of the globe.

Center for Public Health Statistics
College of Public Health
Director: Jane Pendergast
Website: http://www.public-health.uiowa.edu/cphs/

Description
The Center for Public Health Statistics (CPHS) was established in 1999. Administratively designated as a collegiate center, the CPHS serves as a clearinghouse for federal and local databases of interest to college researchers, as both a formal and informal educational resource on statistical issues arising in the use of public health data, and as a source of outreach and service to the community and the state. The CPHS takes the lead for the College in producing the biennial edition of the *Iowa Health Fact Book*, in partnership with the Iowa Department of Public Health. The *Iowa Health Fact Book* is a compilation of county-specific health indicators, health resources, and facts of interest to public health professionals in Iowa. In addition, the Center is actively engaged in a number of federally-funded research projects in several areas of public health. The Center is actively involved in collaborative relationships within The University of Iowa, at the community level, the state level, and the national level.

CPHS goals are to generate and distribute community as well as state-wide public-health statistical data. Part of the service component of the mission of the Center is to provide statistical and data management expertise for researchers in the health sciences, as well as access to and advice on using large publicly-available national databases, such as those from the National Center for Health Statistics. The CPHS continues to develop liaisons to provide access to other important public health databases, including those held by the Iowa Department of Public Health and the administrative health insurance claims data from both Wellmark Blue Cross/Blue Shield of Iowa and the Iowa Medicaid Program. The Center maintains three secured data servers to hold protected health data, and maintains strict control over access to personal health information.

Center on Aging
Co-Sponsored by the College of Public Health
Co-Director: Robert Wallace
Website: http://www.centeronaging.uiowa.edu/index.shtml

Description
The University of Iowa Center on Aging is an interdisciplinary center that serves as a state and university-wide resource to address the needs of older Iowans. It proceeds from the global view that aging is a normal, lifelong process, involving all dimensions of life. As a department in the Roy J and Lucille A Carver College of Medicine with co-sponsorship by the College of Public Health, the Center brings together people and resources across the state and from the University's eleven colleges to help advance aging-related research, education, healthcare, public policy and other areas associated with the well-being of older adults.

Clinical Trials Statistical and Data Management Center
Department of Biostatistics
Director: Bill Clarke
Website: http://ctsdmc.public-health.uiowa.edu/

Description
The Clinical Trials Statistical and Data Management Center (CTSDMC) was established in 1989 for the purpose of coordinating the statistical and data management functions for multicenter clinical trials. Collectively, the center is capable of providing the design, analysis and coordination expertise required for multi-center clinical trials. CTSDMC experience to date includes a variety of corporate and NIH-sponsored studies. The highly experienced professional staff includes project coordinators, programmers and statisticians, strongly supported by graduate student research assistants.

Environmental Health Sciences Research Center
Department of Occupational and Environmental Health
Director: Peter Thorne
Website: http://www.ehsrc.uiowa.edu/

Description
The focus of the Environmental Health Sciences Research Center (EHSRC) is research on the adverse health effects of environmental contaminants among rural and agricultural populations. The EHSRC is uniquely positioned to investigate environmental health problems affecting rural residents. The EHSRC is the only NIEHS environmental health center located within the agricultural heartland and rural ranching areas that include the 15 states of Iowa, Minnesota, Illinois, Missouri, Arkansas, Oklahoma, Kansas, Nebraska, South Dakota, North Dakota, Montana, Wyoming, Colorado, Utah, and Idaho. It is also one of three centers that address environmental exposures affecting rural residents and one of the few centers with a major emphasis on population-based research.

Our Center is at the forefront of research on rural environmental health problems such as pesticide-induced cancers and birth defects, community and occupational exposures to airborne hazards from concentrated livestock operations, asthma among rural children, and remediation of rural hazardous waste sites. Our research and educational focus on rural environmental health problems also provides an excellent environment to train promising scientists to characterize mechanisms underlying environmental disease and approaches to their prevention.

Great Plains Center for Agricultural Health
Department of Occupational and Environmental Health
Director: Fred Gerr
Website: http://www.public-health.uiowa.edu/gpcah/

Description
The GPCAH was established in 1990 as one of the first two agricultural health and safety centers through a cooperative agreement with the National Institute for Occupational Safety and Health (NIOSH). Since its inception, the GPCAH has been conducting research studies on a wide range of topics and providing information to protect the health and safety of farmers, farm workers, and their families. We are now one of nine NIOSH-supported centers who collaborate to address agricultural health and safety problems nationwide. Our focus is on the health and

safety concerns of the Midwestern states surrounding Iowa - the "breadbasket" of the United States. We are grateful for the opportunity to serve the men, women, and children who labor so greatly providing food, fiber and fuel for our nation and the world.

Our Mission is to help everyone contributing to the agricultural sector - farmers, workers, family members and their neighbors - through our research, outreach and education efforts which aim to detect and avoid hazards leading to illness and injury. We envision the future – farmers, workers, family members and their neighbors living and working in a vibrant agricultural environment with minimal exposure to health and safety hazards.

Health Effectiveness Research Center
Department of Epidemiology
Director: Elizabeth Chrischilles
Website: http://www.public-health.uiowa.edu/herce/

Description
The Health Effectiveness Research Center (HERCe), fondly known as "Herky" after the University of Iowa team mascot Herky the Hawk, is a center for research and learning in the College of Public Health at The University of Iowa, Iowa City, Iowa. Initially formed as a collaborative research enterprise between the Department of Epidemiology and the College of Pharmacy, the Center is comprised of epidemiologists, economists, geographers, biostatisticians, clinicians, database specialists, and graduate students from the colleges of Public Health, Pharmacy, Medicine, and Liberal Arts and Sciences.

The Health Effectiveness Research Center (HERCe) focuses on understanding the reasons for and consequences of treatment or preventive services variation.

Healthier Workforce Center for Excellence
Department of Occupational and Environmental Health
Director: James Merchant
Website: http://www.public-health.uiowa.edu/HWCE/

Description
The mission of the Healthier Workforce Center for Excellence is to research integrated employee health programs and translate this evidence base into practice, to collaborate with other organizations interested in effective programs, and to disseminate quality information to employers in Iowa and nationally in order to improve the health of the employed population.

Center goals are to: 1) implement, evaluate and compare health protection/health promotion models; 2) establish a learning network of interactive partnerships with employers, employee groups including unions, and health organizations; and 3) serve as a state and national information, education, and policy resource on employee health programs.

Heartland Center for Occupational Health and Safety
Department of Occupational and Environmental Health
Director: Patrick O'Shaughnessy
Website: http://www.public-health.uiowa.edu/heartland/

Description
The Heartland Center for Occupational Health and Safety provides graduate training, continuing education and outreach in the area of occupational health and safety. It is a NIOSH-funded Education and Research Center serving Iowa, Kansas, Missouri and Nebraska. The Heartland Center offers graduate training programs in Industrial Hygiene, Occupational Medicine, Occupational Health Nursing, Ergonomics, Occupational Epidemiology, Occupational Injury Prevention, and Agricultural Safety and Health.

Injury Prevention Research Center
Department of Occupational and Environmental Health
Director: Corinne Peek-Asa
Website: http://www.public-health.uiowa.edu/iprc/

Description
The University of Iowa Injury Prevention Research Center (UI IPRC) was founded in 1990. The UI IPRC is one of 11 injury "Centers of Excellence" funded by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. The UI IPRC's primary goal is to control and prevent injuries, especially in rural communities, focusing on interdisciplinary research that leads to effective intervention. The Center continues to strive toward this goal through interdisciplinary research, training, and outreach, targeting a variety of populations and injury types.

The IPRC's primary goal is to control and prevent injuries, especially in rural communities, focusing on interdisciplinary research that leads to effective intervention. The UI IPRC research team continues to grow and includes at least 39 researchers from 16 departments in the Colleges of Public Health, Medicine, Engineering, Liberal Arts and Sciences, and Pharmacy. The UI IPRC has been especially successful at encouraging collaborations between public health researchers, engineers, and behavioral scientists. For example, collaborations with the engineers involved in simulation research has brought together public health researchers, neurologists, computer scientists, psychologists, and human factors engineers to examine safe driving topics of high priority. These collaborations have fostered the careers of IPRC investigators and helped them mentor new injury control researchers. The UI IPRC is committed to encouraging and supporting investigators interested injury control research.

Iowa Registry for Congenital and Inherited Disorders
Department of Epidemiology
Director: Paul Romitti
Website: http://www.public-health.uiowa.edu/ircid/

Description
To monitor birth defects in the state, the Iowa Registry for Congenital and Inherited Disorders was established in 1983 through the joint efforts of the University of Iowa, the Iowa Department of Public Health and the Iowa Department of Human Services. The mission of the Iowa Registry for Congenital and Inherited Disorders is to: 1) maintain statewide surveillance for

collecting information on selected congenital and inherited disorders in Iowa; 2) monitor annual trends in occurrence and mortality of these disorders; 3) provide data for research studies and educational activities for the prevention and treatment of these disorders.

The Iowa Registry for Congenital and Inherited Disorders has collected information for over 40,000 children with various birth defects. This information has been used by health care providers and educators to provide treatment and support services, and by researchers to study risk factors for birth defects and to evaluate treatments for birth defects. The Iowa Registry has recently started surveillance for Duchenne/Becker muscular dystrophy and has identified almost 50 children with that neuromuscular disease.

Data collected by the Iowa Registry for Congenital and Inherited Disorders have been used in several research projects. Many of these projects include mailed or telephone surveys of women who have experienced a pregnancy affected by a birth defect, and, for comparison, women who have not experienced a pregnancy affected by a birth defect. Examples of birth defects studied by the Registry include Down syndrome, heart defects, neural tube defects, and cleft lip and palate.

The Iowa Registry for Congenital and Inherited Disorders also participates in educational programs designed to help prevent the occurrence and recurrence of birth defects. Registry faculty and staff annually present lectures around the state and promote community awareness to students, families, health care workers, and multiple agencies. Awareness training is a cornerstone of our educational program.

Iowa's Center for Agricultural Safety and Health
Department of Occupational and Environmental Health
Director: Kelley Donham
Website: http://www.public-health.uiowa.edu/icash/

Description
Iowa's Center for Agricultural Safety and Health is a joint venture of The University of Iowa, Iowa State University, Iowa Department of Public Health, and the Iowa Department of Agriculture and Land Stewardship whose mission is to enhance the health and safety of Iowa's agricultural community by establishing and coordinating prevention and education programs. Activities for this center include: The coordination of efforts of agricultural safety and health partners and serve as a catalyst for initiation of agricultural safety and health organizations and activities; support of agricultural safety and health education; promotion of communication and collaboration among partners to enhance effectiveness and prevent duplication; providing agricultural safety and health information to the general public; and achieving sustainability for agricultural safety and health initiative.

Iowa Superfund Basic Research Program
Department of Occupational and Environmental Health
Director: Larry Robertson
Website: http://www.uiowa.edu/~isbrp/

Description
The Superfund basic research program (isbrp) is a joint endeavor involving basic, mechanistic and applied projects in biomedical and non-biomedical research areas. The program's overall

theme is the consequences of atmospheric sources and exposures to semi-volatile Polychlorinated Biphenyls (PCBs), and it deals with volatilization, transport and exposure of lower halogenated PCBs, especially those PCBs that are associated with contaminated waters, former industrial sites, other atmospheric sources, and the consequences of exposure to them. The isbrp brings together 15 scientists representing four colleges in Iowa, Illinois and Kentucky. Working together, they will measure sources, transport and environmental exposure of PCBs; their distribution, metabolism and toxicity in animals and humans; and novel methods of phytoremediation.

Lipid Research Clinic
Department of Epidemiology
Director: Jennifer Robinson
Website: http://www.public-health.uiowa.edu/lipid/

Description
The Lipid Research Clinic (LRC) is an academic resource for the College of Public Health and College of Medicine to facilitate studies that evaluate the effectiveness of new drugs or intervention modalities designed to prevent the occurrence and progression of atherosclerotic diseases, as well as diseases related to women's health.

The LRC is currently located in the University of Iowa Hospitals and Clinics (UIHC). LRC facilities are similar to a medical clinic with convenient parking and easy access to encourage and maintain participation in clinical trials. The clinic's purpose is for screening, evaluation, randomization and follow-up of subjects in prevention trials. The LRC's current location in UIHC facilitates the scheduling of ancillary diagnostic tests. Approximately 1,800 square feet are provided for clinic examination rooms and waiting room, clinical staff offices, recruiting staff offices, data management offices and administrative and clerical offices.

Nutrition Center
Department of Epidemiology
Director: Linda Snetselaar
Website: http://www.public-health.uiowa.edu/nutrition/

Description
The Nutrition Center was established in 2005 to provide nutrition counseling and dietary assessment and to promote nutrition with a focus on the research, education and service missions of the UI College of Public Health. The Center has extensive experience in clinical research and wellness programming. Using its expertise in nutrition and wellness, it is engaged in projects designed to improve quality of life through chronic disease prevention. In addition, it is actively addressing the obesity epidemic in our communities. The Nutrition Center serves many Iowa communities through outreach activities and workshops.

Prairielands Addiction Technology Transfer Center
Department of Community and Behavioral Health
Director: Anne-Helene Skinstad
Website: http://www.attcnetwork.org/regcenters/index_prairielands.asp

Description
The Prairielands Addiction Technology Transfer Center (ATTC) provides educational opportunities for those interested in substance abuse treatment and counseling, including health professionals in primary prevention and treatment of substance abuse. The Center offers services on and off-campus, utilizing technology such as the Iowa Communications Network and similar systems in each of the five states that comprise our region. In addition, Prairielands offers consulting, technical assistance, and continuing education seminars for groups as well as individual providers. The ATTC's primary mission is to disseminate evidence-based practice in substance abuse and problem gambling, thereby bridging the gap between science and service. Prairielands ATTC provides technical assistance, training, and systems change assistance throughout the five-state region. Dissemination efforts address a wide variety of issues and aspects of addiction. These include issues specific to substance abuse, culturally specific populations, problem gambling, Lesbian, Gay, Bisexual, or Transgender issues, clinical supervision, concerns in rural, frontier, and tribal treatment populations, co-occurring disorders, and women and their children.

Preventive Intervention Center
Department of Epidemiology
Director: Linda Snetselaar
Website: http://www.public-health.uiowa.edu/PIC/index.html

Description
The Preventive Intervention Center (PIC) opened in 1992 with the specific goal of conducting health research and clinical trials to ensure that your future medical treatments are safe and effective. Today, the center has expanded its work to include behavioral medicine as well, highlighted by diet, exercise, and nutrition lifestyle-change programs that are in use by companies and local communities across the country. Since the Center's inception, almost 10,000 volunteers have participated in over 100 research studies in the clinics. These studies focus on the treatment and prevention of diseases that may affect you or your family members: cancer, heart disease, osteoporosis, arthritis, diabetes, and many more. We have tested new, investigational medications, hormone replacement therapy, oral contraceptives, dietary supplements, vaccines, and exercise and nutritional needs.

The Preventive Intervention Center participates in both government-sponsored and pharmaceutical company-sponsored research studies. The Center proudly draws on the multidisciplinary experience and expertise of University of Iowa faculty from the College of Public Health, College of Medicine, College of Dentistry, College of Liberal Arts, and physicians from around the state of Iowa.

The Center acts as a clearinghouse for clinical trial needs, including the following activities: biostatistics, data management, recruiting, screening and evaluation, follow-up evaluation, compliance and protocol adherence, quality control, administration, epidemiology, and regulatory adherence.

Prevention Research Center for Rural Health
Department of Community and Behavioral Health
Director: Faryle Nothwehr
Website: http://www.public-health.uiowa.edu/prc/

Description
The Prevention Research Center for Rural Health (PRC-RH) is one of 37 centers in the United States funded by the CDC's Prevention Research Center Program . The center was first funded in 2002. The focus of the PRC-RH is to improve the health of rural communities in Iowa and the Midwest through participatory research. Our research themes are nutrition, physical activity, and aging. These are strongly in line with the health priorities identified by state and local entities. The faculty and staff of the PRC-RH represent many different disciplines including public health, nutrition, community psychology, medicine, communications, sociology, nursing, and exercise science.

RUPRI Center for Rural Health Policy Analysis
Department of Health Management and Policy
Director: Keith Mueller
Website: http://www.public-health.uiowa.edu/rupri/

Description
The RUPRI Center for Rural Health Policy Analysis conducts original research in the topical areas of access to health care services, Medicare policies, development of rural delivery systems (including effects of national policy), and public health. The mission of the Center is to provide timely analysis to federal and state health policy makers, based on the best available research. The research of the RUPRI Center has included studies of Medicare managed care (currently Medicare Advantage plan enrollment), the Medicare prescription drug program, characteristics of the uninsured population in rural areas, classification of rural areas as unlikely to generate financial support for health care providers, and patterns of admission to hospitals for conditions treatable in an outpatient environment. Specific objectives for the Center's work include: conducting original research and independent policy analysis that provides policy makers and others with a more complete understanding of the implications of health policy initiatives, and disseminating policy analysis that assures policy makers will consider the needs of rural health care delivery systems in the design and implementation of health policy.

State Health Registry of Iowa/Iowa Cancer Registry
Department of Epidemiology
Director: Chuck Lynch
Website: http://www.public-health.uiowa.edu/shri/

Description
The Iowa Cancer Registry (ICR) is a population-based cancer registry that has served the State of Iowa since 1973 and has been a member of the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program since its inception. The goals of the registry are to: assemble and report measurements of cancer incidence, survival and mortality among Iowans; provide information on changes over time in the extent of disease at diagnosis, therapy, and patient survival; promote and conduct studies designed to identify factors relating to cancer etiology, prevention and control; respond to requests from individuals and organizations in the

state of Iowa for cancer data and analyses; and provide data and expertise for cancer research activities and educational opportunities.

WORKSAFE Iowa
Department of Occupational and Environmental Health
Director: Peter Thorne
Website: http://www.public-health.uiowa.edu/worksafe/

Description
Worksafe Iowa is a multidisciplinary outreach program within the University of Iowa's College of Public Health and offer consultation services in industrial hygiene, product safety, ergonomics, and occupational medicine, and provide a variety of educational opportunities to occupational health and safety professionals, employers, and employees. The Worksafe Iowa associates make up a network of community based occupational medicine clinics across Iowa that provide occupational health and safety services locally, and in consultation with Worksafe Iowa staff at the UI.

Institute for Public Health Practice
College of Public Health
Director: Chris Atchison
Website: http://www.public-health.uiowa.edu/iphp/about/overview.html

Description
Established in 1999, the Institute has developed as a central point of coordination for several related but distinct programs, projects, and centers, including the Upper Midwest Center for Public Health Preparedness and the Upper Midwest Public Health Training Center. At the heart of these endeavors is the goal of enhancing the public health workforce in Iowa and the Upper Midwest through competency-based training and community-focused collaborations. The Institute and its Centers deliver training programs across Iowa in collaboration with state and local public health agencies; nursing, medical, pharmacy, and hospital associations; emergency management and public safety agencies; state universities and community colleges; and the University Hygienic Laboratory, which serves as the official state public health laboratory. Partnerships with Nebraska and South Dakota have also been established, extending connections across state borders to amplify workforce development.

Research Activity
Primary Faculty
FY2007-2008

CB=Community Based Research Project
SP=Student Participation on Project

Project Name	PI	Funding Source	Funding Period Start End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
BIOSTATISTICS							
CAROTID OCCLUSION SURGERY STUDY (COSS): DATA MANAGEMENT CENTER (DMC)	CLARKE	NIH	9/30/2001 - 11/30/2012	10,404,494	1,067,055	N	N
RANDOMIZED EVALUATION OF CAROTID OCCLUSION AND NEUROCOGNITION (RECON)	CLARKE	TRUSTEES OF COLUMBIA U	12/6/2004 - 11/30/2010	265,432	43,818	N	N
CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER	CLARKE	NIH	9/30/2004 - 7/31/2012	48,498,447	3,702,030	N	N
RANDOMIZED EVALUATION OF CAROTID OCCLUSION AND NEUROCOGNITION (RECON)	CLARKE	TRUSTEES OF COLUMBIA U	12/6/2004 - 11/30/2010	265,432	45,417	N	N
WISEWOMAN ENHANCED STUDY DESIGN, DATA ENTRY AND ANALYSIS AND BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM DATA AND ENTRY ANALYSIS	PENDERGAST	IDPH	8/1/1995 - 6/29/2012	2,395,308	287,891	N	Y
TOTAL					**5,146,211**		
CENTER FOR STATISTICAL GENETICS RESEARCH							
INTEGRATED STATISTICAL AND COMPUTATIONAL METHODS FOR ISOLATING GENES FOR NON-SYNDROMIC CLEFT LIP WITH OR WITHOUT CLEFT PALATE	VIELAND*	CARVER CHARITABLE TRUST	4/1/2005 - 8/31/2006	226,988	59,236	N	N
TOTAL					**59,236**		

Project Name	PI	Funding Source	Funding Period Start End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
COMMUNITY AND BEHAVIORAL HEALTH							
Regional Outreach Educator Program Proposal	Aquilino	IDPH	11/1/2007 - 6/30/2011	617,069	190,184	N	N
Division of Tobacco Use Prevention and Control, Tobacco Cessation Quitline for Iowa Families	Aquilino	IDPH	2/1/2001 - 2/29/2008	4,610,477	100,000	N	N
Building an LGBT-Sensitive Model for Smoking Cessation Services	Campo	American Legacy Fnd	3/1/2007 - 2/29/2008	99,899	99,899	N	Y
Unintended Pregnancy Intervention Social Marketing	Campo	U N Iowa	8/1/2007 - 12/30/2007	31,837	31,837	N	Y
Second Semester, Not Third Trimester: A Social Marketing Campaign to Reduce Unintended Pregnancy among Iowa College Students	Campo	U N Iowa	1/1/2008 - 12/30/2012	1,063,765	536,534	N	Y
Slowing the Stork: A Social Marketing Campaign to Reduce Unintended Pregnancy among 18-30 Year Old Iowans	Campo	U N Iowa	1/1/2008 - 12/30/2012	1,240,809	578,806	N	N
Using Community Based Participatory Research to Improve Oral Health in Northern Plains Indian Children	Coulter	Aberdeen Area TribalCHB	9/30/2005 - 6/30/2010	327,163	73,139	Y	N
The Rural Restaurant Healthy Options Program	Nothwehr	NIH	4/18/2007 - 3/31/2009	291,782	145,695	Y	Y
Sexual Violence Prevention	Yang	IDPH	11/1/2006 - 10/31/2010	28,446	5,708	Y	N
TOTAL					**1,761,802**		
CENTER ON AGING**							
Iowa Coalition on Mental Health and Aging	Kaskie	IDHS	7/1/2006 - 6/30/2008	120,658	63,484	Y	Y

Project Name	PI	Funding Source	Funding Period Start End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
THE DEVELOPMENT OF AN EBP MODEL OF SERVICE DELIVERY FOR OLDER ADULTS WITH MENTAL ILLNESSES	KASKIE	IDHS	10/8/2007 - 6/30/2008	32,059	32,059	Y	Y
TOTAL					**95,543**		
EPIDEMIOLOGY							
PURCHASE ORDER TO ANALYZE DATA FROM THE MUSCATINE STUDY	BURNS	NIH	4/26/2007 - 4/25/2008	8,000	8,000	Y	N
STATE CAPACITY BUILDING PROJECT	CHRISCHILLES	IDPH	4/1/2002 - 6/30/2007	226,541	10,516	Y	N
PERSONAL HEALTH RECORDS AND ELDER MEDICATION USE QUALITY	CHRISCHILLES	AHRQ	9/7/2007 - 8/31/2010	1,199,995	419,663	N	N
PHARMACEUTICAL CASE MANAGEMENT AND LIVING WELL WITH A DISABILITY	CHRISCHILLES	CDC	9/30/2006 - 9/29/2010	974,998	325,000	Y	Y
UNIVERSITY OF IOWA OLDER ADULTS CERT	CHRISCHILLES	AHRQ	4/14/2006 - 3/31/2011	4,095,191	895,210	N	N
PERSONAL HEALTH RECORDS AND ELDER MEDICATION USE QUALITY	CHRISCHILLES	AHRQ	9/7/2007 - 8/31/2010	1,199,995	385,385	N	N
SKIN CANCER AND ARSENIC EXPOSURE	DENNIS	NIH	4/15/2008 - 2/28/2013	622,500	311,250	N	N
SUN EXPOSURE AND MELANOMA IN AGRICULTURAL WORKERS	DENNIS	NIH	6/1/2005 - 8/31/2011	790,195	136,917	Y	Y
PROSPECTIVE STUDIES OF AVIAN INFLUENZA TRANSMISSION IN ASIA	GRAY	NIH	8/15/2006 - 7/31/2010	2,417,461	292,940	N	N
NATIONAL SURVEILLANCE FOR EMERGING ADENOVIRUS INFECTIONS	GRAY	NIH	6/15/2004 - 5/31/2010	2,789,319	241,881	N	Y
EVALUATION OF THERMOFISHER'S H5-SPECIFIC RAPID DIAGNOSTIC TEST	GRAY	THERMO FISHER SCI, INC	4/1/2008 - 7/1/2010	54,050	54,050	N	N
IOWA CANCER REGISTRY	LYNCH	IOWA BOARD OF REGENTS	7/1/1991 - 6/30/2009	3,466,309	184,578	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER) PROGRAM, MODIFICATION 12	LYNCH	NIH	8/1/2003 - 7/31/2010	27,758,954	3,998,733	Y	Y
SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS (SEER) PROGRAM, MODIFICATION 12	LYNCH	NIH	8/1/2003 - 7/31/2010	27,758,954	291,256	Y	Y
THE AGRICULTURAL HEALTH STUDY - FIELD STATIONS MODIFICATIONS 7, 8 AND 9	LYNCH	NIH	12/30/2003 - 8/31/2010	3,704,009	576,656	Y	Y
RESPIRATORY QUESTIONS/QUESTIONNAIRES FOR THE AGRICULTURAL HEALTH STUDY, AWARD II	LYNCH	CDC	1/31/2006 - 4/15/2008	173,710	99,500	N	N
THE AGRICULTURAL HEALTH STUDY - FIELD STATIONS MODIFICATION 11	LYNCH	NIH	12/30/2003 - 8/31/2010	3,704,009	1,020,205	Y	Y
NIEHS, GAP STUDY - AGRICULTURAL HEALTH STUDY, MODIFICATION NO. 2 OF SUBCONTRACT NO. SES-SUP2-06-00040-000	LYNCH	SOCIAL/SCI SYSTEMS, INC.	11/1/2006 - 9/30/2008	15,635	5,184	N	N
A 12-WEEK, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL-GROUP STUDY OF THE COMBINATION OF ABT-335 AND ROSUVASTATIN COMPARED TO ABT-335 AND ROSUVASTATIN MONOTHERAPY IN SUBJECTS WITH TYPE IIA AND IIB DYSLIPIDEMIA	ROBINSON	ABBOTT LABORATORIES	7/16/2007 - 7/12/2010	78,072	78,072	N	N
A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 3 TRIAL TO EVALUATE THE EFFICACY AND SAFETY OF SAXAGLIPTIN (BMS-477118) IN COMBINATION WITH METFORMIN IN SUBJECTS WITH TYPE 2 DIABETES WHO HAVE INADEQUATE GLYCEMIC CONTROL ON METFORMIN ALO	ROBINSON	BRISTOL-MYERS SQUIBB PH	12/23/2005 - 12/31/2009	63,938	10,164	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PHASE 3 TRIAL TO EVALUATE THE EFFICACY AND SAFETY OF SAXAGLIPTIN (BMS-477118) AS MONOTHERAPY IN SUBJECTS WITH TYPE 2 DIABETES WHO HAVE INADEQUATE GLYCEMIC CONTROL WITH DIET AND EXERCISE	ROBINSON	BRISTOL-MYERS SQUIBB PH	10/18/2005 - 10/31/2009	59,542	5,082	N	N
ATHEROTHROMBOSIS INTERVENTIONS IN METABOLIC SYNDROME WITH LOW HDL/HIGH TRIGLYCERIDE AND IMPACT ON GLOBAL HEALTH OUTCOMES (AIM-HIGH)	ROBINSON	AXIO RESEARCH CORP	10/1/2005 - 12/31/2011	925,250	415,000	N	N
WOMEN'S HEALTH INITIATIVE STUDY OF COGNITIVE AGING (WHISCA)	ROBINSON	WAKE FOREST UNIVERSITY	10/1/1999 - 10/31/2007	212,261	10,017	N	N
A PHASE 2, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED STUDY TO EVALUATE THE EFFECT OF CP-778,875 ON HDL-CHOLESTEROL IN ADULT SUBJECTS WITH DYSLIPIDEMIA AND TYPE 2 DIABETES MELLITUS STUDY # A5561005 - 1044	ROBINSON	PFIZER, INC.	11/1/2006 - 10/31/2008	20,572	4,761	N	N
A PHASE 2, RANDOMIZED, PARALLEL GROUP, MULTI-CENTER, MULTI-NATIONAL STUDY FOR THE EVALUATION OF SAFETY OF FOUR FIXED DOSE REGIMENS OF DU-176B IN SUBJECTS WITH NON-VALVULAR ATRIAL FIBRILLATION (PROTOCOL NUMBER: PRT018)	ROBINSON	DAIICHI SANKYO, INC.	9/25/2007 - 9/30/2008	118,555	118,555	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
MK-0431 PROTOCOL 052 A PHASE III RANDOMIZED, PLACEBO-CONTROLLED CLINICAL TRIAL TO STUDY THE SAFETY AND EFFICACY OF THE ADDITION OF SITAGLIPTIN (MK-0431) IN PATIENTS WITH TYPE 2 DIABETES MELLITUS WHO HAVE INADEQUATE GLYCEMIC CONTROL ON COMBINATION THERAPY	ROBINSON	MERCK & COMPANY, INC.	8/15/2007 - 9/18/2008	100,816	8,545	N	N
A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PARALLEL-GROUP STUDY TO EVALUATE LOW DOSES OF THE MTP-INHIBITOR AEGR-733 ON HEPATIC FAT ACCUMULATION AS MEASURED BY MAGNETIC RESONANCE SPECTROSCOPY PROTOCOL NO. 733-004	ROBINSON	AEGERION PHARM, INC.	12/28/2007 12/31/2009	259,375	207,500	N	N
PROTOCOL: 0653A-107-0 / EZT585A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL ARM, 6-WEEK STUDY TO EVALUATE THE EFFICACY AND SAFETY OF EZETIMIBE/SIMVASTATIN VERSUS ATORVASTATIN IN PATIENTS WITH METABOLIC SYNDROME AND HYPERCHOLESTEROLEMIA AT HIGH RISK	ROBINSON	MERCK & COMPANY, INC.	4/23/2007 - 4/30/2009	39,320	7,800	N	N
HOFFMANN-LA ROCHE LTD (NC 19453) A PHASE II, DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED, PARALLEL GROUP STUDY, EVALUATING THE EFFICACY AND SAFETY OF RO4607381 OVER A 24-WEEK PERIOD IN PATIENTS WITH CHD OR A CHD RISK EQUIVALENT	ROBINSON	HOFFMANN-LA ROCHE, INC.	8/1/2006 - 12/31/2008	398,025	117,262	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
MK-0524B PROTOCOL 024-00/DPA579A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL GROUP, 12 WEEK STUDY TO EVALUATE THE EFFICACY AND SAFETY OF MK-0524B VERSUS ATORVASTATIN IN PATIENTS WITH MIXED HYPERLIPIDEMIA	ROBINSON	MERCK & COMPANY, INC.	7/25/2006 - 2/28/2009	143,360	106,706	N	N
A DOUBLE-BLIND, RANDOMIZED STUDY TO EVALUATE THE EFFICACY AND SAFETY OF TAK-475 100 MG OR PLACEBO WHEN CO-ADMINISTERED WITH HIGH DOSE STATIN THERAPY IN SUBJECTS WITH PRIMARY HYPERCHOLESTEROLEMIA (PROTOCOL TL-475-021)	ROBINSON	TAKEDA PHARM N A, INC.	3/31/2006 - 1/31/2009	269,098	12,758	N	N
A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PROSPECTIVE STUDY COMPARING THE SAFETY AND EFFICACY OF ABT-335 IN COMBINATION WITH ATORVASTATIN AND EZETIMIBE TO ATORVASTATIN IN COMBINATION WITH EZETIMIBE IN SUBJECTS WITH COMBINED (ATHEROGENIC) DYSLIPIDEMIA	ROBINSON	ABBOTT LABORATORIES	5/22/2008 - 3/1/2010	68,562	68,562	N	N
PUBLIC HEALTH RESEARCH GRANTS ON OROFACIAL CLEFTS AND CRANIOSYNOSTOSIS	ROMITTI	MT. SINAI SCHOOL OF MED	9/30/2007 - 9/29/2009	380,510	166,253	N	Y
NEW YORK NATIONAL BIRTH DEFECTS PREVENTION STUDY	ROMITTI	HEALTH RESEARCH, INC.	4/1/2004 - 5/31/2009	1,326,221	214,385	N	Y
IOWA CENTER FOR BIRTH DEFECTS RESEARCH AND PREVENTION	ROMITTI	CDC	9/30/1996 - 5/31/2009	11,226,698	621,978	N	Y
MD STARNET - NEW YORK	ROMITTI	HEALTH RESEARCH, INC.	9/1/2006 - 8/31/2009	200,741	68,406	N	N
SURVEILLANCE AND EPIDEMIOLOGIC RESEARCH OF DUCHENNE AND BECKER MUSCULAR DYSTROPHY	ROMITTI	CDC	9/30/2002 - 8/31/2011	7,495,064	799,090	N	Y

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
IOWA BIRTH DEFECTS REGISTRY	ROMITTI	IOWA BOARD OF REGENTS	7/1/1998 - 6/30/2009	529,620	46,685	Y	Y
NEW YORK NATIONAL BIRTH DEFECTS PREVENTION STUDY	ROMITTI	HEALTH RESEARCH, INC.	4/1/2004 - 5/31/2009	1,326,221	206,715	N	Y
IOWA CENTER FOR BIRTH DEFECTS RESEARCH AND PREVENTION	ROMITTI	CDC	9/30/1996 - 5/31/2009	11,226,698	600,000	Y	N
IS MOTIVATIONAL INTERVIEWING AN EFFECTIVE INTERVENTION FOR WOMEN COPING WITH IPV?	SAFTLAS	CDC	9/1/2006 - 8/31/2010	886,197	293,999	N	Y
IMPACT OF LEEP ON CERVICAL LENGTH AND SECRETIONS	SAFTLAS	NIH	9/1/2006 - 8/31/2010	545,694	196,577	N	N
INTIMATE PARTNER VIOLENCE IN A WOMEN'S HEALTH CLINIC POPULATION	SAFTLAS	NIH	4/1/2007 - 3/31/2010	346,266	145,454	N	Y
INTERNATIONAL COLLABORATIVE HNC RESEARCH	SMITH E	NIH	9/1/2006 - 8/31/2010	290,723	143,223	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006 - 9/30/2009	106,933	34,400	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006 - 9/30/2009	90,400	33,000	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006 - 9/30/2009	161,757	41,500	N	N
TRANSCRIPTIONAL AND GENETIC PROFILES IN HNSCCS	SMITH E	NIH	3/1/2004 - 1/31/2010	1,472,306	281,653	N	Y
PROMOTING HEALTH AND REDUCING OBESITY IN CHILDREN: BUILDING A NATIONAL MODEL FOR COMMUNITY-BASED PROGRAMS	SNETSELAAR	ROY. J. CARVER CHARITABLE TRUST	11/01/07 – 10/31/10	150,000	50,000	Y	N
ADOLESCENT DIET, HORMONES & BREAST CANCER SUSCEPTIBILITY	SNETSELAAR	FOX CHASE CANCER CENTER	12/1/2003 - 6/30/2009	518,498	205,318	N	N
NUTRITION EXPERIENCES IN CANCER PREVENTION	SNETSELAAR	NIH	9/1/2006 - 8/31/2011	1,565,919	312,701	N	Y

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
PROMOTING HEALTH AND REDUCING OBESITY IN CHILDREN: BUILDING A NATIONAL MODEL FOR COMMUNITY-BASED PROGRAMS	SNETSELAAR	W. K. KELLOGG FOUNDATION	12/1/2007 - 6/30/2009	35,000	35,000	Y	N
IMPROVING THE HEALTH OF THE RURAL UPPER MIDWEST THROUGH COMMUNITY PARTNERSHIPS	SNETSELAAR	CDC	9/30/2002 - 9/29/2010	5,497,540	724,910	Y	Y
STRUCTURAL CORRELATES OF KNEE PAIN	TORNER	BOSTON UNIVERSITY	8/11/2006 - 7/31/2009	157,745	63,455	N	N
INFLAMMATION, INFLAMMATORY MEDIATORS AND AGING	TORNER	U OF ALABAMA BIRMINGHAM	9/30/2006 - 6/30/2010	57,814	9,230	N	N
SEXUAL VIOLENCE EXPOSURES AND WOMEN VETERAN'S GYNECOLOGIC HEALTH	TORNER	BALTIMORE VAMC	5/1/2005 - 4/30/2009	78,986	9,000	Y	N
SEXUAL VIOLENCE EXPOSURES AND WOMEN VETERAN'S GYNECOLOGIC HEALTH	TORNER	VA	5/1/2005 - 4/30/2009	78,986	22,000	Y	N
HEALTH, WEALTH, AND PENSIONS OVER THE LIFE COURSE	WALLACE	UNIVERSITY OF MICHIGAN	3/15/2007 - 2/28/2010	47,058	15,898	N	N
HEALTH AND RETIREMENT STUDY (HRS)	WALLACE	UNIVERSITY OF MICHIGAN	6/1/1992 - 12/31/2009	1,535,298	110,565	N	Y
LUNG CANCER CARE OUTCOMES/SURVEILLANCE CONSORTIUM - IOWA	WALLACE	NIH	9/20/2001 - 8/31/2009	3,868,100	319,000	N	Y
INTEGRATING AGING AND CANCER RESEARCH IN NCI-DESIGNATED CANCER CENTERS	WALLACE	NIH	9/29/2003 - 8/31/2009	983,678	610,600	N	N
FIELD CENTERS FOR THE WOMEN'S HEALTH INITIATIVE EXTENSION	WALLACE	NIH	3/15/1993 - 9/30/2010	18,509,339	122,229	N	N
HEALTH AND RETIREMENT STUDY (HRS)	WALLACE	UNIVERSITY OF MICHIGAN	6/1/1992 - 12/31/2009	1,535,298	113,998	N	Y
HEALTH, WEALTH, AND PENSIONS OVER THE LIFE COURSE	WALLACE	UNIVERSITY OF MICHIGAN	3/15/2007 - 2/28/2010	47,058	15,580	N	N
TOTAL					**17,060,510**		

Project Name	PI	Funding Source	Funding Period Start End	Amount Total Award ($)	Amount Current Year ($)	Y/N	
						CB	SP
HEALTH MANAGEMENT AND POLICY							
DIVISION OF MENTAL HEALTH AND DISABILITY SERVICES--TECHNICAL ASSISTANCE: POLICY BRIEFS & DATA ANALYSIS	ANDERSON	IDHS	6/1/2007 - 7/31/2008	141,284	107,215	Y	Y
EVALUATION OF MULTI-DIMENSIONAL TREATMENT FOSTER CARE	ANDERSON	TANAGER PLACE	8/1/2007 - 7/31/2008	4,000	4,000	Y	Y
HOSPITAL LEADERSHIP QUALITY ASSESSMENT: BUILDING A TECHNICAL ASSISTANCE PROGRAM FOR HOSPITAL QUALITY IMPROVEMENT	GREENE	COMMONWEALTH FUND	5/1/2008 - 4/30/2010	458,939	458,939	Y	N
QUALITY CARE ON ACUTE INPATIENT UNITS	VAUGHN	U CALIF SAN FRANCISCO	9/1/2006 - 8/31/2008	32,930	16,919	N	N
REDUCING HOSPITAL ASSOCIATED INFECTION (HAI) RFTO#11	WARD	AHRQ	9/28/2007 - 10/30/2009	399,905	399,905	N	N
TEAMSTEPPS(TM) ADOPTION IN ACTION RFTO #10	WARD	AHRQ	3/1/2006 - 2/28/2011	249,994	249,994	Y	N
RURAL IOWA REDESIGN OF CARE DELIVERY WITH EHR FUNCTION	WARD	TRINITY HEALTH	9/30/2004 - 8/31/2007	347,731	15,040	Y	Y
UNIVERSITY OF IOWA COLLEGE OF PUBLIC HEALTH, DEPARTMENT OF HEALTH MANAGEMENT & POLICY DOCTORAL STUDENT DATA ANALYSIS PROJECTS 2007 IHC ANNUAL REPORT AND SURVEY PROJECT	WARD	IA HEALTH CARE COLLAB	1/1/2006 - 6/30/2009	50,566	30,566	Y	Y
COLLABORATIVE EHR IMPLEMENTATION TO BRIDGE THE CONTINUUM OF CARE IN RURAL IOWA	WARD	HANCOCK CO MEM HOSP	9/30/2005 - 9/29/2009	482,178	167,423	Y	Y

Project Name	PI	Funding Source	Funding Period Start End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
EFFECTS OF ORAL CLEFTS ON BIRTH OUTCOMES AND CLEFT RISKS DUE TO MATERNAL SMOKING	WEHBY	NIH	8/1/2008 - 7/31/2010	393,754	145,062	N	N
PHYSICAL FRAILTY IN URBAN AFRICAN AMERICANS	WOLINSKY	INDIANA UNIVERSITY	5/1/2004 - 4/30/2010	336,836	60,378	N	N
CONTINUITY OF CARE AND HEALTH OUTCOMES: DOES IT REALLY MATTER?	WOLINSKY	NIH	7/15/2007 - 11/30/2009	327,339	178,432	N	Y
ED USE PATTERNS, ANTECEDENTS, AND CONSEQUENCES IN OLDER ADULTS	WOLINSKY	NIH	2/15/2008 - 1/31/2010	335,585	183,270	N	N
CONTINUITY OF CARE AND HEALTH OUTCOMES: DOES IT REALLY MATTER?	WOLINSKY	NIH	7/15/2007 - 11/30/2009	327,339	148,907	N	Y
HEALTH AND HEALTH SERVICES USE IN THE HRS/AHEAD	WOLINSKY	NIH	9/15/2004 - 6/30/2010	1,773,372	346,111	N	Y
PHYSICAL FRAILTY IN URBAN AFRICAN-AMERICANS	WOLINSKY	INDIANA UNIVERSITY	5/1/2004 - 4/30/2010	336,836	62,052	N	N
POSTDOCTORAL FELLOWSHIP PROGRAM IN HSR&D	WOLINSKY	VA	7/1/2005 - 9/30/2010	435,000	88,000	N	N
TOTAL					**2,662,213**		
OCCUPATIONAL AND ENVIRONMENTAL HEALTH							
MASONRY ERGONOMICS BEST PRACTICES	ANTON*	CTR PROTECT WORKERS'	8/1/2004 - 6/30/2008	385,013	54,917	N	Y
WORKPLACE SOLUTIONS	COOK	EASTERN WASHINGTON U	8/1/2004 - 5/31/2008	133,180	13,854	N	Y
COMPREHENSIVE ASSESSMENT OF RURAL HEALTH IN IOWA (CARHI)	DONHAM	IDPH	10/1/2002 - 5/31/2009	1,345,958	13,915	N	N
TESTING OF SHORT-TERM HOME RADON DETECTOR KITS	FIELD	CONSUMERS UNION OF US	8/1/2007 - 12/31/2008	18,500	18,500	Y	N
IOWA AND MISSOURI RADON LUNG CANCER STUDIES: PHASE II	FIELD	NIH	1/17/2001 - 12/31/2007	1,137,331	10,000	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
THE UNIVERSITY OF IOWA-FORMER WORKER PROGRAM (UI-FWP) FOR THE BURLINGTON ATOMIC ENERGY COMMISSION PLANT (BEACP) AND AMES LABORATORY	FUORTES	DEPT ENERGY	6/20/2006 - 1/31/2010	5,976,610	375,619	Y	Y
EPIDEMIOLOGICAL AND MEDICAL MONITORING OF FORMER DEPARTMENT OF DEFENSE (DOD) WORKERS AT THE IOWA ARMY AMMUNITION PLANT (IAAAP) IN MIDDLETOWN, IOWA: ANALYSES OF COHORT MORTALITY/CANCER INCIDENCE AND SURVEILLANCE FOR THE PREVALENCE OF POSITIVE BERYLLIUM LYM	FUORTES	DOD, ARMY	9/29/2005 - 9/28/2010	3,981,499	714,180	Y	Y
NEUROLOGICAL OUTCOMES AMONG PESTICIDE APPLICATORS	GERR	NIH	9/9/2005 - 8/31/2010	1,706,007	335,599	N	Y
HOW MORTAR DEBRIS ACCUMULATION AFFECTS VACUUM CLEANER FLOW RATES AND PRESSURE LOSSES ACROSS VACUUM CLEANER FILTERS - A PILOT STUDY	HEITBRINK*	CTR PROTECT WORKERS'	7/1/2007 - 6/30/2008	30,000	30,000	N	Y
HEALTHIER WORKFORCE CENTER FOR EXCELLENCE	MERCHANT	CDC	9/1/2006 - 8/31/2011	5,500,000	1,000,000	Y	Y
THE UNIVERSITY OF IOWA INJURY PREVENTION RESEARCH CENTER	PEEK-ASA	CDC	8/1/2007 - 7/31/2012	4,487,310	884,841	Y	N
PARENT-BASED INTERVENTION TO INCREASE SAFE TEEN DRIVING	PEEK-ASA	CDC	9/30/2006 - 9/29/2009	750,001	250,000	Y	N
VIOLENCE AGAINST HOME HEALTH AND HOSPICE WORKERS	PEEK-ASA	U OF NORTH CAROLINA AT CH	9/1/2006 - 8/31/2010	127,745	27,029	Y	Y
PERSONAL EXPOSURE TO ENGINEERING NANOPARTICLES	PETERS	CDC	9/1/2007 - 8/31/2010	320,864	106,962	N	Y
PASSIVE SAMPLING ASSESSMENT OF SPATIAL VARIABILITY OF PM10-2.5 IN AN URBAN AIRSHED	PETERS	EPA	4/7/2008 - 6/30/2009	27,000	27,000	N	N
PERSONAL EXPOSURE TO ENGINEERING NANOPARTICLES	PETERS	CDC	9/1/2007 - 8/31/2010	320,864	106,955	N	Y
SUBCONTRACT AGREEMENT WITH CHILDRENS HOSPITAL LOS ANGELES	RAMIREZ	CHILDREN'S HOSPITAL OF LA	10/1/2007 - 3/31/2008	13,645	13,645	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
SCHOOL-BASED EMERGENCY PREPAREDNESS	RAMIREZ	CDC	10/1/2007 - 9/29/2008	33,710	33,710	Y	N
SYNTHETIC PCBS - UK SBRP RESEARCH SUPPORT CORE	ROBERTSON	U KT RES FND	5/16/2005 - 3/31/2008	95,920	30,831	N	N
SEMI-VOLATILE PCBS: SOURCES, EXPOSURES, TOXICITIES	ROBERTSON	NIH	5/12/2006 - 3/31/2010	16,539,412	2,974,484	Y	Y
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH	SANDERSON	CDC	9/30/2001 - 9/29/2011	12,270,729	1,053,172	Y	Y
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH	SANDERSON	CDC	9/30/2001 - 9/29/2011	12,270,729	1,081,698	Y	Y
STUDY OF ALLERGEN, GENETICS AND ENDOTOXIN (SAGE)	THORNE	NATL JEWISH MED/RES CTR	10/1/2006 - 1/31/2010	30,239	9,588	N	N
ENVIRONMENTAL HEALTH SCIENCES RESEARCH CENTER	THORNE	NIH	9/29/1990 - 3/31/2012	25,701,414	1,458,685	N	N
GALLIUM AS AN ANTIMICROBIAL AND ANTI-BIOFILM AGENT: A TROJAN HORSE STRATEGY THAT DISRUPTS BACTERIAL IRON METABOLISM	THORNE	U WASHINGTON SCH MED	12/1/2007 - 8/31/2009	37,278	37,278	N	N
IOWA FATALITY ASSESSMENT AND CONTROL EVALUATION (FACE) PROGRAM	ZWERLING	IDPH	2/1/1995 - 6/30/2010	1,805,596	117,931	N	N
IOWA FATALITY ASSESSMENT AND CONTROL EVALUATION (FACE) PROGRAM	ZWERLING	IDPH	2/1/1995 - 6/30/2010	1,805,596	125,835	N	N
TOTAL					**10,906,228**		

*Faculty who left UI prior to September 1, 2009 and are not included in table 4.1.a.

**The Center on Aging is a co-sponsored center with the Carver College of Medicine

NOTE: 1) The fiscal year in which the award is counted is determined by when the award is coded as "funded" by the UI Division of Sponsored Programs Office and may not match the funding period start and end dates. 2) Subprojects are not listed separately they are included in the primary source of funds. 3) This table only includes research grant funding, not funding related to training or service grants/contracts.

Research Activity
Primary Faculty
FY2008-2009

CB=Community Based Research Project
SP=Student Participation on Project

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
BIOSTATISTICS							
BIOSTATISTICS PHD FELLOWSHIP	CHALONER	AMGEN INC	8/14/2006-6/30/2009	73,750	25,000	N	Y
BIOSTATISTICS PHD FELLOWSHIP	CHALONER	AMGEN INC	8/14/2006-6/30/2009	73,750	25,000	N	Y
A COLLABORATIVE MODEL TO IMPROVE BP CONTROL AND MINIMIZE RACIAL DISPARITIES--DCC	CLARKE	NIH	4/15/2009-2/28/2014	3,632,111	732,855	N	Y
CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER	CLARKE	NIH	9/30/2004-7/31/2012	48,498,447	3,307,134	N	N
CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER	CLARKE	NIH	9/30/2004-7/31/2012	48,498,447	1,400,000	N	N
CAROTID OCCLUSION SURGERY STUDY (COSS): DATA MANAGEMENT CENTER (DMC)	CLARKE	NIH	9/30/2001-11/30/2012	10,404,494	1,063,020	N	N
RANDOMIZED EVALUATION OF CAROTID OCCLUSION AND NEUROCOGNITION (RECON)	CLARKE	TRUSTEES COLUMBIA U	12/6/2004-11/30/2010	265,432	36,164	N	N
ARRA: CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER	CLARKE	NIH	9/30/2004-7/31/2012	48,498,447	19,776	N	N
IPA: EFFECT OF AEROBIC EXERCISE IN PARKINSON'S DISEASE	DAWSON	VAMIC	1/1/2009-12/31/2009	15,500	15,500	N	N
A COMPARISON OF DIRECT ACCESS AND PHYSICAL THERAPY EPISODES OF CARE USING CLAIMS DATA	PENDERGAST	APTA	10/1/2008-9/30/2010	158,757	158,757	N	Y
BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM AND WISEWOMAN	PENDERGAST	IDPH	8/1/1995-6/29/2012	2,395,308	277,240	N	Y

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
PROGRAM DATA MANAGEMENT							
TOTAL					**7,060,446**		
COMMUNITY & BEHAVIORAL HEALTH							
HEALTHCARE PROVIDER OUTREACH EDUCATION PROGRAM	AQUILINO	IDPH	11/1/2007-6/30/2011	617,069	426,885	N	N
RESOLVING THE CRITICAL CHALLENGES NOW FACING THE GLOBAL PROGRAMME TO ELIMINATE LYMPHATIC FILARIASIS	BARKEY	TFCSD	2/16/2009-7/31/2009	18,900	18,900	N	N
IOWA UNINTENDED PREGNANCY PROJECT: RADIO SERIAL DRAMAS (AFRICAN AMERICAN)	CAMPO	UAB	1/1/2008-12/31/2008	336,537	127,245	N	Y
IOWA UNINTENDED PREGNANCY PROJECT: RADIO SERIAL DRAMAS (HISPANIC)	CAMPO	UAB	1/1/2008-12/31/2008	336,537	121,647	N	Y
SLOWING THE STORK: A SOCIAL MARKETING CAMPAIGN TO REDUCE UNINTENDED PREGNANCY AMONG 18-30 YEAR OLD IOWANS	CAMPO	UNI	1/1/2008-12/30/2012	1,240,809	662,003	N	Y
SECOND SEMESTER, NOT THIRD TRIMESTER: A SOCIAL MARKETING CAMPAIGN TO REDUCE UNINTENDED PREGNANCY AMONG IOWA COLLEGE STUDENTS	CAMPO	UNI	1/1/2008-12/30/2012	1,063,765	527,231	N	Y
USING COMMUNITY BASED PARTICIPATORY RESEARCH TO IMPROVE ORAL HEALTH IN NORTHERN PLAINS INDIAN CHILDREN	COULTER	AATCHB	9/30/2005-6/30/2010	327,163	59,459	Y	N
BUILDING RESEARCH INFRASTRUCTURE FOR THE CROW COMMUNITY (BRICC)	COULTER	NIH NCMHD GRANT TO LITTLE BIG HORN COLLEGE	9/11/2008-7/31/2009	2,800	2,800	Y	Y
SCREEN FOR LIFE	KIM	IDPH	2/1/2004-6/29/2012	373,945	34,344	Y	Y
SEXUAL VIOLENCE PREVENTION EVALUATION	YANG	IDPH	11/1/2006-10/31/2010	28,446	5,000	Y	N

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
TOTAL					**1,985,514**		
CENTER ON AGING**							
OLDER ADULT MENTAL HEALTH SERVICES PROJECT	KASKIE	IDHS	7/1/2008-6/30/2010	205,925	95,347	N	Y
TOTAL					**95,347**		
EPIDEMIOLOGY							
PHARMACEUTICAL CASE MANAGEMENT AND LIVING WELL WITH A DISABILITY	CHRISCHILLES	CDC	9/30/2006-9/29/2010	974,998	324,999	Y	Y
UNIVERSITY OF IOWA OLDER ADULTS CERT	CHRISCHILLES	AHRQ	4/14/2006-3/31/2011	4,095,191	799,998	N	Y
SKIN CANCER AND ARSENIC EXPOSURE	DENNIS	NIH	4/15/2008-2/28/2013	622,500	311,250	N	Y
SUN EXPOSURE AND MELANOMA IN AGRICULTURAL WORKERS	DENNIS	NIH	6/1/2005-8/31/2011	790,195	137,413	Y	N
GEIS-UNIVERSITY OF IOWA CERTIFICATE IN EMERGING INFECTIOUS DISEASES	GRAY	HJF	2/21/2008-9/30/2011	1,317,683	466,000	N	N
IDENTIFYING RISK FACTORS FOR SWINE, EQUINE, AND AVIAN INFLUENZA TRANSMISSION TO MAN	GRAY	HJF	2/21/2008-9/30/2011	2,238,341	594,000	Y	N
PROSPECTIVE STUDY OF US BIRD BANDERS FOR EVIDENCE OF AVIAN INFLUENZA VIRUS INFECTIONS	GRAY	REGENTS U MINNESOTA	9/1/2008-8/31/2009	100,000	100,000	Y	N
IDENTIFYING RISK FACTORS FOR SWINE, EQUINE, AND AVIAN INFLUENZA TRANSMISSION TO MAN	GRAY	HJF	2/21/2008-9/30/2011	2,238,341	471,000	N	N
GEIS-UNIVERSITY OF IOWA CERTIFICATE IN EMERGING INFECTIOUS DISEASES	GRAY	HJF	2/21/2008-9/30/2011	1,317,683	449,000	N	N
PROSPECTIVE STUDIES OF AVIAN INFLUENZA TRANSMISSION IN ASIA	GRAY	NIH	8/15/2006-7/3/2010	2,417,461	364,329	N	Y

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
AVIAN INFLUENZA COOPERATIVE RESEARCH CENTER: STUDIES AT THE HUMAN-ANIMAL INTERFACE	GRAY	U MINNESOTA	9/30/2008-9/29/2009	205,500	205,500	N	Y
CERTIFICATE IN EMERGING INFECTIOUS DISEASE EPIDEMIOLOGY	GRAY	CDC	8/26/2008-6/30/2010	40,000	40,000	N	N
IOWA CANCER REGISTRY	LYNCH	IOWA BOARD OF REGENTS	7/1/1991-6/30/2009	3,466,309	190,326	Y	N
THE AGRICULTURAL HEALTH STUDY - IOWA FIELD STATION	LYNCH	NIH	12/30/2003-8/31/2010	3,704,009	100,000	Y	N
SEER (SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS) PROGRAM, MODIFICATION 15	LYNCH	NIH	8/1/2003-7/31/2010	27,758,954	4,157,783	Y	N
SEER CONTRACT	LYNCH	NIH	8/1/2003-7/31/2010	27,758,954	537,777	Y	N
SEER (SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS) PROGRAM, MODIFICATION 18	LYNCH	NIH	8/1/2003-7/31/2010	27,758,954	3,200,000	Y	N
DEFINING MOLECULAR SUBTYPES OF LYMPHOMA FOR RELEVANCE TO SURVIVAL, ETIOLOGY AND DIAGNOSIS	LYNCH	NIH	9/15/2007-3/14/2009	71,815	71,815	N	N
OVARIAN CANCER HETEROGENEITY BY HISTOPATHOLOGY	LYNCH	WESTAT INC	7/1/2008-5/26/2009	7,719	7,719	N	N
FIELD STATION SUBCONTRACT FOR THE NIEHS SUPPORT SERVICES PROJECT - LUNG HEALTH STUDY	LYNCH	SOC & SCI SYSTEMS INC	9/15/2008-9/14/2012	24,283	24,283	N	N
STUDY OF ALS IN THE FARMING ENVIRONMENT-IOWA FIELD STATION	LYNCH	SOC & SCI SYSTEMS INC	3/1/2009-2/28/2010	1,276	1,276	N	N
OMEGA-3 FATTY ACID BIOMARKERS AND COGNITIVE DECLINE IN WHIMS	ROBINSON	SANFORD RES/USD	1/15/2009-1/14/2010	63,501	63,501	N	N
BENEFIT OF RISK FACTOR INTERVENTION WITH ADVANCING AGE	ROBINSON	MERCK/SCHER-PLOUGH	3/20/2009-9/19/2010	165,908	165,908	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
A YEAR 2 LONG-TERM, OPEN-LABEL, SAFETY EXTENSION STUDY OF THE COMBINATION OF ABT-335 AND STATIN THERAPY FOR SUBJECTS WITH MIXED DYSLIPIDEMIA	ROBINSON	ABBOTT LABS	2/1/2009-7/1/2009	1,500	1,500	N	N
A MULTICENTER, DOUBLE-BLIND, RANDOMIZED, PLACEBO-CONTROLLED STUDY TO EVALUATE THE EFFICACY, SAFETY AND TOLERABILITY OF AVE5530 WHEN ADDED TO ONGOING STABLE STATIN THERAPY AT HIGH DOSES IN PATIENTS WITH SEVERE PRIMARY HYPERCHOLESTEROLEMIA	ROBINSON	SANOFI-AVENTIS	2/5/2009-2/14/2011	104,086	104,086	N	N
A MULTICENTER, RANDOMIZED, OPEN LABEL, ACTIVE-COMPARATOR CONTROLLED STUDY TO ASSESS THE EFFICACY, SAFETY AND TOLERABILITY OF RO5073031 COMPARED TO EXENATIDE BID IN PATIENTS WITH TYPE 2 DIABETES MELLITUS INADEQUATELY CONTROLLED WITH METFORMIN, THIAZOLIDINE	ROBINSON	HOFFMAN-LAROCHE	11/14/2008-2/29/2012	152,776	110,760	N	N
A RANDOMIZED, DOUBLE-BLIND, ACTIVE-CONTROLLED, MULTICENTER STUDY OF PATIENTS WITH PRIMARY HYPERCHOLESTEROLEMIA AND HIGH CARDIOVASCULAR RISK AND NOT ADEQUATELY CONTROLLED WITH ATORVASTATIN 20 MG: A COMPARISON OF SWITCHING TO A COMBINATION TABLET EZETIMIBE	ROBINSON	MERCK & CO INC	3/16/2009-8/1/2011	72,197	72,197	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
A PHASE 3, RANDOMIZED, DOUBLE-BLIND, DOUBLE-DUMMY, PARALLEL GROUP, MULTI-CENTER, MULTI-NATIONAL STUDY FOR EVALUATION OF EFFICACY AND SAFETY OF DU-176B VERSUS WARFARIN IN SUBJECTS WITH ATRIAL FIBRILLATION - EFFECTIVE ANTICOAGULATION WITH FACTOR XA NEXT GEN	ROBINSON	DAIICHI SANKYO INC	2/5/2009-3/1/2011	199,662	199,662	N	N
A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, PARALLEL-GROUP STUDY TO EVALUATE LOW DOSES OF THE MTP-INHIBITOR AEGR-733 ON HEPATIC FAT ACCUMULATION AS MEASURED BY MAGNETIC RESONANCE SPECTROSCOPY	ROBINSON	AEGERION PHARM INC	12/28/2007-12/31/2009	259,375	51,875	N	N
A CLINICAL OUTCOMES STUDY OF DARAPLADIB VERSUS PLACEBO IN SUBJECTS WITH CHRONIC CORONARY HEART DISEASE TO COMPARE THE INCIDENCE OF MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE): THE STABILISATION OF ATHEROSCLEROTIC PLAQUE BY INITIATION OF DARAPLADIB THERAPY	ROBINSON	GSK	12/26/2008-11/15/2010	700,794	688,794	N	N
A MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, 12-WEEK STUDY TO EVALUATE THE EFFICACY AND SAFETY OF EXTENDED RELEASE (ER) NIACIN/LAROPIPRANT WHEN ADDED TO ONGOING LIPID-MODIFYING THERAPY IN DYSLIPIDEMIC PATIENTS	ROBINSON	MERCK & CO INC	11/1/2008-11/30/2008	1,500	1,500	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
AN 8-WEEK, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, FOUR-ARM, PARALLEL-GROUP STUDY COMPARING THE SAFETY AND EFFICACY OF ABT-143 TO SIMVASTATIN IN SUBJECTS WITH HYPERCHOLESTEROLEMIA	ROBINSON	ABBOTT LABS	2/1/2009-7/1/2009	2,500	2,500	N	N
IOWA STILLBIRTH SURVEILLANCE PROJECT (ISSP)	ROMITTI	IDPH	9/30/2005-9/29/2010	1,417,507	194,869	Y	N
MULTI-STATE, POPULATION-BASED EVALUATION OF BIRTH DEFECTS AND RISK FOR CANCER	ROMITTI	U UTAH SCHOOL OF MED	9/30/2008-9/29/2009	85,749	68,653	N	N
POPULATION STUDY OF CRANIOSYNOSTOSIS	ROMITTI	MT SINAI SCHOOL OF MED	9/30/2007-9/29/2009	380,510	169,329	N	Y
MD STARNET - NEW YORK	ROMITTI	HEALTH RESEARCH INC	9/1/2006-8/31/2009	200,741	48,441	N	N
SURVEILLANCE AND EPIDEMIOLOGIC RESEARCH OF DUCHENNE AND BECKER MUSCULAR DYSTROPHY	ROMITTI	CDC	9/30/2002-8/31/2011	7,495,064	799,090	N	N
IOWA STILLBIRTH SURVEILLANCE PROJECT (ISSP)	ROMITTI	IDPH	9/30/2005-9/29/2010	1,417,507	194,869	Y	N
ENHANCED POPULATION-BASED SURVEILLANCE OF CONFIRMED NEWBORN SCREENING CASES VIA NEWBORN SCREENING AND BIRTH DEFECTS SURVEILLANCE PROGRAMS: IOWA NEWBORN SCREENING SURVEILLANCE PROJECT (INSSP)	ROMITTI	IDPH	9/30/2005-9/29/2010	1,417,507	95,184	Y	Y
MASSACHUSETTS NATIONAL BIRTH DEFECTS PREVENTION STUDY	ROMITTI	MASS DPH	5/6/2009-11/30/2013	26,602	26,602	N	N
IOWA CENTER FOR BIRTH DEFECTS RESEARCH AND PREVENTION	ROMITTI	CDC	12/1/2008-11/30/2009	4,682,329	682,329	Y	N
IOWA REGISTRY FOR CONGENITAL AND INHERITED DISORDERS	ROMITTI	IOWA BOARD OF REGENTS	7/1/1998-6/30/2009	529,620	48,891	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
SURVEILLANCE AND EPIDEMIOLOGIC RESEARCH OF DUCHENNE AND BECKER MUSCULAR DYSTROPHY	ROMITTI	CDC	9/30/2002-8/31/2011	7,495,064	105,000	N	Y
IS MOTIVATIONAL INTERVIEWING AN EFFECTIVE INTERVENTION FOR WOMEN COPING WITH IPV?	SAFTLAS	CDC	9/1/2006-8/31/2010	886,197	292,199	N	N
PREVALENCE AND CHARACTERIZATION OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) IN PIGS AND FARM WORKERS ON CONVENTIONAL AND ANTIBIOTIC FREE SWINE FARMS IN THE USA	SMITH T	NATL PORK BOARD	8/1/2008-1/1/2010	30,000	30,000	N	Y
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	7/1/2008-9/30/2009	65,100	52,000	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006-9/30/2009	161,757	41,500	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006-9/30/2009	106,933	34,400	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	VA	6/1/2006-9/30/2009	90,400	33,000	N	N
INTERVENTION TO REDUCE DIETARY SODIUM IN HEMODIALYSIS	SNETSELAAR	U OF PITTSBURGH	4/1/2009-3/31/2013	29,571	12,687	N	N
ADOLESCENT DIET, HORMONES & BREAST CANCER SUSCEPTIBILITY	SNETSELAAR	FCCC	12/1/2003-6/30/2009	518,498	23,106	N	N
NUTRITION EXPERIENCES IN CANCER PREVENTION	SNETSELAAR	NIH	9/1/2006-8/31/2011	1,565,919	310,104	N	Y
ADA-DBPRN DIRECTORSHIP	SNETSELAAR	ADA	8/1/2005-7/31/2010	208,000	40,000	Y	N
PROMOTING HEALTH AND REDUCING OBESITY IN CHILDREN: BUILDING A NATIONAL MODEL FOR COMMUNITY-BASED PROGRAMS	SNETSELAAR	CARVER CHARTIABLE TR	11/1/2007-10/31/2010	150,000	50,000	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
IOWANS FIT FOR LIFE	SNETSELAAR	IDPH	3/1/2009-12/31/2009	9,000	9,000	Y	N
IMPROVING THE HEALTH OF THE RURAL UPPER MIDWEST THROUGH COMMUNITY PARTNERSHIPS	SNETSELAAR	CDC	9/30/2002-9/29/2010	5,497,540	725,000	Y	Y
MULTICENTER OSTEOARTHRITIS STUDY (MOST)	TORNER	NIH	9/30/2001-6/30/2014	7,316,055	1,192,440	Y	N
UNRUPTURED INTRACRANIAL ANEURYSMS: NEUROLOGIC OUTCOME	TORNER	MAYO CLINIC	3/1/2007-2/28/2009	78,000	78,000	N	N
INFLAMMATION, INFLAMMATORY, MEDIATORS AND AGING	TORNER	UAB	9/30/2006-6/30/2010	57,814	20,401	N	N
STRUCTURAL CORRELATES OF KNEE PAIN	TORNER	BU	8/11/2006-7/31/2009	157,745	32,861	N	N
FIELD CENTERS FOR THE WOMEN'S HEALTH INITIATIVE EXTENSION	WALLACE	NIH	3/15/1993-9/30/2010	18,509,339	199,140	N	N
NATIONAL STUDY OF DISABILITY TRENDS AND DYNAMICS	WALLACE	JHU	9/30/2008-8/31/2009	129,237	64,875	N	N
LUNG CANCER CARE OUTCOMES/SURVEILLANCE CONSORTIUM - IOWA	WALLACE	NIH	9/20/2001-8/31/2009	3,868,100	68,000	N	N
HEALTH AND RETIREMENT STUDY (HRS)	WALLACE	U MICHIGAN	6/1/1992-12/31/2009	1,535,298	117,553	N	Y
HEALTH, WEALTH, AND PENSIONS OVER THE LIFE COURSE	WALLACE	U MICHIGAN	3/15/2007-2/28/2010	47,058	15,580	N	N
TOTAL					**19,891,854**		
HEALTH MANAGEMENT AND POLICY							
PROMOTING WELLNESS AND REDUCING OBESITY AMONG CHILDREN	PRYBIL	PRINCIPAL FIN GRP FND	7/1/2008-6/30/2013	100,000	50,000	Y	N
HEALTH SERVICE USE AT THE END OF LIFE: A BIRACIAL POPULATION STUDY OF AD	WOLINSKY	RUSH U MED CTR	8/1/2008-5/31/2011	48,569	48,569	N	N
ED USE PATTERNS, ANTECEDENTS, AND CONSEQUENCES IN OLDER ADULTS	WOLINSKY	NIH	2/15/2008-1/31/2010	335,585	152,315	N	N

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
PHYSICAL FRAILTY IN URBAN AFRICAN-AMERICANS	WOLINSKY	INDIANA U	5/1/2004-4/30/2010	336,836	63,780	N	N
POSTDOCTORAL FELLOWSHIP PROGRAM IN HSR&D	WOLINSKY	VA	7/1/2005-9/30/2010	435,000	88,000	N	N
TOTAL					**402,664**		
OCCUPATIONAL & ENVIRONMENTAL HEALTH							
A HIGH-FLOW PERSONAL SAMPLER FOR INHALABLE AEROSOL	ANTHONY	COLORADO ST U	1/1/2009-7/31/2009	31,395	31,395	N	Y
EXPOSURE VARIABILITY AMONG WORKERS PERFORMING NON-CYCLIC WORK	FETHKE	UAB	1/2/2009-6/30/2009	14,609	14,609	N	N
EPIDEMIOLOGICAL AND MEDICAL MONITORING OF FORMER DEPARTMENT OF DEFENSE (DOD) WORKERS AT THE IOWA ARMY AMMUNITION PLANT (IAAAP) IN MIDDLETOWN, IOWA: ANALYSES OF COHORT MORTALITY/CANCER INCIDENCE AND SURVEILLANCE FOR THE PREVALENCE OF POSITIVE BERYLLIUM LYM	FUORTES	DOD, ARMY	9/29/2005-9/28/2010	3,981,499	914,988	Y	Y
THE UNIVERSITY OF IOWA-FORMER WORKER PROGRAM (UI-FWP) FOR THE BURLINGTON ATOMIC ENERGY COMMISSION PLANT (BAECP) AND AMES LABORATORY	FUORTES	DOE	6/20/2006-1/31/2010	5,976,610	238,284	Y	N
THE UNIVERSITY OF IOWA-FORMER WORKER PROGRAM (UI-FWP) FOR THE BURLINGTON ATOMIC ENERGY COMMISSION (BEACP) AND AMES LABORATORY	FUORTES	DOE	6/20/2006-1/31/2010	5,976,610	1,243	Y	Y
HEALTHIER WORKFORCE CENTER FOR EXCELLENCE	MERCHANT	CDC	9/1/2006-8/31/2011	5,500,000	1,000,000	Y	N
HEALTHIER WORKFORCE CENTER FOR EXCELLENCE	MERCHANT	CDC	9/1/2006-8/31/2011	5,500,000	1,000,000	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
TRANSLATION OF A WORKPLACE VIOLENCE PREVENTION PROGRAM TO BUSINESSES AT HIGH RISK FOR ROBBERY AND VIOLENT CRIME	PEEK-ASA	UNC-CH	9/1/2008-8/31/2010	133,070	65,668	Y	N
VIOLENCE AGAINST HOME HEALTH AND HOSPICE WORKERS	PEEK-ASA	UNC-CH	9/1/2006-8/31/2010	127,745	74,405	Y	Y
PARENT-BASED INTERVENTION TO INCREASE SAFE TEEN DRIVING	PEEK-ASA	CDC	9/30/2006-9/29/2009	750,001	250,001	Y	N
THE UNIVERSITY OF IOWA INJURY PREVENTION RESEARCH CENTER	PEEK-ASA	CDC	8/1/2007-7/31/2012	4,487,310	858,384	Y	N
PERSONAL EXPOSURE TO ENGINEERING NANOPARTICLES	PETERS	CDC	9/1/2007-8/31/2010	320,864	106,947	N	Y
PASSIVE SAMPLE ANALYSIS AND DATA INTERPRETATION RESULTS REPORT	PETERS	EPA	2/1/2009-1/31/2010	32,000	32,000	N	N
SUBCONTRACT WITH LAUSD: READINESS AND MANAGEMENT PROGRAM	RAMIREZ	LAUSD	10/6/2008-12/1/2009	40,000	40,000	Y	Y
SEMI-VOLATILE PCBS: SOURCES, EXPOSURES, TOXICITIES	ROBERTSON	NIEHS/NIH	5/12/2006-3/31/2010	16,539,412	3,059,879	N	N
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH	SANDERSON	CDC/NIOSH	9/30/2001-9/29/2011	12,270,729	1,072,309	Y	Y
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH	SANDERSON	CDC	9/30/2001-9/29/2011	12,270,729	160,000	Y	Y
HIGH PLAINS INTERMOUNTAIN CENTER FOR AGRICULTURAL HEALTH & SAFETY - AGRICULTURAL CENTER EVALUATION (ACE)	SANDERSON	COLORADO ST U	9/15/2008-9/14/2009	10,000	10,000	Y	N
STUDY OF ALLERGEN, GENETICS AND ENDOTOXIN (SAGE)	THORNE	NATL JEWISH MED/RES	10/1/2006-1/31/2010	30,239	11,063	N	N
EXPOSURE AND HEALTH ASSESSMENT OF FAMILIES RE-OCCUPYING FLOODED HOMES	THORNE	NIH	9/29/1990-3/31/2012	25,701,414	74,401	Y	N
SPATIAL INVESTIGATION OF SOURCES, COMPOSITION, AND LONG-TERM HEALTH EFFECTS OF COARSE PARTICULATE MATTER IN THE MULTI-ETHNIC STUDY OF ATHEROSCLEROSIS (MESA) COHORT	THORNE	UW	8/1/2008-1/31/2010	29,332	29,332	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
ENVIRONMENTAL HEALTH SCIENCES RESEARCH CENTER	THORNE	NIH	9/29/1990-3/31/2012	25,701,414	1,464,099	N	Y
IOWA FATALITY ASSESSMENT AND CONTROL EVALUATION (FACE) PROGRAM	ZWERLING	IDPH	2/1/1995-6/30/2010	1,805,596	117,931	Y	N
TOTAL					**10,626,938**		

*Faculty who left UI prior to September 1, 2009 and are not included in table 4.1.a.

**The Center on Aging is a co-sponsored center with the Carver College of Medicine

NOTE: 1) The fiscal year in which the award is counted is determined by when the award is coded as "funded" by the UI Division of Sponsored Programs Office and may not match the funding period start and end dates. 2) Subprojects are not listed separately they are included in the primary source of funds. 3) This table only includes research grant funding, not funding related to training or service grants/contracts.

Research Activity
Primary Faculty
FY2010

CB=Community Based Research Project
SP=Student Participation on Project

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
BIOSTATISTICS							
CLINICAL ISLET TRANSPLANTATION: DATA COORDINATING CENTER	CLARKE	NIH	9/30/2004 - 7/31/2012	48,498,447	3,875,441	N	N
A COLLABORATIVE MODEL TO IMPROVE BP CONTROL AND MINIMIZE RACIAL DISPARITIES – DCC	CLARKE	NIH	4/15/2009 – 2/28/2014	3,615,947	792,045	N	N
THE PARKINSON'S PROGRESSION MARKERS INITIATIVE STATISTICAL CORE	COFFEY	FOX FND/PARKINSON'S RES	10/1/2009 - 10/26/2010	27,438	27,438	N	N
SECONDARY PREVENTION OF SMALL SUBCORTICAL STROKES (SPS3)	COFFEY	U BRITISH COLUMBIA	12/1/2009 - 12/31/2012	33,296	33,296	N	N
THE PARKINSON'S PROGRESSION MARKERS INITIATIVE STATISTICAL CORE	COFFEY	MJFF	10/1/2009 – 4/1/2015	229,646	202,208	N	N
IPA: EFFECT OF AEROBIC EXERCISE IN PARKINSON'S DISEASE	DAWSON	ICVAMC	1/1/2009 - 12/31/2010	31,000	15,500	N	N
AMENDMENT FOR THE CARE FOR YOURSELF PROGRAM DATA MANAGEMENT	PENDERGAST	IDPH	8/1/1995 - 6/29/2012	2,395,308	9,940	N	Y
CARE FOR YOURSELF DATA MANAGEMENT	PENDERGAST	IDPH	8/1/1995 - 6/29/2012	2,395,308	280,000	N	Y
GENETIC MODIFIERS OF VON WILLEBRAND DISEASE: STATISTICAL ANALYSES	WANG	U COLORADO DENVER	9/1/2008 - 1/31/2012	142,599	142,599	N	N
GENETIC MODIFIERS OF VON WILLEBRAND DISEASE	WANG	U COLORADO DENVER	9/1/2008 – 1/31/2012	217,028	74,429	N	N
TOTAL					**5,452,896**		

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
COMMUNITY & BEHAVIORAL HEALTH							
IOWA UNINTENDED PREGNANCY PROJECT: RADIO SERIALS DRAMAS (AFRICAN AMERICAN)	CAMPO	UAB	1/1/2008 - 12/31/2009	559,353	85,710	N	Y
IOWA UNINTENDED PREGNANCY PROJECT: RADIO SERIALS DRAMAS (HISPANIC)	CAMPO	UAB	1/1/2008 - 12/31/2009	559,353	137,106	N	N
IOWA INITIATIVE TO REDUCE UNINTENDED PREGNANCIES PROJECT: SOCIAL MARKETING – COLLEGE PROJECT	CAMPO	UNI	1/1/2008 – 12/30/2012	1,324,720	260,955	Y	Y
IOWA INITIATIVE TO REDUCE UNINTENDED PREGNANCIES PROJECT: SOCIAL MARKETING – STATEWIDE PROJECT	CAMPO	UNI	1/1/2008 – 12/30/2012	3,116,266	1,925,457	Y	Y
BUILDING RESEARCH INFRASTRUCTURE FOR THE CROW COMMUNITY (BRICC)	COULTER	LBHC	9/11/2008 – 7/31/2012	6,918	4,118	Y	N
SCREEN FOR LIFE	KIM	IDPH	2/1/2004 - 6/26/2012	373,945	22,652	Y	Y
UNIVERSITY OF IOWA PREVENTION RESEARCH CENTER FOR RURAL HEALTH	NOTHWEHR	CDC	3/1/2010 - 2/28/2015	4,713,401	790,000	Y	N
SEXUAL VIOLENCE PREVENTION	YANG	IDPH	11/1/2006 - 10/31/2010	28,446	8,738	Y	N
SEXUAL VIOLENCE PREVENTION	YANG	IDPH	11/1/2006 - 10/31/2009	19,708	9,000	Y	N
TOTAL					**3,243,736**		
CENTER ON AGING**							
THE IOWA STUDY ON PROMOTING HEALTH AND SUCCESSFUL AGING WITHIN ACADEMIC INSTITUTIONS	KASKIE	TIAA-CREF FOUNDATION	10/1/2009 - 9/30/2010	205,925	110,579	N	N
THE IOWA STUDY ON PROMOTING HEALTHY AND SUCCESSFUL AGING WITHIN ACADEMIC INSTITUTIONS	KASKIE	TIAA-CREF FOUNDATION	10/1/2009 – 9/30/2011	265,225	133,492	N	N
TOTAL					**244,071**		

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
EPIDEMIOLOGY							
MUSCATINE ADOLESCENT HEALTH SURVEY: 2010	BURNS	CARVER CHARITABLE TRUST	8/1/2009 - 7/31/2010	301,080	301,080	Y	N
PERSONAL HEALTH RECORDS AND ELDER MEDICATION USE QUALITY	CHRISCHILLES	AHRQ	9/7/2007 - 8/31/2010	1,199,995	394,947	N	N
UNIVERSITY OF IOWA OLDER ADULTS CERT	CHRISCHILLES	AHRQ	4/14/2006- 3/31/2011	4,095,191	800,000	N	Y
ARRA: SUN EXPOSURE AND MELANOMA IN AGRICULTURAL WORKERS	DENNIS	NIH	6/1/2005 - 8/31/2011	790,195	107,950	N	N
PROSPECTIVE STUDIES OF AVIAN INFLUENZA TRANSMISSION IN ASIA	GRAY	NIH	8/15/2006 - 7/31/2010	2,417,461	64,002	N	N
PROSPECTIVE STUDIES OF AVIAN INFLUENZA TRANSMISSION IN ASIA	GRAY	NIH	8/15/2006 - 7/31/2010	2,417,461	297,097	N	N
FOLLOW-UP OF CONTROLS FROM THE CANCER AND DRINKING WATER CONTAMINANTS CASE-CONTROL STUDY	LYNCH	NIH	9/8/2008 - 9/7/2009	7,323	7,323	N	N
SEER SPECIAL STUDY #07-9: EXPANDED ADOLESCENT AND YOUNG ADULT STUDY AND SEER RRSS# 09-12: PATTERNS OF CARE DIAGNOSIS YEAR 2008	LYNCH	NIH	8/1/2003 - 7/31/2010	27,758,954	73,282	N	N
THE AGRICULTURAL HEALTH STUDY - IOWA FIELD STATION	LYNCH	NIH	12/30/2003 - 8/31/2010	4,363,852	659,843	Y	Y
SEER (SURVEILLANCE, EPIDEMIOLOGY AND END RESULTS) PROGRAM, MODIFICATION 20	LYNCH	NIH	8/1/2003 - 7/31/2010	35,368,697	1,073,170	Y	N
IOWA CANCER REGISTRY	LYNCH	IOWA BOARD OF REGENTS	7/1/1991 - 6/30/ 2010	3,620,975	154,666	Y	N
STUDY OF MOLECULAR CHRACTERISTICS OF TRIPHASIC TUMORS CODED AS BURKITT LYMPHOMA	LYNCH	NIH	8/8/2009 – 8/8/2010	8,580	8,580	N	N
GENOME-WIDE ASSOCIATION STUDY OF RADIATION EXPOSURE AND BILATERAL BREAST CANCER	LYNCH	MEM SLOAN-KETTERING	4/1/2009 – 2/28/2014	133,807	133,807	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
FORTEO PATIENT REGISTRY	LYNCH	RTIHS	1/1/2010 – 12/31/2021	7,744	7,744	N	N
WOMEN'S HEALTH INITIATIVE MEMORY STUDY (WHIMS ECHO)	ROBINSON	WAKE FOREST U	8/1/2008 - 12/31/2010	3,093	3,093	N	N
WOMEN'S HEALTH INITIATIVE MEMORY STUDY WHIMS-MRI 2	ROBINSON	WAKE FOREST U	8/1/2008 - 12/31/2010	107,101	107,101	N	N
WOMEN'S HEALTH INITIATIVE MEMORY STUDY WHIMS-Y	ROBINSON	WAKE FOREST U	10/1/2008 - 6/30/2011	7,438	7,438	N	N
A MULTICENTER, RANDOMIZED, OPEN LABEL, ACTIVE-COMPARATOR CONTROLLED STUDY TO ACCESS THE EFFICACY, SAFETY AND TOLERABILITY OF RO5073031 COMPARED TO EXENATIDE BID IN PATIENTS WITH TYPE 2 DIABETES MELLITUS INADEQUATELY CONTROLLED WITH METFORMIN, THIAZOLIDINEDIONE OR A COMBINATION OF BOTH	ROBINSON	HOFFMAN-LAROCHE INC	11/14/2008 - 2/29/2012	152,776	42,016	N	N
A CLINICAL OUTCOMES STUDY OF DARAPLADIB VERSUS PLACEBO IN SUBJECTS WITH CHRONIC CORONARY HEART DISEASE TO COMPARE THE INCIDENCE OF MAJOR ADVERSE CARDIOVASCULAR EVENTS (MACE)	ROBINSON	GSK	12/26/2008 - 11/15/2010	700,794	12,000	N	N
A 30-WEEK, MULTICENTER, RANDOMIZED, DOUBLE-BLIND, PARALLEL-GROUP STUDY OF THE COMBINATION OF ABT-335 AND ROSUVASTATIN COMPARED TO ROSUVASTATIN MONOTHERAPY IN DYSLIPIDEMIC SUBJECTS WITH STAGE 3 KIDNEY DISEASE	ROBINSON	ABBOTT LABS	12/11/2009 - 12/31/2010	262,284	262,284	N	N
WHIMS-ECHO	ROBINSON	WAKE FOREST U	8/1/2008 - 9/30/2010	6,089	2,996	N	N
WHIMS-Y	ROBINSON	WAKE FOREST U	10/1/2008 - 9/30/2010	7,839	401	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
A Clinical Outcomes Study of Darapladib versus Placebo in Subjects with Chronic Coronary Heart Disease to Compare the Incidence of Major Adverse Cardiovascular Events (MASE). (Short title: The STabilisation of Atherosclerotic plaque By Initiation of DARAP	Robinson	GSK	12/16/2008 - 11/15/2010	705,794	5,000	N	N
A Randomized, Double-Blind, Active-Controlled, Multicenter, Crossover Study to Evaluate the Efficacy and Safety of Ezetimibe/Atorvastatin 10 MG/20 MG Fixed-dose Combination Tablet Compared to Co-Administration of Marketed Ezetimibe 10 MG and Atorvastatin	Robinson	Merck & Co	1/1/2010 – 12/31/2010	99,038	500	N	N
New York National Birth Defects Prevention Study	Romitti	Health Research Inc	5/1/2009 - 11/30/2009	232,155	99,676	N	N
Surveillance and Epidemiologic Research of Duchenne and Becker Muscular Dystrophy	Romitti	CDC	9/30/2002 - 8/31/2011	7,495,064	799,090	N	N
MD STARnet - New York	Romitti	Health Research Inc	9/1/2006 - 8/31/2010	200,741	35,312	N	N
MD STARnet - Colorado	Romitti	CDPHE	9/1/2009 - 8/31/2010	35,360	35,360	N	N
Population Study of Craniosynostosis	Romitti	Mt Sinai School Med	9/30/2007 - 9/29/2010	380,510	44,928	N	N
Iowa Center for Birth Defects Research and Prevention (ICBDRP)	Romitti	CDC	5/1/2009 - 11/30/2013	4,632,329	950,000	Y	Y
Iowa Registry for Congenital and Inherited Disorders	Romitti	Iowa Board of Regents	7/1/1998 - 6/30/2010	569,351	39,731	Y	N
Massachusetts National Birth Defects Prevention Study	Romitti	MADPH	5/6/2009 – 12/31/2009	64,974	38,372	N	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
NEW YORK NATIONAL BIRTH DEFECTS PREVENTION STUDY	ROMITTI	HEALTH RESEARCH, INC.	5/1/2009 – 11/30/2010	232,155	132,479	N	N
IOWA STILLBIRTH SURVEILLANCE PROJECT (ISSP) AND IOWA NEWBORN SCREENING SURVEILLANCE PROJECT (INSSP)	ROMITTI	IDPH	9/30/2005 – 9/29/2010	1,512,691	290,053	Y	Y
MULTI-STATE POPULATION-BASED EVALUATION OF BIRTH DEFECTS AND RISK FOR CANCER	ROMITTI	UNIV UT SCHOOL OF MED	9/30/2008 – 9/29/2010	91,338	22,685	N	N
MOLECULAR EPIDEMIOLOGY OF HEAD AND NECK CANCER	SMITH E	ICVAMC	7/1/2008 - 9/30/2009	65,100	13,100	N	N
IDENTIFYING RISK FACTORS FOR SWINE, EQUINE AND AVIAN INFLUENZA TRANSMISSIONS	SMITH T	JACKSON FOUNDATION	2/21/2008 - 9/29/2010	1,660,000	445,000	N	Y
INTERVENTION TO REDUCE DIETARY SODIUM IN HEMODIALYSIS	SNETSELAAR	U PITTSBURGH	4/1/2009 - 3/31/2013	29,571	16,884	N	N
NUTRITION EXPERIENCES IN CANCER PREVENTION	SNETSELAAR	NIH	9/1/2006 - 8/31/2011	1,565,919	306,675	N	Y
ADA-DBPRN DIRECTORSHIP	SNETSELAAR	ADA	8/1/2005 - 7/31/2010	208,000	5,000	Y	N
ADA-DPBRN DIRECTORSHIP	SNETSELAAR	ADA	8/1/2005 - 7/31/2010	208,000	3,000	Y	N
ADA-DBPRN DIRECTORSHIP	SNETSELAAR	ADA	8/1/2005 - 7/31/2010	208,000	40,000	Y	N
PROMOTING HEALTH AND REDUCING OBESITY IN CHILDREN: BUILDING A NATIONAL MODEL FOR COMMUNITY-BASED PROGRAMS	SNETSELAAR	CARVER CHARITABLE TRUST	11/1/2007 - 10/31/2010	150,000	50,000	Y	N
PROMOTING WELLNESS AND REDUCING OBESITY AMONG CHILDREN	SNETSELAAR	PRINCIPAL FINANCIAL GROUP FOUNDATION	7/1/2008 – 6/30/2013	150,000	50,000	Y	Y
IOWANS FIT FOR LIFE	SNETSELAAR	IDPH	3/1/2009 – 6/30/2010	14,000	5,000	Y	N

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
ADA DNPRN DIRECTORSHIP	SNETSELAAR	ADA	8/1/2005 – 7/31/2010	213,000	5,000	Y	N
ESTABLISHMENT OF A STATE STROKE REGISTRY	TORNER	IDPH	7/31/2009 - 6/29/2010	111,512	111,512	Y	N
ARRA: PREDICTORS OF LONG-TERM OUTCOME OF UNRUPTURED INTRACRANIAL ANEURYSMS	TORNER	NIH	9/30/2009 - 8/31/2011	967,907	485,313	N	Y
MULTICENTER KNEE OSTEOARTHRITIS STUDY (MOST)	TORNER	NIH	9/30/2001 - 6/30/2014	7,316,055	990,233	Y	N
INFLAMMATION, INFLAMMATORY, MEDIATORS AND AGING	TORNER	UAB	9/30/2006 - 6/30/2010	57,814	20,486	N	N
COMBAT, SEXUAL ASSAULT, AND POSTTRAUMATIC STRESS IN OIF/OEF MILITARY WOMEN	TORNER	IOWA CITY VA RES FND	10/1/2009 - 9/30/2010	55,312	55,312	Y	N
MULTICENTER OSTEOARTHRITIS STUDY (MOST)	TORNER	NIH	9/30/2001 – 6/30/2014	7,307,083	888,267	Y	N
LUNG CANCER CARE OUTCOMES/SURVEILLANCE CONSORTIUM - IOWA	WALLACE	DANA-FABER CANCER CTR	9/1/2009 - 8/31/2010	200,777	200,777	N	Y
NATIONAL STUDY OF DISABILITY TRENDS AND DYNAMICS	WALLACE	JHU	9/30/2008 - 8/31/2010	129,237	64,362	N	N
FIELD CENTERS FOR THE WOMEN'S HEALTH INITIATIVE EXTENSION	WALLACE	NIH	3/15/1993 – 9/30/2010	18,542,339	33,000	N	N
HEALTH AND RETIREMENT STUDY (HRS)	WALLACE	U MICH	6/1/1992 – 12/31/2010	1,535,298	120,708	N	Y
DES MOINES PROJECT LAUNCH	WALLIS	IDPH	12/1/2009 - 9/29/2010	82,450	82,450	Y	Y
TOTAL					**11,006,085**		

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
HEALTH MANAGEMENT AND POLICY							
CONTINUED OVERSIGHT OF HYSQ INITIATIVE	CURRY	U ILL CHICAGO	8/1/2008 - 11/30/2009	47,658	47,658	N	N
TOBACCO DEPENDENCE: TREATMENT OUTCOMES	CURRY	GROUP HEALTH COOP	9/1/2008 - 8/31/2009	30,724	30,724	N	N
INCREASING YOUNG ADULT SMOKERS' DEMAND FOR INTERNET-BASED CESSATION TREATMENT	CURRY	U ILLINOIS CHICAGO	5/1/2009 - 2/28/2010	53,307	53,307	N	N
INCREASING YOUNG ADULT SMOKERS' DEMAND FOR INTERNET-BASED CESSATION TREATMENT	CURRY	U ILLINOIS CHICAGO	5/1/2009 – 2/18/2011	107,346	54,039	N	N
PROMOTING WELLNESS AND REDUCING OBESITY AMONG CHILDREN	PRYBIL	PRINCIPAL FIN GROUP FND	7/1/2008 - 6/30/2013	100,000	50,000	Y	N
CHIROPRACTIC USE PATTERNS, AND THEIR ANTECEDENTS AND CONSEQUENCES IN OLDER ADULTS	WOLINSKY	NIH	7/1/2009 - 6/30/2011	407,546	222,523	N	Y
ARRA: RCT OF TWO SPEED OF PROCESSING MODES TO PREVENT COGNITIVE DECLINE IN OLDER ADULTS	WOLINSKY	NIH	9/30/2009 - 9/29/2011	996,755	499,578	N	Y
USE OF HEALTH SERVICES BY CAREGIVERS IN AN OLDER BIRACIAL POPULATION SAMPLE	WOLINSKY	RUSH U MED CTR	8/4/2009 - 6/30/2010	79,005	79,005	N	N
HEALTH SERVICE USE AT THE END OF LIFE: A BIRACIAL POPULATION STUDY OF AD	WOLINSKY	RUSH U MED CTR	8/1/2008 - 5/31/2011	99,425	50,856	N	N
CHIROPRACTIC USE PATTERNS, AND THEIR ANTECEDENTS AND CONSEQUENCES IN OLDER ADULTS	WOLINSKY	NIH	7/1/2009 – 6/30/2011	405,696	183,173	N	N

Project Name	PI	Funding Source	Funding Period Start/End	Amount Total Award ($)	Amount Current Year ($)	Y/N CB	Y/N SP
CO-MANAGEMENT OF BACK PAIN BY CHIROPRACTIC AND MEDICAL PHYSICIANS	WOLINSKY	PALMER CHIROPRACTIC UNIV	9/1/2009 – 8/31/2012	135,431	135,431	N	N
TOTAL					**1,406,294**		
OCCUPATIONAL AND ENVIRONMENTAL HEALTH							
CFD INVESTIGATION OF PARTICLE INHALABILITY IN LOW WINDSPEEDS	ANTHONY	CDC	6/1/2009 - 5/31/2013	323,082	139,922	N	Y
CFD INVESTIGATION OF PARTICLE INHALABILITY IN LOW WINDSPEEDS	ANTHONY	CDC	6/1/2009 - 5/31/2013	323,082	183,160	N	Y
CGD INVESTIGATION OF PARTICLE INHALABILITY IN LOW WINDSPEEDS	ANTHONY	CDC	6/1/2009 – 5/31/2013	506,242	183,160	N	Y
EVALUATION OF AN INTERVENTION TO REDUCE TRUNK FLEXION AMONG STUD WELDERS	FETHKE	CTR PROTECT WORKERS'	6/18/2009 - 12/31/2009	17,385	17,385	N	N
THE UNIVERSITY OF IOWA-FORMER WORKER PROGRAM (UI-FWP) FOR THE BURLINGTON ATOMIC ENERGY COMMISSION PLANT AND AMES LABORATORY: INCREMENTAL FUNDING, FY 2008-2009	FUORTES	DOE	6/20/2006 - 1/31/2010	5,976,610	341,081	Y	Y
BURLINGTON ATOMIC ENERGY COMMISSION PLANT AND AMES LABORATORY FORMER WORKER MEDICAL SCREENING PROGRAM (FWP): FY 2009 SUPPLEMENTAL CONGRESSIONAL APPROPRIATIONS	FUORTES	DOE	6/20/2006 - 1/31/2010	5,976,610	924,858	Y	Y
EPIDEMIOLOGICAL AND MEDICAL MONITORING OF FORMER DEPARTMENT OF DEFENSE (DOD) WORKERS AT THE IOWA ARMY AMMUNITION PLANT (IAAAP) IN MIDDLETOWN, IOWA: ANALYSES OF COHORT MORTALITY/CANCER INCIDENCE	FUORTES	DOD, ARMY	9/29/2005 - 9/28/2010	3,981,499	780,000	Y	Y

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
AND SURVEILLANCE FOR THE PREVALENCE OF POSITIVE BERYLLIUM LYMPHOCYTE PROLIFERATION TESTS							
FORMER WORKER MEDICAL SCREENING PROGRAM (FWP), FY2010-2011 CONTINUATION APPLICATION	FUORTES	DOE	6/20/2006 – 1/31/2011	7,057,319	1,000,000	Y	Y
ARRA: NEUROLOGICAL OUTCOMES AMONG PESTICIDE APPLICATORS	GERR	NIH	9/9/2005 - 8/31/2010	1,706,007	207,481	N	N
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH AND SAFETY	GERR	CDC	9/30./2001 – 9/29/2011	12,484,019	213,290	Y	Y
HEALTHIER WORKFORCE CENTER FOR EXCELLENCE	MERCHANT	CDC	9/1/2006 - 8/31/2011	5,500,000	100,000	Y	Y
EVALUATION OF POLICIES AND PROCEDURES TO PREVENT WORKER-ON-WORKER VIOLENCE	PEEK-ASA	CDC	8/1/2009 - 7/31/2011	419,187	233,499	Y	Y
THE UNIVERSITY OF IOWA INJURY PREVENTION RESEARCH CENTER	PEEK-ASA	CDC	8/1/2007 - 7/31/2012	4,487,310	974,403	Y	N
TRANSLATION OF A WORKPLACE VIOLENCE PREVENTION PROGRAM TO BUSINESSES AT HIGH RISK FOR ROBBERY AND VIOLENT CRIME	PEEK-ASA	UNC-CH	9/1/2008 - 8/31/2010	133,070	67,402	Y	Y
LABORATORY DETERMINATION OF DEPOSITION VELOCITY AND COAGULATION FOR NANO-CE02 FUEL ADDITIVE	PETERS	EPA	4/8/2010 – 4/12/2011	79,070	79,070	N	Y
SEMI-VOLATILE PCBS: SOURCES, EXPOSURES, TOXICITIES	ROBERTSON	NIH	5/12/2006 – 3/31/2015	29,163,928	3,055,625	Y	Y
GREAT PLAINS CENTER FOR AGRICULTURAL HEALTH ADMINISTRATIVE	SANDERSON	CDC	9/30/2001 - 9/29/2011	12,270,729	6,250	Y	Y

						Y/N	
Project Name	**PI**	**Funding Source**	**Funding Period Start/End**	**Amount Total Award ($)**	**Amount Current Year ($)**	**CB**	**SP**
ARRA: GALLIUM, A POTENTIAL NEW THERAPEUTIC FOR CF AIRWAY INFECTIONS	THORNE	U WASH SCH MEDICINE	7/1/2009 - 6/30/2010	76,088	76,088	N	N
STUDY OF ALLERGEN, GENETICS, AND ENDOTOXIN (SAGE)	THORNE	NATL JEWISH MED AND RES CTR	10/1/2006 – 3/31/2010	33,075	2,836	N	N
ENVIRONMENTAL HEALTH SCIENCES RESEARCH CENTER	THORNE	NIH	9/29/1990 – 3/31/2012	25,535,046	1,454,802	Y	Y
ENDOTOXIN ANALYSIS OF HOUSE DUST	THORNE	CDC	4/16/2010 – 12/31/2011	181,280	181,280	Y	N
HEARTLAND OCCUPATIONAL AND HEALTH EDUCATION AND RESEARCH CENTER	ZWERLING	CDC	7/1/2000 - 6/30/2013	16,806,574	1,539,835	N	N
IIOWA FACE PROGRAM	ZWERLING	IDPH	2/1/1995 - 6/30/2010	1,923,527	117,931	Y	N
TOTAL					**11,879,358**		

*Faculty who left UI prior to September 1, 2009 and are not included in table 4.1.a.

**The Center on Aging is a co-sponsored center with the Carver College of Medicine

NOTE: 1) The fiscal year in which the award is counted is determined by when the award is coded as "funded" by the UI Division of Sponsored Programs Office and may not match the funding period start and end dates. 2) Subprojects are not listed separately they are included in the primary source of funds. 3) This table only includes research grant funding, not funding related to training or service grants/contracts.

Appendix 3.2 Faculty Service Activities FY2008 – FY2010*		
Group/Agency/Organization	**Nature of Activity**	**Unit Affiliation**
Local/Community Group		
Alcohol Awareness Working Group	Member	CBH
Iowa Valley Habitat for Humanity	Chair, Family Selection Committee	CBH
Johnson County Empowerment Board	Member	CBH
Preucil School of Music	Foundation Board Member	CBH
Stepping Up Executive Council	Member	CBH
Center for Improving Medication Use in the Community	Member	Epi
Community Emergency Response Team (CERT)	Steering Committee	Epi
Habitat for Humanity, Iowa Valley	Member	Epi
Cedar Rapids Healthcare Alliance, Partnerships for Implementing Patient Safety	Technical Contributor	HMP
Elder Services Incorporated	Director, Strategic Planning Committee; President, Executive Board	HMP
Johnson County AARP Livable Community Initiative	Strategic Planning Committee Member	HMP
Channel 9 News and AM 800 Radio News	Advisor regarding 2008 flood-related clean-up	OEH
Clean Air for Everyone (CAFÉ), Johnson County	Board of Directors	OEH
Iowa City Crisis Center	Volunteer	OEH
Iowa City Free Medical Clinic	Volunteer Physician	OEH
Johnson County Hazmat Team	Consultant	OEH
Johnson County of Iowa	Board of Health Member	OEH
Johnson County of Iowa	Chairman	OEH
Johnson County Public Health Director Search Committee	Committee Member	CBH
Mobile Medical Clinic	Volunteer	OEH
Statewide		
Iowa Comprehensive Cancer Consortium	Member	Bio
Iowa Department of Public Health, Iowa Health Fact Book Steering Committee	Chair	Bio
Iowa Colorectal Cancer Screening Task Force	Oversee data collection regarding employer coverage for colorectal cancer screening in Iowa	CBH
Iowa Commission on Native American Affairs, Department of Human Rights, State of Iowa	Member	CBH
Iowa Department of Public Health	Epidemiology Committee	CBH
Iowa Department of Public Health	State Standards Development Committee-Workforce	CBH
Iowa Department of Public Health State Standards Development Committee	Workforce Member	CBH
Iowa Interagency Task Force for Nutrition and Physical Activity	Member	CBH
Iowa Nutrition Network Advisory Committee	Member	CBH
Iowa Rural Health Association	Board of Directors	CBH
Wellmark Foundation	External Grant Reviewer	CBH
Iowa Academy of Science	Vice Chair	Epi
Iowa Cancer Consortium	Executive Committee Member	Epi

Group/Agency/Organization	Nature of Activity	Unit Affiliation
Iowa Cardiovascular Task Force	Member	Epi
Iowa Consortium for Comprehensive Cancer Control	Executive Committee Member	Epi
Iowa Department of Public Health	Infectious Disease Advisory Committee	Epi
Iowa Department of Public Health	Pandemic Influenza Planning Committee	Epi
Iowa Department of Public Health NDSS Implementation	IDSS Committee	Epi
Iowa Department of Public Health Task Force on Health and Long-Term Care Access	Advisory Council Member	Epi
Iowa Dietetic Association	Secretary-Treasurer	Epi
Iowa Food Safety Committee	Member	Epi
Iowa State Stroke Task Force	Member	Epi
Iowa's Antibiotic Resistance	Task Force Member	Epi
Pesticide Poisoning Surveillance Program and Occupational Safety and Health Surveillance Program, Iowa Department of Public Health	Joint Advisory Committee	Epi
American Psychological Association, Iowa Chapter	Member	HMP
Association for Psychological Science, Iowa Chapter	Member	HMP
Health Information Security and Privacy Collaboration (HISPC) Project in Iowa	Steering Committee Member	HMP
Iowa Association for Healthcare Quality (IAHQ)	Board Member	HMP
Iowa Department of Public Health	Redesigning Public Health Metrics Implementation Committee and Project Workgroup	HMP
Iowa Department of Public Health	Public Health Evaluation Committee	HMP
Iowa Department of Public Health, Health and Long-Term Care Access	Technology Advisory Committee	HMP
Iowa Public Health Evaluation Committee	Chair of Data Sub-Committee	HMP
Partnership for Better Health	Co-Chair	HMP
State of Iowa	Governor's Single Point of Entry Team	HMP
State of Iowa, Department of Health and Human Services, Division of Mental Health and Disability Services	Steering and Comprehensive Plan Committee for Mental Health Transformation Project	HMP
State of Iowa, Legislative Task Force on Long-Term Care	Member	HMP
State of Iowa, Prevention of Disabilities Policy Council	Member	HMP
Farm Safety for Just Kids	Advisory Board Member	OEH
Iowa Center for Agricultural Health and Safety	Board of Director	OEH
Iowa Department of Health	Emergency Response Committee	OEH
Iowa Governors Water Resource Coordinating Council	Council Member	OEH
Iowa Head Injury Association	Board Member	OEH
Iowa Health Information and Management Systems Society (HIMSS) Chapter	President	HMP
Iowa Statewide Suicide Prevention	Task Force Member	OEH
Iowa Veterinary Medical Association	Public Health Committee Member	OEH
Office of the Governor, State of Iowa	Iowa Climate Change Advisory Council	OEH

Group/Agency/Organization	Nature of Activity	Unit Affiliation
National		
American Statistical Association	Representative to AAAS Section on Medical Sciences	Bio
American Statistical Association	Chair-Elect of the Academic Caucus	Bio
Council of Presidents of Statistical Societies	ENAR Representative	Bio
Cystic Fibrosis Foundation	Data Safety and Monitoring Committee	Bio
ENAR (Eastern North American Region) of the International Biometry Society	Executive Committee and Regional Committee (President Elect)	Bio
ENAR Membership Task Force	Chair	Bio
ENAR Nominations Committee	Chair	Bio
ENAR Student Awards Committee	Member	Bio
Hypothermia for Trauma Clinical Trial, NINDS	Data Safety and Monitoring Committee	Bio
National Institutes of Health	Data Safety and Monitoring Board	Bio
National Institutes of Health	Data Safety and Monitoring Board	Bio
National Institutes of Health, Acquired Immunodeficiency Syndrome	Research Review Committee	Bio
National Institutes of Health, CSG Biostatistical Methods and Research Design	Study Section Reviewer	Bio
National Institutes of Health, NIDDK Pediatric Nephrology	Special Review Panel	Bio
National Institutes of Health, Opportunities in Research, Division of NIGMS	Panelist	Bio
National Science Foundation	Reviewer of grant proposals	Bio
National Security Agency	Reviewer of grant proposals	Bio
NINDS Small Trials	Protocol Safety and Monitoring Committee	Bio
Scientific Advances in Adaptive Clinical Trials	Panel Member	Bio
Small Acute Strokes Treatment Trials, NINDS	Data Safety and Monitoring Committee	Bio
U.S. Department of Transportation	Medical Expert Review Panel on Driving Licensure Regulations for Interstate Commerce	Bio
American Indians Research Opportunities, Initiative for Minority Student Development, NIH	External Advisory Committee	CBH
American Public Health Association	Abstract Reviewer, PHBHE subgroup	CBH
American Public Health Association, Injury Control and Emergency Health Services Section	Abstract Reviewer	CBH
ASPH/AAVMC	Symposium Steering Committee	CBH
ASPH, CDC, and Prevention Research Centers Minority Fellowship Program	External Application Reviewer	CBH
Building Research Infrastructure for the Crow Community (BRICC), NIH	Evaluation Consultant	CBH
Centers for Disease Control	Review panel of grants for Injury Control Research Centers; Review panel grants for Preventing Violence and Violence-Related Injury	CBH
Centers for Disease Control, Elimination of Health Disparities through Translation Research	Special Emphasis Panel	CBH
Centers for Disease Control, Mentored Public Health Research Scientist Development Award	Special Emphasis Panel	CBH

Group/Agency/Organization	Nature of Activity	Unit Affiliation
Centers for Disease Control, Prevention Research Centers Program	Policy Committee Evaluation Committee	CBH
Centers for Disease Control, Workplace Health Promotion Research Projects	External Grant Reviewer	CBH
National AATC Network	Co-Chair, Performance Monitoring Workgroup; Co-Chair Academic Programs Workgroup; Clinical Supervision Workgroup	CBH
National Addiction Technology Transfer Centers	Chair, NIDA Liaison Committee	CBH
National Institutes of Health	Challenge Grants Reviewer	CBH
National Institutes of Health, Challenge Grants	Scientific Review Group	CBH
National Institutes of Health, Health Literacy	Special Review Panel	CBH
National PRC Network	Research Committee	CBH
NIOSH, the Workplace Violence Prevention Research	Special Emphasis Panel	CBH
Northern Plains Tribal Epidemiology Center Advisory Council, Aberdeen Area Tribal Chairman's Health Board	Advisory Council	CBH
SAMHSA Behavioral Health Workforce Initiative: Developing Core Competencies for Working with Women and Girls	Committee Member	CBH
Society of Behavior Medicine	Abstract Reviewer	CBH
State of Montana Higher Education System and Tribal Colleges, National Center for Research Resources, NIH	External Advisory Committee	CBH
U.S. Substance Abuse and Mental Health Service Administration (SAMHSA), Center for Substance Abuse Treatment	Ad Hoc Reviewer	CBH
University of Kansas, Research Initiative for Scientific Enhancement (RISE), NIH	National Advisory Committee	CBH
American Cancer Society	Grant Reviewer	Epi
American Cancer Society , Clinical Research, Cancer Control and Epi.	Peer Review Committee	Epi
American Dietetic Association, Dietetic Practice-Based Research Network, Scientific Affairs and Research	Director	Epi
Association of Public Health Laboratories	Infectious Disease Comm.; HIV Steering Comm.; Performance Standards Comm.; HIV Testing Algorithm Comm.; Influenza Testing Algorithm Comm.; Laboratory Performance Standards Comm.	Epi
Association of Teachers in Maternal and Child Health	Executive Committee	Epi
Center for Advanced Studies Spelman Rockefeller Grants for Research on Children and their Families	Reviewer	Epi
Centers for Disease Control, Board of Scientific Counselors	Ad Hoc Workgroup	Epi
Centers for Disease Control, Division of HIV/AIDS Program	External Peer Review	Epi
Centers for Disease Control, Long-term Follow-up of Children with Disabilities	Expert Panel	Epi

Group/Agency/Organization	Nature of Activity	Unit Affiliation
Centers for Disease Control, Population-Based Surveillance of Fetal Death	Steering Committee	Epi
College of Psychiatric and Neurologic Pharmacists	Abstract Reviewer	Epi
FDA mini-Sentinel Initiative	Protocol Core Co-Chair	Epi
Gerontological Society of America	Research, Education and Practice Committee	Epi
Hawaii Tissue Research Repository	Advisory Committee	Epi
Institute of Medicine, Board on Military and Veterans' Health	Chair	Epi
Institute of Medicine, Board on the Health of Select Populations	Chair	Epi
Institute of Medicine, Committee on Reducing Tobacco Use: Strategies, Barriers and Consequences	Vice Chair	Epi
Institute of Medicine, Committee on Review of the Food and Drug Administration's Role in Ensuring Safe Food	Chair	Epi
Institute of Medicine, Committee to Review ATSDR's Great Lakes Reports	Chair	Epi
Institute of Medicine, National Academy of Sciences	Committee on Women's Health Research	Epi
National Academy of Science	IOM Committee on Women's Health Research Panel	Epi
National Cancer Institute	Study Section Grant Reviewer	Epi
National Cancer Institute, Cancer Epi	Grant Reviewer	Epi
National Cancer Institute, Small Grants Program for Cancer Epidemiology	Grant Reviewer	Epi
National Institute of Health	Special Emphasis Panel/Scientific Review Group	Epi
National Institutes of Health	Challenge Grant Reviewer	Epi
National Institutes of Health, Challenge Grants in Health & Science Research	Reviewer	Epi
National Institutes of Health, Diagnosis and Management of Ductal Carcinoma in Situ	Consensus Development Panelist	Epi
National Institutes of Health, Epi of Cancer Study Section	Grant Reviewer	Epi
National Institutes of Health, Health Services Organization and Delivery Study Section	Grant Reviewer	Epi
National Institutes of Health, NCI Study Section	Grant Reviewer	Epi
National Institutes of Health, NIAID	Grant Reviewer	Epi
National Institutes of Health, NINDS	Special Review Panel Chair	Epi
National Pork Board	Grant Reviewer	Epi
Tulsa Bedlam Clinic	Volunteer Clinical Pharmacist	Epi
United States Department of Agriculture, AFRI	Review Panel	Epi
United States Department of Agriculture, National Program 107 Life State Nutrition and Metabolism	Peer5 Review Panel	Epi
University of Chicago, National Social Health and Aging Program	Chair, Advisory Committee	Epi
University of Michigan, Institute for Social Research	External Advisory Committee, Panel Study on Income Dynamics	Epi
American Public Health Laboratories Association	Public Policy Committee; Workforce Development Committee	HMP
ASPH/CDC Centers for Public Health Preparedness	Education Evaluation Methods Workgroup	HMP

Group/Agency/Organization	Nature of Activity	Unit Affiliation
ASPH/HRSA	Education Workgroup	HMP
Association of School of Public Health	Practice Committee	HMP
Association of School of Public Health	Communications Committee; Legislative Committee	HMP
Association of Schools of Public Health	Education Committee, Data Committee	HMP
ASTHO Workforce Enumeration Taskforce	Committee Member	HMP
Center for Healthcare Governance	National Board of Advisors	HMP
Centers for Disease Control	National Evaluation Workgroup for Preparedness	HMP
Council on Education for Public Health	Site Visit Reviewer	HMP
Council on Linkages	Pipeline Workgroup	HMP
EPSDT/ABCDII	Collaborative Board	HMP
HRSA Public Health Training Center	Leadership Council	HMP
Legislative Commission on Affordable Health Care Pans for Small Businesses and Families	Data Research Advisory Council	HMP
NASHP Health System Performance and Public Health Committee	Chair	HMP
National Network of Public Health Institutes, Multi-State Learning Collaborative	Reviewer	HMP
SBIR	Grant Reviewer	HMP
U.S Preventive Service Task Force	Member	HMP
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Administration, National Registry of Evidence-based Programs for Older Adults	Committee Member	HMP
American Associate of Swine Practitioners	Occupational Health Committee	OEH
American Board of Industrial Hygiene	Diplomat	OEH
American College of Veterinary Preventive Medicine	Internal Affairs Committee	OEH
American Industrial Hygiene Association	Students and Early Career Professionals Committee	OEH
American Public Health Association	Public Health and Rural Health Sections	OEH
American Thoracic Society	Program Committee	OEH
CGRER Pilot Grant Program	Review Panel	OEH
Civilian Research Development Foundation (CRDF)	Research Grant Review Panels	OEH
EHSRC Pilot Grant Program	Review Panel	OEH
EPA Human Exposure/Bioavailability	Peer Review Panel	OEH
ERC Pilot Grant Program	Review Panel	OEH
National Advisory Committee for Training and Certifying Agricultural, Occupational Health Nurses	Director	OEH
National Center for Injury Prevention & Control	External Reviewer	OEH
National Institute for Farm Safety	Occupational Health Committee	OEH
National Institute for Standards and Technology	Reviewer	OEH
National Institute for Health, Lung, and Blood Global Health Centers Excellence Program	Grant Reviewer	OEH
National Pork Board	Occupational and Environmental Health Committee	OEH
National Research Council	NIOSH Respiratory Disease Research Review	OEH

Group/Agency/Organization	Nature of Activity	Unit Affiliation
NCIPC Training Initiative, Preventing Violence through Education, Mentoring, and Training	Chair, Steering Committee	OEH
NIEHS, Partnerships for Environmental public Health	Review Panel	OEH
NIOSH	Flavorings Research Panel	OEH
NIOSH	External Surveillance Research Projects, Research Training Review Panels	OEH
NIOSH	Grant Reviewer	OEH
NIOSH	Internal Research Project Proposal Reviews	OEH
NIOSH Nanotechnology Research Center	External Review Panel	OEH
NIOSH National Center for Construction Safety and Health	External Review Panel	OEH
NIOSH Training Program	Review Working Group	OEH
NIOSH, National Institute for Occupational Safety and Health	Review Panel	OEH
NTP, Cobalt Tungsten Carbide Powders and Hard Materials Carcinogen Review	Review Panel	OEH
Society for the Advancement of Violence and Injury Research	Board of Directors, President	OEH
University of Kentucky	Academic Advisory Panel for the Tobacco Policy Research Program	OEH
US Department of Justice, Research on Methods to Prevent Acts of Terrorism Grants	Reviewer	OEH
International		
Canada Foundation for Innovation	Reviewer of Applications	Bio
Public Health Outreach Clinic in Haiti	Volunteer	Bio
Canada Foundation for Innovation	Review Panel	Epi
World Health Organization, Potential Risks of Influenza A/H1N1 at the Animal Human Interface	Scientific Consultation	Epi
Atlantic Rural Centre, Atlantic Provinces, Canada	Advisory Board	OEH
International Association of Agricultural Medicine and Rural Health	Executive Board	OEH
International Commission on Occupational Health	Member	OEH
Raines Foundation Western Australia	Research Grant Review Panels	OEH
US-UK Research Program: Environmental Behavior, Bioavailability and Effects of Manufactured Nanomaterials	External Review Panel	OEH
World Health Organization	Expert Group on Radon	OEH

* Data measured by calendar year. Calendar years used: 2007, 2008, 2009

Service Grants and Contracts
Primary Faculty
FY2008-FY2010

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
FY2008						
Division of Tobacco Use Prevention & Control, Tobacco Cessation Quitline for Iowa Families	Aquilino	CBH	IDPH	2/1/01 - 2/29/08	4,610,477	400,000
Ecology of Influenza Viruses	Gray	EPI	St. Jude's Children's Research Hosp	9/12/07 - 1/31/10	30,000	15,000
Division of Tobacco Use Prevention and Control, Tobacco Cessation Quitline for Iowa Families	Lowe	CBH	IDPH	2/1/01 - 2/29/08	4,610,477	50,000
Rebalancing Health Care in the Heartland Forum	Merchant	OEH	Northwest Area Foundation	6/1/07 - 5/30/08	15,000	15,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Mercy Health Services Corporation	7/1/07 - 6/30/10	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Iowa Health Systems Agency	7/1/07 - 6/30/10	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Wellmark Foundation	7/1/07 - 6/30/10	30,000	10,000
TOTAL						**510,000**
FY2009						
Ecology of Influenza Viruses	Gray	EPI	St. Jude's Children's Research Hosp.	9/12/07 - 1/31/10	30,000	15,000
Quick Vue Influenza A&B	Gray	EPI	Quidel Corp	7/7/09 - 7/6/10	4,500	3,000
Iowa Fiscal Stewardship Committee: Healthcare Conferences	Kaskie	PHA	Concord Coalition	1/1/09 - 12/31/09	20,000	20,000
Synthesis of Driver Behavior Information with Other Safety Data for Improved Data Integration	Peek-Asa	OEH	IA DOT	7/18/08 - 9/30/12	40,000	40,000

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
Importance of Intensive LDL-C Lowering in Effective Management of Hypercholesterolemia	Robinson	EPI	Merck/Scher-Plough	3/30/09 - 6/30/09	3,000	3,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Wellmark Foundation	7/1/07 - 6/30/10	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Mercy Health Services Corp	7/1/07 - 6/30/10	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Iowa Health Systems Agency	7/1/07 - 6/30/10	30,000	10,000
TOTAL						**111,000**
FY2010						
Breathing Easier – Increase Public Awareness of Radon	Field	OEH	Iowa Consortium for Comprehensive Cancer Control	7/1/2010 – 6/1/2011	10,000	10,000
Testing Neutralization of Human Monoclonal Antibodies against H5N1 Avian Influenza Virus	Gray	EPI	MITRE Corp	8/5/09 - 4/30/10	10,500	10,500
Passive Sampling Assessment of Spatial Variability of PM 10-2.5 for Cleveland Multiple Air Pollutant Study (CMAPS)	Peters	OEH	EPI	6/17/09 - 5/1/10	47,856	47,856
Exposure Assessment for the National Birth Defects Prevention Study	Sanderson	OEH	CDC	9/14/09 - 9/13/10	69,232	69,232
A Retrospective Hospital Claims-based Cohort Study	Torner	EPI	United Biosource Corp	10/14/09 - 10/13/10	2,160	2,160
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Wellmark Foundation	7/1/2007 - 6/30/2010	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Iowa Health Systems Agency	7/1/2007 - 6/30/2010	30,000	10,000
Activate Iowa: Connecting Resources to Enhance the Health & Wellness of Iowans	Uden-Holman	PHA	Mercy Health Services Corporation	7/1/2007 - 6/30/2010	30,000	10,000
TOTAL						**169,748**

Iowa/Nebraska Primary Care Association Community Health Center Competency Model and Training Needs Survey

1. Have you or a member of your staff participated in Phase I of the Management Competency Model?

2. Are you interested in utilizing the CHC Management Competency Model in the future?

3. If IA/NE PCA developed a training resource center, would your health center take advantage of the resources?

4. During the past 12 months what training topics/domains did staff from your health center receive training on?
   - Communication
   - Conflict Management
   - Continuous Quality Improvement
   - Corporate Compliance
   - Emergency Preparedness Planning
   - Finance and Budget
   - Governance
   - Grant Development
   - Human resources
   - Information Technology
   - Leadership
   - Marketing
   - Policy and Procedure Development
   - Program Planning and Health Promotion
   - Strategic Planning
   - Team Building

5. Please indicate the type of training along with training modality you and your staff received/participated in. Trainings could include webinar, conference in your community, training at the center, training out of state/town, etc. Also please include the number of participants at each training.

6. What do you believe are the most important training needs for your health center's management/supervisory staff? Please prioritize by domain below. (List at least the top 3 but feel free to rank as many as you believe to be priorities.)
   - Communication
   - Conflict Management
   - Continuous Quality Improvement
   - Corporate Compliance
   - Emergency Preparedness Planning
   - Finance and Budget
   - Governance
   - Grant Development

- Human resources
- Information Technology
- Leadership
- Marketing
- Policy and Procedure Development
- Program Planning and Health Promotion
- Strategic Planning
- Team Building

7. As we develop an inventory of training resources, aligned with the sixteen domains listed above, do you have any staff or Board members that would be resources for either training development or to present on specific topics? Please list the name of the individual and specific topic(s) below. If not, please write in "no" below.

8. Do you have any other comments or suggestions regarding the CHC Management Competency Model or Training Resource Center?

Prepare Iowa Learning Management System
Competency Assessments

The following pages provide examples of the competency sets for:

- Multi-Discipline Emergency Preparedness and Response
- Nutrition Assessment for WIC

Individuals assess their confidence level on a 1 – 5 scale where:

1 = Not Confident and 5 = Very Confident

Multi-Discipline Emergency Preparedness and Response

This competency set was developed by the Upper Midwest Center for Public Health Preparedness in collaboration with members of the Education and Training Advisory Committee (EdTrAC).

Competency Statements on which learners rate their confidence level on their ability to carry out the following tasks:

- Describe your preventer/responder agency role in emergency and disaster preparedness and response activities.
- Participate in emergency and disaster preparedness and response activities for cross-discipline and your specific individual discipline including terrorism events and threats.
- Plan for disasters and emergencies that are for cross-discipline and your specific individual disciplines including terrorism events and threats.
- Apply principles and tools of emergency and disaster response management to cross-discipline and your specific individual discipline emergencies including terrorism events and threats.
- Apply principles and tools of surveillance and assessment to cross-discipline and your specific individual discipline emergencies including terrorism events and threats.
- Apply principles and tools of recovery reconstruction and evaluation to cross-discipline and your specific individual discipline emergencies including terrorism events and threats.
- Apply risk communication principles and tools to cross-discipline and your specific individual discipline emergencies including terrorism events and threats.
- Describe their personal and agency role in an emergency response in a range of emergencies that might arise.
- Describe the chain of command in emergency response.
- Identify and locate the agency emergency response plan (or the pertinent portion of the plan).
- Describe his/her functional role(s) in emergency response and demonstrate his/her role(s) through a regular drill exercise or test.
- Demonstrate correct use of all communication equipment used for emergency communications.
- Describe communication role(s) in emergency response: within agency media general public and personal (family neighbors).
- Identify limits to own knowledge/skill/authority and identify key agency personnel or system resources for referring matters that exceed these limits.
- Apply creative problem solving and flexible thinking to unusual challenges within his/her functional responsibilities and evaluate these limits.
- Recognize deviations from the norm that might indicate an emergency and describe appropriate action.
- Participate in continuing education to maintain up to date knowledge in areas relevant to emergency response.
- Describe the general functional roles of other disciplines that respond to an emergency or disaster preparedness and response activity including terrorism events and threats.

Nutrition Assessment for WIC

This competency set was developed by the Institute for Public Health Practice in collaboration with the Iowa WIC Program. The competency statements are based on the Value Enhancement Nutrition Assessment (VENA) policy guidance from the USDA Food and Nutrition Service.

There are 6 competency domains. Each competency domain has specific competency statements associated with it.

Competency Statements on which learners rate their confidence level on their ability to carry out the following tasks (by domain area):

Anthropometric and Hematological Data Collection Techniques:

- Maintains anthropometric equipment according to State agency policy.
- Completes anthropometric measurements accurately for women clients according to State agency policy.
- Completes anthropometric measurements accurately for infants according to State agency policy.
- Complete anthropometric measurements accurately for children according to State agency policy.
- Uses the appropriate growth chart for infants and children based on age, gender, and linear measurement.
- Reads, records, and plots anthropometric measurements accurately for women, infants, and children according to State agency policy.
- Interprets growth patterns appropriately for infants.
- Interprets growth patterns appropriately for children.
- Calculates Body Mass Index (BMI) accurately for women and children.
- Interprets weight gain or loss accurately for all women.
- Incorporates anthropometric data in assessing health and nutritional status.
- Maintains hematological equipment appropriately according to State agency policy.
- Completes hemoglobin and hematocrit assessments according to State agency policy.
- Evaluates hematological results according to State agency policies for unusual and inconsistent measures.
- Incorporates hematological data in assessing health and nutritional status.

Communication

- Interacts with each client in a respectful and sensitive manner.
- Uses verbal and non-verbal communication techniques to create an environment that engages clients in conversation.
- Selects appropriate communication techniques based on assessment of client's verbal and nonverbal cues.
- Uses communication resources to address language barriers and special needs of clients.
- Demonstrates active listening skills.
- Uses paraphrasing and/or reflecting skills to confirm understanding of client's statements.
- Utilizes open- and closed-ended questions to elicit and clarify information.
- Demonstrates professional discretion when client's concerns indicate the need to deviate from the standard nutrition assessment process.

- Uses communication techniques to defuse a situation and to work with angry or resistant clients.
- Adheres to State agency policies concerning client confidentiality.
- Completes nutrition assessment tasks before providing nutrition counseling.

Critical Thinking

- Considers the client's ability to obtain, process, and understand basic health information and services needed to make health decisions.
- Recognizes own personal world view and separates it from the assessment.
- Recognizes health and dietary factors that contribute to nutrition risk factors.
- Recognizes inconsistent, inaccurate, or unusual information and referral data.
- Verifies inconsistent and unusual measurements according to State agency policy.
- Verifies inconsistent referral data according to State agency policy.
- Identifies interrelationships between client's current behaviors and nutrition risk factors.
- Incorporates the client's point of view about nutrition and health priorities, needs and concerns into the nutrition assessment.
- Incorporates information from current and previous assessments into decisions about health and nutritional status.
- Evaluates previously obtained nutrition assessment information and documentation of previous intervention strategies to determine the effectiveness of services.
- Draws conclusions about health and nutritional status supported by perspectives and strengths of client and data, observations, and reasoning.
- Applies creative problem solving and flexible thinking in partnership with the client to identify solutions for nutrition issues.
- Prioritizes the client's nutrition risks and concerns to be addressed.
- Analyzes all information (including: anthropometric, biochemical, clinical, dietary, family and social environment) to determine the course of action.

Multi-Cultural Awareness

- Recognizes target population based upon race, ethnicity, culture, socioeconomic, education and professional backgrounds, age, religious affiliation, mental and physical abilities, and sexual orientation.
- Respects the beliefs and health practices of clients when conducting a nutrition assessment.
- Recognizes how a client's cultural communication style may affect the nutrition assessment.
- Uses culturally appropriate communication styles to collect nutrition assessment information.
- Describes the values and belief systems of cultural groups in the target population.
- Uses a variety of strategies to learn more about a client's cultural eating patterns and traditions.
- Assesses cultural practices for potential harm to client's health or nutritional status.
- Evaluates food preparation practices within a cultural context.
- Uses culturally appropriate strategies to assess pregnant women's eating practices and beliefs.
- Uses culturally appropriate strategies to assess infant feeding practices and beliefs.
- Uses culturally appropriate strategies to assess child's feeding/eating practices and beliefs.
- Identifies culturally appropriate referral resources that may be used by the client.

Nutrition Assessment Process

- Describes the purpose of nutrition assessment in the WIC program.

- Uses a systematic approach to complete nutrition assessments.
- Completes nutrition assessment using a client centered approach.
- Describes the importance of documenting the nutrition assessment results to provide continuity in WIC services.
- Obtains relevant assessment information (including: anthropometric, biochemical, clinical, dietary, family and social environment) according to State agency policy.
- Obtains medical documentation for health assessment information according to State agency policy.
- Applies WIC nutrition criteria definitions correctly when assigning nutrition risks.
- Applies current nutrition recommendations, such as Dietary Guidelines for Americans, when completing the nutrition assessment.
- Documents WIC nutrition risk criteria for each client according to State agency policy.
- Incorporates referral data into the nutrition assessment process.
- Documents nutrition assessment results in care plans according to State agency policy.
- Communicates nutrition assessment results to each client/caregiver.
- Develops a plan for referrals based on analysis of nutrition assessment information.
- Applies nutrition assessment information when determining food packages.
- Develops a plan for nutrition education based on analysis of nutrition assessment information.

Principles of Life Cycle Nutrition

- Applies knowledge about current nutrition requirements for women when assessing health and nutritional status.
- Applies knowledge about current nutrition requirements for infants when assessing health and nutritional status.
- Applies knowledge about current nutrition requirements for children when assessing health and nutritional status.
- Applies knowledge of infant/child developmental milestones when assessing feeding.
- Compares the nutrition practices of women to current recommendations when assessing health and nutritional status.
- Compares the infant's nutrition intake/practices (eating patterns) to current recommendations when assessing health and nutritional status.
- Compares the child's nutrition intake/practices (eating patterns) to current recommendations when assessing health and nutritional status.
- Determines the safety implications of the women's dietary practices.
- Determines the safety implications of parents'/caregivers' feeding practices impacting infants.
- Determines the safety implications of parents'/caregivers' feeding practices impacting children.
- Recognizes the nutrition implications of health history information based on client's lifecycle stage.
- Collaborates with the prenatal client to identify the most appropriate infant feeding plan.
- Applies knowledge of lactation management techniques.
- Evaluates the impact of feeding interactions on infant/child growth and development.
- Identifies the mother's and/or infant strengths and challenges to successful breastfeeding.
- Recognizes legitimate contraindications to breastfeeding based on current recommendations.
- Recognizes the critical nature of early postpartum assessment to successful breastfeeding.
- Evaluates breastfeeding practices to identify effective support strategies for continued breastfeeding.

Training and Workforce Development Grants and Contracts
Primary Faculty
FY2008-FY2010

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
FY2008						
Upper Midwest Center for Public Health Preparedness	Atchison	PHA	CDC	9/1/2004 - 8/9/2010	5,279,355	1,011,076
Statistics in Microbiology, Infectious Diseases & Bioinformatics	Chaloner	BIO	NIH	8/1/2006 - 6/30/2011	584,088	101,849
Predoctoral Fellowship in Epidemiology at The University of Iowa	Chrischilles	EPI	Merck Co Fnd	8/20/2007 - 6/30/2009	120,000	40,000
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	144,500
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	25,000
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	23,750
Pork Industry Health and Safety Training - Seminars and Online Courses	Donham	OEH	Natl Pork Board	12/1/2007 - 12/1/2008	25,000	25,000
Pandalai Practicum in DC	Gerr	OEH	OSHA	5/1/2008 - 6/30/2008	9,181	9,181
International Collaborative Trauma and Injury Research Training (ICTIRT)	Peek-Asa	OEH	NIH	5/26/2005 - 2/28/2010	696,507	130,199
Semi-Volatile PCBs: Sources, Exposures, Toxicities	Robertson	OEH	NIH	5/12/2006 - 3/31/2010	16,539,412	38,279
Semi-Volatile PCBs: Sources, Exposures, Toxicities	Robertson	OEH	NIH	5/12/2006 - 3/31/2010	16,539,412	12,162
Prairielands Addiction Technology Transfer Center (PATTC)	Skinstad	CBH	SAMHSA	3/31/2002 - 9/29/2012	6,710,404	600,000
Public Health Preparedness and Response to Bioterrorism	Uden-Holman	PHA	IDPH	8/31/2003 - 8/9/2010	307,113	18,905
Strengthening WIC Nutrition Assessment Skills: Establishing a Competency-to-Training Framework in a Learning Management System	Uden-Holman	PHA	IDPH	10/1/2007 - 9/30/2010	304,941	85,304

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
Upper Midwest Public Health Training Center	Uden-Holman	PHA	HRSA	9/1/2001 - 8/31/2011	3,811,161	394,099
TOTAL						**2,659,304**
FY2009						
Upper Midwest Center for Public Health Preparedness	Atchison	PHA	CDC	9/1/2004 - 8/9/2010	5,279,355	525,000
Governor's Council on Physical Fitness and Nutrition	Campo	CBH	IDPH	3/1/2009 - 6/30/2009	1,538	1,538
Statistics in Microbiology, Infectious Diseases & Bioinformatics	Chaloner	BIO	NIH	8/1/2006 - 6/30/2011	584,088	102,510
StatFest 2009	Chaloner	BIO	ENAR	4/1/2009 - 3/31/2010	2,000	2,000
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	70,750
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	25,000
International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	144,500
MHIRT Program	Cook	OEH	NIH	7/8/2005 - 6/30/2009	1,272,212	213,820
Center for Emerging Infectious Diseases (CEID) Certificate Program on Epidemiology	Gray	EPI	CRDF	5/27/2009 - 6/30/2010	140,000	140,000
Worklife Center for Excellence Iowa Stateholder Conference	Merchant	OEH	CDC	9/1/2008 - 8/31/2009	20,000	20,000
Development the Next Generation of Biostatisticians: The Iowa Field of Dreams Conference 2009	Oleson	BIO	ASA	12/1/2008 - 11/30/2009	3,000	3,000
International Collaborative Trauma and Injury Research Training (ICTIRT)	Peek-Asa	OEH	NIH	5/26/2005 - 2/28/2010	696,507	130,199
Semi-Volatile PCBs: Sources, Exposures, Toxicities	Robertson	OEH	NIH	5/12/2006 - 3/31/2010	16,539,412	38,722
Prairielands Addiction Technology Transfer Center (PATTC)	Skinstad	CBH	SAMHSA	3/31/2002 - 9/29/2012	6,710,404	830,000

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
Public Health Preparedness and Response for Bioterrorism	Uden-Holman	PHA	IDPH	8/31/2003 - 8/9/2010	307,113	23,500
Upper Midwest Public Health Training Center	Uden-Holman	PHA	HRSA	9/1/2001 - 8/31/2011	3,811,161	392,400
WIC Special Project Grant	Uden-Holman	PHA	IDPH	10/1/2007 - 9/30/2010	304,941	105,410
Heartland Occupational Safety and Health Education and Research Center	Zwerling	OEH	CDC	7/1/2000 - 6/30/2013	16,806,574	1,539,842
TOTAL						**4,308,191**
FY2010						
Upper Midwest Center for Public Health Preparedness	Atchison	PHA	CDC	9/1/2004 - 8/9/2010	5,279,355	500,000
ARRA: Statistics in Microbiology, Infectious Diseases & Bioinformatics	Chaloner	BIO	NIH	9/1/2009 - 8/31/2011	205,020	205,020
Iowa Summer Institute in Biostatistics	Chaloner	BIO	NIH	8/20/2009 - 7/31/2012	209,617	209,617
StatFest 2009 Conference	Chaloner	BIO	ASA	8/1/2009 - 12/31/2009	7,700	7,700
Statistics in Microbiology, Infectious Diseases, and Bioinformatics	Chaloner	BIO	NIH	8/1/2006 – 6/30/2011	965,455	103,171
Iowa Summer Institute in Biostatistics	Chaloner	BIO	NIH	8/20/2009 – 7/31/2012	437,471	227,854
Opportunities for Graduate Studies in Quantitative Biomedical Research	Chaloner	BIO	NIH	7/1/2010 – 6/30/2011	30,995	30,995
ARRA: International Training and Research in Environmental and Occupational Health (ITREOH)	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	41,872
International Research and Training in Environmental and Occupational Health	Cook	OEH	NIH	9/30/1995 - 2/29/2012	3,729,948	169,500
Minority Health and Health Disparities International Research and Training (MHIRT) Program	Cook	OEH	NIH	7/8/2005 – 11/30/2013	1,997,196	483,776
Iowa Non-Communicable Chronic Diseases Research Training Program in Romania	Cook	OEH	NIH	7/1/2010 – 6/30/2015	1,174,544	234,812
ARRA: International Collaborative Trauma and Injury Research Training (ICTIRT)	Peek-Asa	OEH	NIH	5/26/2005 - 2/28/2010	696,507	21,600

Project Name	PI	Dept	Funding Source	Funding Period Start/End	Total Project Costs ($)	Amount Current Year ($)
International Collaborative Trauma and Injury Research Training (ICTIRT)	Peek-Asa	OEH	NIH	5/26/2005 – 2/28/2011	793,809	97,302
The Sixth International PCB Workshop	Robertson	OEH	NIH	5/12/2006 – 3/31/2015	29,163,928	40,000
North Dakota Motivational Interviewing Infrastructure Development and MIA:STEP Training Series -- 2009	Skinstad	CBH	N Dakota DHS	2/20/09 – 11/30/2009	36,448	36,448
Prairielands Addiction Technology Transfer Center (PATTC)	Skinstad	CBH	SAMHSA	3/31/2002 - 9/29/2012	6,710,404	600,000
Prairielands Addiction Technology Transfer Centers (ATTC)	Skinstad	CBH	SAMHSA	3/31/2002 – 9/29/2012	6,835,404	500,000
Public Health Cultural Competency Internship	Uden-Holman	PHA	IDPH	1/1/2010 – 6/30/2010	3,000	3,000
Public Health Emergency Preparedness and Response--Prepare Iowa Learning Management System	Uden-Holman	PHA	IDPH	8/31/03 – 8/9/10	331,144	24,031
Upper Midwest Public Health Training Center	Uden-Holman	PHA	HRSA	9/1/2001 - 8/31/2011	3,811,161	392,400
WIC Special Project Grant	Uden-Holman	PHA	IDPH	10/1/2007 - 9/30/2010	304,941	114,227
Heartland Occupational and Health Education and Research Center	Zwerling	OEH	CDC	7/1/2000 - 6/30/2013	16,806,574	121,860
TOTAL						**$4,165,518**

Appendix 3.3.iii
Continuing Education Programs
FY 2008 – 2010
More than 36,000 participants

TITLE	# TRAINED	MODALITY
"In Demand, Connecting Today's Students with Careers for Tomorrow" CDs distributed at Iowa State Fair	5000	DVD
"Did You See That?" DVD	5100	DVD
Community Health Center Orientation	100	DVD
Excellence In Public Health Practice: Lessons from the Field	345	DVD
IVVRT – Iowa Veterinary Conference	50	DVD
Pandemic Influenza Training	900	DVD
"HR Management: A Key Component in Creating a Professional Home" presentation, National Association of Community Health Centers Primary Care Association Annual Conference	25	Face-to-face
10th Annual Occupational Health Nursing Conference – Occupational health's Fall Tune-up	47	Face-to-face
10th Annual Occupational Health Symposium: The Business of Occupational Health & Safety	74	Face-to-face
11th Annual Occupational Health Nursing Conference: 2009 Safety & Health Update	39	Face-to-face
11th Annual Occupational Health Symposium: A Comprehensive Look at Occupational Health & Safety	59	Face-to-face
9th Annual Occupational Health Nursing Conference – Hot Topics in Occupational Health 2007	44	Face-to-face
A Healthier Workforce: Perspectives for Iowa and the Nation	90	Face-to-face
A New Look at Smoking Cessation: It's More than a Habit	23	Face-to-face
Academy of Organizational & Occupational Psychiatry 20th Annual Meeting: Organizational Change and Chicanery	17	Face-to-face
Activate Iowa Think Tank Luncheon	40	Face-to-face

TITLE	# TRAINED	MODALITY
Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals: Session I	34	Face-to-face
Agricultural Medicine: Occupational and Environmental Health for Rural Health Professionals: Session II	34	Face-to-face
Agricultural Occupational Health Training Program	25	Face-to-face
Agricultural Occupational Health Training Program	25	Face-to-face
Agricultural Occupational Health Training Program	25	Face-to-face
Agricultural Occupational Health Training Program: Session I	40	Face-to-face
Agricultural Occupational Health training Program: Session II	40	Face-to-face
Agricultural Occupational Health Training Session I	40	Face-to-face
Agricultural Occupational Health Training Session II	38	Face-to-face
Agricultural Occupational Health Training Session I	42	Face-to-face
Agricultural Occupational Health Training Session II	35	Face-to-face
Agricultural Safety	10	Face-to-face
Agricultural Safety and Health	26	Face-to-face
Agricultural Safety and Health	26	Face-to-face
Agricultural Trauma	36	Face-to-face
Agricultural Trauma	36	Face-to-face
Air Purifying Respirators	60	Face-to-face
Assessment methods for Nano-particles and Other Aerosols in the Workplace	20	Face-to-face
Best Practices in Local Public Health: Public Health Standards in Iowa	70	Face-to-face
Breath Alcohol Technician Training	3	Face-to-face
Building a Healthier Workforce and Understanding Healthcare Reform	200	Face-to-face

TITLE	# TRAINED	MODALITY
Case Management: Care of Work-Related Injuries	91	Face-to-face
Case Management: Care of Work-Related Injuries	101	Face-to-face
Case Management: Care of Work-Related Injuries	75	Face-to-face
Certified Safe Farm Auditor Training	8	Face-to-face
Certified Safe Farm Safety Audit Training	3	Face-to-face
Chronic Disease Awareness and Action Day—Presentation	30	Face-to-face
Community Health Center Competency Assessment and Toolkit Presentation	18	Face-to-face
Condition of the State: Radon	100	Face-to-face
Confined Space Training	22	Face-to-face
Consortium for UDS and drivers with CDL	100	Face-to-face
CPHP All Hands Meeting presentation "Lessons Learned from 2008 Floods"	50	Face-to-face
CSEOMA Annual Fall Seminar: Wellness & Workers' Compensation	88	Face-to-face
CSOMA 84th Annual Spring Seminar: Back to the Future	119	Face-to-face
CSOMA 85th Annual Spring Seminar: The Pillars of Occupational Health	125	Face-to-face
CSOMA Annual Fall Seminar: Occupational Medicine: Score a Home Run	97	Face-to-face
CSOMA Occupational Medicine: Where Medicine Meets the Workplace	88	Face-to-face
CSOMA Occupational Medicine: Where Medicine Meets the Workplace	90	Face-to-face
CSOMA Occupational Medicine: Where Medicine Meets the Workplace	65	Face-to-face
Current Topics in Primary Care—CME Series	50	Face-to-face

TITLE	# TRAINED	MODALITY
Early Childhood Policy Conference	130	Face-to-face
EdTrAC presentation at Iowa Governor's Homeland Security Conference	10	Face-to-face
Educating and Informing Your Local Board of Health: Tools & Tips—2010 Iowa Governor's Conference on Public Health Concurrent Session	62	Face-to-face
Electrical Safety	7	Face-to-face
EPA Training on Radon Resistant New Construction	35	Face-to-face
Ergonomics Training Course	6	Face-to-face
Evolution and Scientific Activities that Derive From It	150	Face-to-face
Exposure Assessment Strategies and Statistics	29	Face-to-face
Exposure Modeling: Using Mathematical Models to Estimate Exposure	30	Face-to-face
Fall Colloquium "A New Public Health for the 21st Century"	80	Face-to-face
Farm Safety Changes	14	Face-to-face
Farm Trauma	45	Face-to-face
Farm Trauma	21	Face-to-face
Farm Trauma: Preparing for Trouble	40	Face-to-face
Foundational Public Health Nursing Presentation	100	Face-to-face
Get Active, Stay Active Workshop	6	Face-to-face
Getting from What We Know to What We Do through Public Health Research and Practice: Academic-Community partnerships to Combat Childhood Obesity2010 Iowa Governor's Conference on Public Health Concurrent Session	53	Face-to-face
Grain Bin Rescue	20	Face-to-face
Healthcare in the Heartland Conference	275	Face-to-face
Influenza Virus Threats to Swine Agriculture Workers: What do we know?	80	Face-to-face

TITLE	# TRAINED	MODALITY
ICTIRT Program	24	Face-to-face
Institute for Higher Learning Summer Academy	8	Face-to-face
ITREOH Program	21	Face-to-face
Keeping Kids Safety-Youth@ Work: Talking Safety	75	Face-to-face
Lessons Learned in Developing an Emergency Plan in Academic Institutions Presentation	40	Face-to-face
Medical Homes & Their Role in Public Health: IPHP Spring Colloquium	70	Face-to-face
Medications and Difficult Behaviors in Long-Term Care	30	Face-to-face
MHIRT Program	40	Face-to-face
Midwest Rural Agricultural Safety and Health Forum: Staying Afloat	62	Face-to-face
Midwest Rural Agricultural Safety and Health Forum: Staying Afloat	100	Face-to-face
NIOSH Approved Spirometry training for Worker Screening	6	Face-to-face
NIOSH Approved Spirometry training for Worker Screening	10	Face-to-face
NIOSH Approved Spirometry training for Worker Screening	19	Face-to-face
NIOSH Approved Spirometry Training for Worker Screening	18	Face-to-face
NIOSH Approved Spirometry Training for Worker Screening	18	Face-to-face
NIOSH-Approved Spirometry Training for Worker Screening	11	Face-to-face
NIOSH-Approved Spirometry Training for Worker Screening	11	Face-to-face
NIOSH-Approved Spirometry Training for Worker Screening	10	Face-to-face
NIOSH-Approved Spirometry Training for Worker Screening	11	Face-to-face
Nutrition Assessment Special Project Presentation at WIC conference	85	Face-to-face

TITLE	# TRAINED	MODALITY
Occupational Epidemiology: Study Design and Calculations	35	Face-to-face
Occupational Hearing Conservationist Certification Course	7	Face-to-face
Occupational Hearing Conservationist Certification Course	14	Face-to-face
Occupational Hearing Conservationist Certification Course	12	Face-to-face
Occupational Hearing Conservationist Certification Course	15	Face-to-face
Occupational Hearing Conservationist Certification Course	6	Face-to-face
Occupational Hearing Conservationist Certification Course	7	Face-to-face
Occupational Hearing Conservationist Recertification	9	Face-to-face
Occupational Hearing Conservationist Recertification	9	Face-to-face
Occupational Hearing Conservationist Recertification Course	4	Face-to-face
Occupational Hearing Conservationist Recertification Course	15	Face-to-face
Occupational Hearing Conservationist Recertification Course	2	Face-to-face
Occupational Hearing Conservationist Recertification Course	6	Face-to-face
Occupational Medicine: Racing to the Finish Line	104	Face-to-face
Off to a Good Start Conference	92	Face-to-face
Pandemic Influenza Planning Presentation for FEMA	15	Face-to-face
Pandemic Influenza Planning Presentation for Iowa Waste Water Laboratory Symposium	75	Face-to-face
Pandemic Influenza Presentation at Progressive Nursing Day	500	Face-to-face
Partnership for Better Health Presentation	110	Face-to-face
PFT's for Municipal Emergency Response Teams	50	Face-to-face
Prepare Iowa Learning Management System Learning Laboratories and Trainings	242	Face-to-face

TITLE	# TRAINED	MODALITY
Prepare Iowa Learning Management System presentation in Atlantic, Iowa	24	Face-to-face
Prepare Iowa Learning Management System presentation in Mason City, Iowa	22	Face-to-face
Preparing at Comprehensive Pandemic Plan for a University Community	85	Face-to-face
Presenting on the changing face of cancer in Iowa	50	Face-to-face
Pre-Symposium Course: Exposure Assessment Strategies	27	Face-to-face
Pre-Symposium Course: The Facts About Mold	23	Face-to-face
Preventive Cardiology	40	Face-to-face
Progress in Controlling Worker Exposure to Crystalline Silica During Construction	100	Face-to-face
Public Health Preparedness: Experience in Partnership	75	Face-to-face
Public Health Quality Improvement: Getting Started Presentation	117	Face-to-face
Quality Improvement Training at Greene County Medical Center	25	Face-to-face
Radon in the Midwest	35	Face-to-face
Radon Resistant New Construction	30	Face-to-face
Rebalancing Health Care	200	Face-to-face
Reducing Childhood Obesity and Improving Wellness—2010 Iowa Governor's Conference on Public Health Concurrent Session	70	Face-to-face
Regional Rural Health Conference Presentation	25	Face-to-face
Reinventing Public Health: The Train is Moving Down the Track. How Accreditation, Assessment, and Quality Improvement are the Tickets to Get on Board	75	Face-to-face
Review of recent lipid studies and impact on current therapeutic strategies	40	Face-to-face
Right-to-Know Safety Training	24	Face-to-face
Shaping America's Youth presentation	500	Face-to-face

TITLE	# TRAINED	MODALITY
Should Non HDL-C or ApoB Supplant LDL-C as the Primary Target of Therapy	500	Face-to-face
Slips, Trips and Falls	9	Face-to-face
Spring Safety Training	21	Face-to-face
Strengthening the Latino Community (conference)	5	Face-to-face
Storage Safety training	20	Face-to-face
Success Through Alliance. The Product and Process of the ASPH/CDC Pandemic Influenza Collaboration Group"	40	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Annual 1 hour training	13	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Annual 1 hour training	15	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Annual 1 hour training	23	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Initial 2 hour training	13	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Initial 2 hour training	9	Face-to-face
Supervisor Training for Drug & Alcohol Abuse Testing – Initial 2 hour training	13	Face-to-face
Swine Influenza: What do we know about these viruses and their threat to humans?	10	Face-to-face
Swine, Equine and other Zoonotic Influenza Threats	50	Face-to-face
Symposium: BisPhenol A in the Diet: Is it a problem?	50	Face-to-face
The Changing Face of Agricultural Health & Safety: Biofuels, Food Safety & Alternative Agriculture	89	Face-to-face

TITLE	# TRAINED	MODALITY
The HPV Vaccine in Iowa: Where We Stand Today and What Needs to be Done to Increase Vaccination Rates—2010 Iowa Governor's Conference on Public Health Concurrent Session	58	Face-to-face
The Role of Disease-Based Surveillance Systems in Public Health—2010 Iowa Governor's Conference on Public Health Concurrent Session	25	Face-to-face
UI College of Public Health, Health Occupations Summer Camp	88	Face-to-face
University of Iowa Pandemic Influenza Planning Task Force Poster at North Central college Health Association Annual Conference	100	Face-to-face
Univ Pandemic Influenza Planning Roundtable at NACCHO Preparedness Summit	20	Face-to-face
WORKSAFE IOWA: Occupational Medicine Associate Network	24	Face-to-face
WORKSAFE IOWA: Occupational Medicine Assoc Network Mtg & Seminar	32	Face-to-face
WORKSAFE IOWA: Occupational Medicine Assoc Network Mtg & Seminar	29	Face-to-face
WORKSAFE IOWA: Occupational Medicine Assoc Network Mtg & Seminar	29	Face-to-face
WORKSAFE IOWA: Occupational Medicine Assoc Network Mtg & Seminar	19	Face-to-face
WORKSAFE IOWA: Occupational Medicine Assoc Network Mtg & Seminar	19	Face-to-face
Zoonotic Diseases: Their Importance and Neglect	50	Face-to-face
Grand Rounds – "Animals in Disasters: What Can You Do?"	41	Face-to-face, webcast, archived webcast
Grand Rounds – "Being Personally Prepared for Emergencies: What Can You Do?"	39	Face-to-face, webcast, archived webcast
Grand Rounds – "Safeguard Iowa Partnership"	23	Face-to-face, webcast, archived webcast

TITLE	# TRAINED	MODALITY
Grand Rounds – "Severe Weather - Hospital/Public Health Lesson Learned, Cedar Rapids Flooding 2008"	26	Face-to-face, webcast, archived webcast
Biosafety: Avoiding Lab Acquired Infections	482	Online
Community Health Center Toolkit – Confidentiality	35	Online
Community Health Center Toolkit – Musts and Shoulds	35	Online
Community Health Center Toolkit – Treat Others with Sensitivity	35	Online
Community Health Center Toolkit – You Are the CHC	35	Online
Cultural Competency and WIC Nutrition Assessments Multicultural Awareness: Eating Practices and Beliefs	16	Online
Effects of Disasters on Mental Health for Children and Adolescents	114	Online
Effects of Disasters on Mental Health: Awareness Level	69	Online
Effects of Disasters on Mental Health: Technical Level	45	Online
Emergency Medical Services Operations and Planning for Weapons of Mass Destruction Parts I, II and III	36	Online
Emergency Preparedness for Families of First Responders	6	Online
Emergency Response to Domestic Biological Incidents – Part 1	19	Online
Evidence Preservation for Emergency Department Personnel	38	Online

TITLE	# TRAINED	MODALITY
Excellence In Public Health Practice: Lessons from the Field	193	Online
Foundational Public Health Nursing Training	48	Online
Grand Rounds – Avian Influenza Update	26	Online
Grand Rounds – Avian Pathogens as Zoonotic Public Health Threats	12	Online
Grand Rounds – Building Immunity to H5N1 Influenza	32	Online
Grand Rounds – Foodborne Disease: Finding the Common Thread	19	Online
Grand Rounds – Geographical Information System (GIS) Applications for Public Health	33	Online
Grand Rounds – Natural Toxins and Bioterrorism	29	Online
Grand Rounds – Partnership of Public Health and Law Enforcement	30	Online
Grand Rounds: Can We Trust Our Water Supply	32	Online
Grand Rounds: Genesis of an Influenza Pandemic: Preparedness vs. Poultry Poverty and Practices	41	Online
Grand Rounds: Import and the Risk to Agriculture	12	Online
Grand Rounds: Recombinant Reagents for the Detection of Biothreat Agents	9	Online
Grand Rounds: The Emerging Pathogen and Bioterrorism Threats of Poxviruses	18	Online
Hazmat Awareness for First Responders	98	Online
Hazmat for Healthcare Providers: Awareness Level	178	Online

TITLE	# TRAINED	MODALITY
Hazmat Operations	66	Online
Hematological Data Collection, Assessment, and Critical Thinking Application	66	Online
Identification of Bioterrorism Agents or "Electronic Workshop for Sentinel Labs"	102	Online
Implementing and Sustaining Continuous Quality Improvement	383	Online
Introduction to Weapons of Mass Destruction	19	Online
Iowa Disease Surveillance System Training	30	Online
Iowa Early Childhood Sun Protection Curriculum	7	Online
Iowa's Strategic National Stockpile (SNS) Program	37	Online
Joint Information Center – How Does It Work?	66	Online
Mandatory Child Abuse Reporter Training	6912	Online
New Public Health Administrator (NPHA) Resources – Orientation	22	Online
New Public Health Administrator (NPHA) Resources – Orientation Toolkit	17	Online
NPHA – Overall Aspects of Managing an Agency	79	Online
NPHA Basic Epidemiology	372	Online
NPHA Community Planning to Improve Life	81	Online
NPHA Contracts	57	Online
NPHA Critical Thinking	44	Online

TITLE	# TRAINED	MODALITY
NPHA Financial Management	56	Online
NPHA Finding and Evaluating Health Information on the Internet	44	Online
NPHA Grant Writing	72	Online
NPHA Human Resources	58	Online
NPHA Knowledge of Public Health	93	Online
NPHA Marketing	53	Online
NPHA Public Health Law	67	Online
NPHA Strategic Planning	59	Online
Pandemic Influenza—Protecting Iowa's First Responders	30	Online
Personal Protective Equipment	40	Online
Preparing News Releases	108	Online
Quarantine and Isolation	86	Online
Risk Communication	165	Online
Risk Communication for Special Populations	86	Online
Role of Sentinel Labs in Emergency Response	11	Online
Universal Precautions and Exposure Control Plans for Child Care Businesses	2935	Online

TITLE	# TRAINED	MODALITY
Volunteer Management for Public Health	76	Online
Volunteer Training	83	Online
Volunteer Training: First Steps	179	Online
Volunteer Training: Incident Command System	37	Online
Volunteer Training: PPE	163	Online
Volunteer Training: Stress Management	117	Online
Adapting Standards of Care Under Extreme Conditions	216	Webcast
Grand Rounds "Enhancing Public Health Protection Through Food Safety"	54	Webcast
Grand Rounds "Interpandemic Influenza Vaccination Rates in Hospital Health Care Workers: Implications for Pandemic Preparedness"	26	Webcast
Grand Rounds "Public Health Impacts of Industrial Food Animal Production"	41	Webcast
Grand Rounds: HIV/AIDS in Africa: A Focus on Prevention	26	Webcast
Grand Rounds: NGOs and Global PH	30	Webcast
Grand Rounds: Pandemic Influenza Planning/White House Homeland Security	75	Webcast
Grand Rounds: Pigs and Public Health: An Overview of Selected Zoonotic Diseases	27	Webcast
Iowa Natural Disasters: Using Stories to Understand Public Health's Role	18	Webcast
The Global Health Campus Initiative	650+	Webcast

TITLE	# TRAINED	MODALITY
Walk In or Drive Thru: POD Model Comparisons from the Erie Co. Hepatitis A Experience	80	Webcast
Hazard Communication Training	7	Webinar
Independent Medical Examinations: The Basics	36	Webinar
Broadcast of IDPH H1N1 Presentation	237	Web-cast and archived webcast

Table 4.1.a. Current core faculty supporting CPH degree offerings by department/specialty area – 9/1/09

Dept/Spec Area	Name	Title/ Acad Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
Biostatistics	Burmeister, Leon	Professor & Associate Dean	Tenured	1.0	M	W	MS; PhD	Iowa State University	Statistics	Biostatistics; Design of Sample Surveys	Theory of design of sample surveys; Rural health with emphasis on Iowa farmers; wellness interventions in occupational settings	
	Cavanaugh, Joseph	Professor	Tenured	1.0	M	W	MS; PhD	Montana State University; University of California, Davis	Statistics	Biostatistics; Research in Biostatistics	Model selection; Time series analysis; Modeling diagnostics; Linear models; Mixed models; State-space models; Discrimination/classification, computational statistics	
	Chaloner, Kathryn	Professor & DEO	Tenured	1.0	F	W	MSc; PhD	University College London University, UK; Carnegie-Mellon University	Statistics	Microbiology; Bayesian Methods; Clinical Trials	Clinical trials; Bayesian statistics; Experimental design; HIV/AIDS research; Viral dynamics	
	Clarke, William	Professor	Tenured	1.0	M	W	MS; PhD	University of Iowa	Statistics	Clinical Trials	Clinical trials; Discriminant analysis; Coronary risk factors in children; Cardiovascular disease epidemiology; Longitudinal data analysis	
	Coffey, Christopher	Professor	Tenured	1.0	M	W	MS; PhD	University of North Carolina	Biostatistics	Clinical trials	Linear models; Power analyses; Sample size re-estimation	
	Dawson, Jeffrey	Professor	Tenured	1.0	M	W	ScD	Harvard University	Biostatistics	Research in Biostatistics; Biostatistical Methods; Microbiology; Biostatsitics	Neurology; Cardiovascular health; Studies of elderly drivers; Longitudinal data; Statistical methods in epidemiology	

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	Huang, Jian	Professor	Tenured	.25	M	A	MS equivalent; PhD	Wuhan University, China; University of Washington	Mathematical Statistics; Statistics	Biostatistics, Microarray Data; Mathematical Statistics	Statistical genetics; Semiparametric models; Survival analysis; Microarray data analysis	
	Jones, Michael	Professor	Tenured	1.0	M	W	MA; PhD	University of California, Los Angeles; University of Washington	Mathematics; Biomathematics	Theory of Biostatistics	Survival analysis; Semiparametric regression; Nonparametrics; Robust methods of regression; Likelihood theory; Tests for heterogeneity; Statistical methods for epidemiology; Methods for informative dropout	
	Liu, Dawei	Assistant Professor	Tenure Track	1.0	M	A	MSc; PhD	Bowling Green State University; University of Michigan	Applied Statistics; Biostatistics	Applied Survival and Cohort Data Analysis; Biostatistics	Kernel machine methods; Nonparametric smoothing; Semiparametric regression; Survival analysis; Statistical modeling of stochastic processes	
	Oleson, Jacob	Assistant Professor	Tenure Track	1.0	M	W	MA; PhD	University of Missouri, Columbia	Statistics	Biostatistics; Design and Analysis of Biomedical Studies	Spatial statistics; Bayesian methods; small area estimation	
	Pendergast, Jane	Professor	Tenured	1.0	F	W	MS; PhD	University of Iowa	Statistics	Longitudinal Data Analysis; Biostatistical Methods; Biostatistics	Longitudinal data methods; Public health statistics; Public health policy	
	Smith, Brian	Associate Professor	Tenured	1.0	M	W	MS; PhD	University of Texas, Austin; University of Iowa	Mathematical Statistics; Biostatistics	Biostatistics; Biostatistical Methods in Categorical Data	Bayesian statistics; Computational statistics; Spatial statistics and environmental exposure assessment	

Dept/Spec Area	Name	Title/ Acad Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
	Wang, Kai	Associate Professor	Tenured	1.0	M	A	MA; MA; PhD	Nankai University; University of Iowa	Econometrics; Economics; Statistics	Applied Categorical Data Analysis; Biostatistical Methods in Categorical Data; Computing Algorithms in Statistical Genetics	Statistical genetics; Computation and algorithms; Bioinformatics; Toxicology in polychlorinated biphenyls	
	Zamba, Gideon	Assistant Professor	Tenure Track	1.0	M	B	MS; PhD	University of Minnesota	Statistics	Biostatistical Computing	Syndromic surveillance models for influenza-like-illnesses and intentional release of biological agents; Change point problems; Small shifts detection; Dynamic sampling procedure and moving window approaches; Multilevel modeling; Perinatal study and epidemiological paradox between Latina women; Multivariate statistical control	
	Zhang, Ying	Associate Professor	Tenured	1.0	M	A	MS; MS; PhD	Fudan University, China; Florida State University; University of Washington	Computational Mathematics; Applied Mathematics; Statistics	Survival Data Analysis; Biostatistics	Panel count data; Survival data analysis; Longitudinal data analysis; Adaptive design in clinical trials; Data mining and statistical computing; Multiple comparisons in regression modeling; Quality of life of breast cancer survivors	
	Zimmerman, Bridget	Professor	Clinical Track	1.0	F	A	MS; MS; PhD	University of the Philippines, Los Banos; Iowa State University	Statsitics; Statistics and Industrial Engineering	Biostatistical Consulting	Sample size and power; Longitudinal data analysis; Logistic regression models	

Dept/Spec Area	Name	Title/ Acad Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
Community and Behavioral Health	Aquilino, Mary	Associate Professor & Assistant Dean	Clinical Track	1.0	F	W	MSN/FNP; PhD	University of North Carolina; University of Iowa	Nursing; Education	Maternal, Child, and Family Health; Public Health Practice	Smoking cessation; Unintended pregnancy	
	Armstead, Theresa	Assistant Professor	Clinical Track	1.0	F	B	MS; PhD	Vanderbilt University	Community Research and Action	Health Promotion; Cultural Competence; Community Development	Community-based participatory research; Community partnerships/collaborations; Power in partnerships/organizations	
	Barkey, Nanette	Assistant Professor	Tenure Track	.50	F	W	MSPH; PhD	University of South Florida; University of Florida, Gainesville	Social and Behavioral Sciences Applied to Public Health; Anthropology, African Studies	Anthropology and International Health; Ethnographic Field Methods	Medical anthropology; Psychosocial stress and health; Bio-cultural models; Maternal-child health; chronic disease; Applied anthropology; Anthropology in public health; Research methodology	US Peace Corps; CARE International, Health Frontiers, US Department of Education
	Campo, Michelle	Associate Professor	Tenured	1.0	F	W	MA; PhD	Ohio State University; Michigan State University	Sociology; Communication	Health Promotion and Disease Prevention; Health Communication	Health communication; Persuasion; Media campaigns, Risk communication	Federal Migrant Education Program
	Coulter, Joe	Professor	Tenured	1.0	M	N	PhD	University of Oklahoma Health Sciences Center	Biological Physiology	Health Disparities; Cultural Competence	Public health and racial/ethnic health disparities; American Indian and Native studies; Neuroscience	National Science Foundation
	Kim, Yong-Chan	Assistant Professor	Tenure Track	1.0	M	A	MA; MA; PhD	Yonsei University, Korea; University at Albany, SUNY; University of Southern California	Communication	Health Information and Health Literacy; Persuasion and Health	Health communication; Health disparities; Community dynamics; New communication and information technologies; Local communication infrastructure for health	

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	Nothwehr, Faryle	Associate Professor	Tenured	1.0	F	W	MA; MPH; PhD	College of St. Thomas; University of Minnesota; University of Michigan	Adult Education; Epidemiology; Health Behavior and Health Education	Designing and Implementing Interventions; Behavioral Epidemiology; Community Preventive Services; Health Behavior and Health Education	Measurement of the behavior change process; Behavioral management of chronic conditions; Behavioral epidemiology	
	Skinstad, Anne Helene	Associate Professor	Clinical Track	1.0	F	W	PsyD; PhD	University of Bergen, Norway	Educational Psychology; Psychology	Communicating with the Community; Substance Abuse Prevention and Early Intervention	Substance abuse and personality disorders; Women with issues of sexual abuse in childhood; Substance abuse in women; Psycho-educational approach to women with substance abuse and co-existing mental disorders	
	Thompson, Nancy	Associate Professor	Tenured	1.0	F	W	MS; MPhil; PhD	Columbia University	Dental Hygiene; Socio-Medical Sciences	Community Preventive Programs; Health Determinants of Health	Health services research; Epidemiology	
	Yang, Jingzhen (Ginger)	Assistant Professor	Tenure Track	1.0	F	A	MPH; PhD	Indiana University; University of North Carolina	Public Health; Health Behavior and Health Education	Health Behavior and Health Education Theories; Theory and Applications of Evaluation; Research Methods in Community and Behavioral Health; Sports-Related Injury	Sports related injury prevention and control; Injury and mental health; Evaluation of injury and violence prevention programs	

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Epidemiology	Burns, Trudy	Professor	Tenured	1.0	F	W	MPH; PhD	University of Michigan	Biostatistics	Genetics and Epidemiology; Biostatistics for Medicine Fellows; Epidemiology, Genetics and Common Health Problems; Genetics and Chronic Disease; Statistical Planning and Analysis	Genetic epidemiology of obesity; Hypertension and congenital heart disease; Prediction of subclinical cardiovascular disease in middle-aged adults based on risk factor measurements during childhood; Adolescence, and young adulthood; Epidemiology physiology and genetic etiology of cardiovascular disease; Etiology of birth defects; Statistical methods for the genetic analysis of quantitative risk factors; Approaches for localizing genes responsible for genetic disorders	
	Carnahan, Ryan	Assistant Professor	Clinical Track	1.0	M	W	MS; PharmD	University of Iowa	Epidemiology; Pharmacy	Drugs and the Aging Brain; Anticholinergics in Dementia; Pharmacoepidemiology; SAS programming and applied statistics for clinical investigators	Drug safety and prescribing appropriateness in dementia; Drug-induced cognitive impairment and delirium; Measurement of anticholinergic burden from medications; Safety and effectiveness of psychotropic medications; Antipsychotic polypharmacy; Medication adherence	
	Chrischilles, Elizabeth	Professor	Tenured	1.0	F	W	MS; PhD	University of Iowa	Pharmacy	Epidemiology; Pharmacoepidemiology	Cancer outcomes in practice, medication use and effects among the elderly; Pharmacoepidemiology; Healthcare effectiveness research; Health services epidemiology	

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	Dennis, Leslie	Associate Professor	Tenured	1.0	F	W	MS; PhD	University of Colorado Health Sciences Center; University of Washington	Biometrics; Epidemiology	Behavioral Epidemiology; Prostate Cancer Course for SRTP	Epidemiology of melanoma; Epidemiology of nevi as precursors or markers of melanoma; Epidemiology of prostate cancer; Meta-analytic techniques of epidemiologic studies; Computer assisted telephone interviewing systems for population studies of cancer control behaviors	
	Gray, Gregory	Professor	Tenured	1.0	M	W	MPH; MD	Johns Hopkins; University of Alabama, Birmingham	Public Health; Medicine	Infectious Disease Epidemiology; Zoonotic Diseases; Writing a Research Proposal	Epidemiology of acute respiratory infections; adenovirus; influenza; military veterans health; emerging infectious diseases	State Hygienic Laboratory; Naval Medical Center; US Department of Defense
	Lynch, Charles	Professor	Tenured	1.0	M	W	MS; PhD; MD	University of Iowa	General Preventive Medicine; Epidemiology; Medicine Pathology	Epiemiology Principles; Cancer Epidemiology and Control; Public Health Nursing; Clinical Research; Chronic Disease; Pathogenesis of Major Human Diseases; Cancer Epidemiology and Control; Clinical Practice; Medical Pathology; Human Pathology	Cancer epidemiology; Environmental epidemiology; Cancer surveillance	

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	Pentella, Michael	Associate Professor	Clinical Track	.5	M	W	MS; PhD	Thomas Jefferson University; University of South Florida	Clinical Microbiology; Infectious Disease	Microbiology	Bioterrorism preparedness; Infectious disease prevention; Antimicrobial resistance	State Hygienic Laboratory
	Robinson, Jennifer	Associate Professor	Tenured	1.0	F	W	MPH; MD	University of Minnesota	Epidemiology; Medicine	Cardiovascular Disease; Chronic Disease; Reproductive Epidemiology	Lipid and lipoprotein disorders; Drugs affecting atherosclerosis and metabolism; Management of cardiovascular risk factors; Cardiovascular prevention in the elderly and women; Cardiovascular risk prediction	
	Romitti, Paul	Associate Professor	Tenured	1.0	M	W	MS; PhD	Iowa State University; University of Iowa	Community Counseling; Epidemiology	Occupational and Environmental Epidemiology; Maternal and Infant Health; Chronic Diseases; Reproductive Epidemiology; Pharmacoepidemiology	Behavioral and environmental epidemiology of congenital and inherited disorders; Molecular epidemiology of congential and inherited disorders; Surveillance for congential and inherited disorders	
	Saftlas, Audrey	Professor	Tenured	1.0	F	W	MPH; PhD	University of Michigan; Johns Hopkins University	Epidemiology	Maternal and Infant Health; Reproductive Epidemiology; Writing a Research Protocol; Grant Writing for Clinical Scholars	Immunologic factors and risk of preeclampsia; Effect of intimate partner violence and prenatal stress on risk of preterm delivery and small-for-gestational-age births; Intimate partner violence prevalence, correlates, and interventions; Treatment of cervical dysplasia and impact on cervical length and secretions; Impact of treatment for cervical dysplasia on risk of preterm delivery; Breast and cervical cancer screening	National Cancer Institute; Centers for Disease Control and Prevention; US Public Health Service

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	Smith, Elaine	Professor	Tenured	1.0	F	H	MPH; MBA; PhD	University of Michigan, University of Iowa; State University of New York	Public Health; Business; Molecular Epidemiology	Reproductive Epidemiology; Writing for Medical Journals; Cancer Molecular Epidemiology	Etiology of oncogenic diseases; HPV effects on the development of genital and other cancers; Reproductive diseases	
	Smith, Tara	Assistant Professor	Tenure Track	1.0	F	W	PhD	Medical College of Ohio	Microbiology	Infectious Disease; Molecular Epidemiology; Chronic Diseases; Microbial Ecology and Emerging Infectious Diseases	Interaction of microbial pathogens; Infectious causes of chronic disease; Occupational exposure to Streptococcus suis; MRSA as a zoonotic infection	
	Snetselaar, Linda	Professor & Interim-DEO of CBH	Tenured	1.0	F	W	MS; PhD	University of Iowa	Nutrition; Health Sciences Education	Nutrition Policy; Nutritional Epidemiology; Public Health Nutrition; Nutrition Intervention; Clinical Trials Research	Obesity interventions in public health settings, community wellness interventions in schools and worksites; Dietary programs in public health based on behavior change theories and approaches; Women's and children's health and diet in public health settings; Dietetics practice-based research network with a focus on wellness and dietary change; Dietary behavioral prevention strategies for cardiovascular disease, cancer and diabetes; Behavior change strategies for diet in renal disease	

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	Torner, James	Professor & DEO	Tenured	1.0	M	W	MS; PhD	University of Iowa	Biostatistics; Epidemiology	Intervention and Clinical Trials; Neuroepidemiology; Public Health Data; Evidence-Based Public Health	Design and analysis of clinical trials; Pharmacoepidemiology of adverse experiences; Neuroepidemiology, Cerebrovascular disease epidemiology; Statistical methods for observational studies; Injury epidemiology/acute care/trauma system evaluation; Musculoskeletal disorders	
	Wallace, Robert	Professor	Tenured	1.0	M	W	MSc; MD	State University of New York, Buffalo; Northwestern University	Epidemiology; Medicine	Clinical Epidemiology; Epidemiology of Aging; Chronic Disease Epidemiology	Epidemiology of aging; Cancer epidemiology and control; Clinical preventive medicine; Survey research; Prevention of disability; Osteoporosis	Center for Disease Control and Prevention
	Wallis, Anne	Assistant Professor	Tenured Track	1.0	F	W	MHS; PhD	Johns Hopkins University	Health Policy and Management; Maternal and Child Health	Maternal and Infant Health; Qualitative Research for Public Health; Methods and Design	Perinatal/reproductive epidemiology global and domestic, social epidemiology; Women's health global and domestic; History of medicine and public health	

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Health Management and Policy	Anderson, Rachel	Associate Professor	Tenured	.5	F	W	MA; PhD	Northwestern University	Human Development and Social Policy	Health Care Organizations and Policy; US Healthcare System	Mental health services; Mental health policy, Development and integration of service sectors; Primary and specialty care for children and adolescents	National Institute of Mental Health
	Atchison, Christopher	Professor	Clinical Track	.2	M	W	MPA	University of Illinois, Springfield	Public Administration	Public Health Practice; Nonprofit Organizational Effectiveness	Public health systems; Practice and workforce; State public health policy	Office of the Lieutenant Governor, State of Illinois, Illinois Department of Public Health, Iowa Department of Public Health, State Hygienic Laboratory
	Curry, Susan	Professor & Dean	Tenured	1.0	F	W	MA; PhD	University of New Hampshire	Psychology	Health Services	Health policy; Implementation of evidence-based practice guidelines; Behavioral risk factor modification; Cancer prevention and control; Community-based participatory research	
	Greene, Barry	Professor & DEO	Tenure Track	1.0	M	W	MA; PhD	Northern Illinois University; St. Louis University	Pyschology; Sociology	Health Organization and Delivery; Strategic Planning and Marketing	Applications of GIS spatial analysis to access and utilization of health care services; Leadership structures and quality improvement; Organizational and physician factors in medical practice management and quality improvement; Utilization and communication factors in complementary and alternative medicine	

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	Hockenberry, Jason	Assistant Professor	Tenure Track	1.0	M	W	PhD	Lehigh University	Economics	Health Services Research; Health Insurance and Managed Care	Health economics; Applied microeconometrics; Applied microeconomics	US National Security Agency
	Kaskie, Brian	Associate Professor	Tenured	1.0	M	W	MA; PhD	Washington University, St. Louis; University of Southern California, Los Angeles	Clinical Psychology; Gerontology	Medicare and Medicaid; Federalism and Health Policy; Health Policy; Gerontology; Psychology and Aging	Analysis of federal and state public health policies pertaining to older Americans; Empirical evaluation of federal and state policy formation; Empirical evaluation of policy impact on health care organizations, costs, and clinical outcomes; Translation of evidence based practices targeting older adults with mental health disorders within usual places of care	
	Levey, Samuel	Professor	Tenured	1.0	M	W	MA, PhD	University of Iowa	Hospital and Health Administration	History and Health Policy; Hospital Organization and Management; Health Care Management	Governance and effectiveness of health care organizations; History of health institutions; Leadership development in health care organizations	
	Prybil, Lawrence	Professor	Clinical Track	.8	M	W	MA; PhD	University of Iowa	Hospital Administration; Hospital and Health Administration	Health Care Ethics	Governance in large, multi-state health systems; Wellness promotion and obesity prevention in children	

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	Uden-Holman, Tanya	Associate Professor & Associate Dean	Clinical Track	1.0	F	W	MA; PhD	University of Iowa	Sociology	Public Health for Undergraduate Students; Quality in Health Administration; Quantitative Management in Healthcare; Emergency Preparedness	Public health workforce development through training and education; Improving patient safety; Applying continuous quality improvement tools in health care organizations	
	Vaughn, Thomas	Associate Professor	Tenured	1.0	M	W	MHSA; PhD	University of Michigan	Hospital Administration; Health Services Organization and Policy	Organizational Behavior and Theory in Health Care; Human Resource Management	Organizational strategy and organizational change; Organizational factors' effect on quality of care; Leadership and quality of care in hospitals; Nurse staffing and quality of care	
	Ward, Marcia	Professor	Tenured	1.0	F	W	MA; PhD	Ohio State University	Psychology; Clinical Psychology	Contemporary Health Issues; Evaluation and Outcomes in Health Care	Health outcomes; Health quality and performance; Rural healthcare delivery	
	Wehby, George	Assistant Professor	Tenure Track	1.0	M	W	MPH; PhD	American University of Beirut; University of Iowa	Health Services Administration; Health Management and Policy/Health Economics	Health Economics; Clinical Practice; US Healthcare System	Identifying determinants of health, assessing the effects of disease on long term socioeconomic and quality of life outcomes; Identifying the determinants of racial and socioeconomic disparities in health; Assessing treatment effectiveness and cost-effectiveness; Economics of disability; Determinants of the demand for health care treatments and of health behaviors; Interactions between socioeconomic determinants of health and health behaviors and genetics	

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	Wolinsky, Fred	Professor	Tenured	1.0	M	W	MA; PhD	Drake University; Southern Illinois University	Sociology	Health Services Research	Health services research	
Occupational and Environmental Health	Anthony, T. Renee	Assistant Professor	Tenure Track	1.0	F	W	MS; PhD	University of North Carolina, Chapel Hill	Air Pollution, Radiation, and Industrial Hygiene; Occupational Hygiene, Exposure Assessment, Fluid Mechanics	Occupational Health; Occupational Safety	Sampler design and exposure assessment techniques for inhalable particles; Occupational and community exposure assessment; Computational fluid dynamics applications to exposure assessments; Exposure modeling	
	Cook, Thomas	Professor	Tenured	1.0	M	W	MS; MS; PhD	Duke University; Drexel University; University of Iowa	Physical Therapy; Biomedical Engineering; Human Factors Engineering	Occupational and Environmental Health	Occupational biomechanics, Electromyography; Macro ergonomics; Uses of information/communications technology to advance global health	US Army Engineer Corps
	Donham, Kelley	Professor	Tenured	1.0	M	W	MS; DVM	University of Iowa; Iowa State University	Environmental Health; Veterinary Medicine	Agricultural Occupational Health; Environmental Health; Veterinary Preventive Medicine for Veterinary Medicine; Rural Health and Agricultural Medicine	Occupational and environmental hazards in agriculture; Delivery of occupational health services to agricultural communities; Community-based interventions as a method to improve rural health; Respiratory disease of agricultural workers; Respiratory health effects of organic dust exposure and dust control methods' Agricultural injuries, epidemiology of zoonotic infection in rural and agricultural workers; Policy	US Army Veterinary Corp

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	Fethke, Nathan	Assistant Professor	Tenure Track	1.0	M	W	MS; PhD	University of Iowa	Biomedical Engineering; Occupational and Environmental Health	Occupational Health; Occupational Ergonomics	Quantification of mechanical exposure variability in working populations; Development of portable instrumentation systems for ergonomics field studies; Exposure assessment strategies for highly variable work; Ergonomics intervention effectiveness research; Biomechanics of sport and sports-related injuries; Hand-arm and whole-body vibration	
	Field, R. William	Professor	Tenured	1.0	M	W	MS; PhD	Millersville University of Pennsylvania; University of Iowa	Biology; Preventive Medicine and Environmental Health	Scholarly Integrity; Environmental and Occupational Epidemiology; Writing a Research Protocol	Environmental epidemiology; Radioepidemiology; Cancer epidemiology; Occupational epidemiology; Health physics; Human toxicology; Biomonitoring; Retrospective dose assessment: Exposure analysis; Risk perception; Groundwater quality; Nanoparticles	
	Fuortes, Laurence	Professor	Tenured	1.0	M	W	MS; MD	University of Iowa; University of Illinois	Preventive Medicine; Medicine	Occupational and Environmental Health; Epidemiology of Reproductive Diseases; International Health; Clinical Medicine	Injury epidemiology; Occupational epidemiology; Environmental and occupational toxicology; International health; Asthma registry; Community-based tobacco addiction prevention; occupational health; Development of occupational health surveillance systems and epidemiologic evaluation of health outcomes among atomic weapons workers	Iowa Department of Public Health

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	Gerr, Fredric	Professor	Tenured	1.0	M	W	MD	State University of New York Medical School	Medicine	Occupational and Environmental Health; Occupational Medicine	Occupational and environmental effects on neurological function; Epidemiology of occupational musculoskeletal disorders; Diagnosis, treatment, and prevention of upper-extremity musculoskeletal disorders of occupational origin; Health effects of office work; Diagnosis, treatment, and prevention of bioaerosol-related health effects; Clinical occupational medicine, Occupational epidemiology	
	Ludewig, Gabriele	Associate Professor	Tenured	1.0	F	W	MS; PhD	University of Mainz, Germany	Human Genetics and Anthropology; Toxicology	Environmental Health	Analysis of potential mechanism of cancer initiation by PCBs with special emphasis on genotoxic activity of lower chlorinated PCB congeners; Evaluation of the role of halogenated compounds in prostate cancer induction; Mechanism of action and possible dietary intervention; Profile and mechanism of toxic activity of PBDEs in mammals; Delivery of drugs directly to diseased lung tissue by liquid ventilation	
	Merchant, James	Professor	Tenured	1.0	M	W	MD; DrPH	University of Iowa; University of North Carolina, Chapel Hill	Medicine; Epidemiology	Occupational and Environmental Health	Epidemiology of pulmonary diseases; Environmental and occupational medicine organization and health care delivery; Agricultural diseases and injuries; International health; Public and rural health policy; Rural health care assessment and development; Community-based problem-focused occupational health	US Public Health Service; National Institute for Occupational Safety and Health, US Department of Labor

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	O'Shaughnessy, Patrick	Associate Professor	Tenured	.75	M	W	MS; PhD	University of Vermont	Civil Engineering; Environmental Engineering	Statistics; Toxicology; Occupational and Environmental Health	Aerosol physics in support of inhalation toxicology research; Determining the collection characteristics of size-selective aerosol samplers; Determining the response of aerosol photometers when subjected to aerosols containing organic and inorganic particles; Using air dispersion models to determine the range of transport of contaminants emanating from confined animal feeding operations; Health effects associated with breathing sub-micron particles	
	Osterberg, David	Associate Professor	Clinical Track	.7	M	W	MA; MS; MS	University of Wisconsin, Madison	Economics; Water Resources Management; Agricultural Economics	Occupational and Environmental Health	Energy efficiency; Renewable electric power; Commercial nuclear energy production	
	Peek-Asa, Corinne	Professor	Tenured	1.0	F	W	MPH; PhD	University of California, Los Angeles	Epidemiology	Injury Prevention and Control; Research Methods in Disaster Studies	Epidemiologic methods; Surveillance; Evaluation of injury control interventions; Injuries in disasters; Injury control and prevention	
	Peters, Thomas	Assistant Professor	Tenure Track	1.0	M	W	MS; PhD	University of Florida; University of North Carolina, Chapel Hill	Environmental Engineering; Industrial Hygiene	Occupational Health; Occupational and Environmental Epidemiology; Aerosol Technology	Mechanics of aerosols; Industrial ventilation; Engineered nanomaterials and ultrafine particles	

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	Ramirez, Marizen	Assistant Professor	Tenure Track	1.0	F	A	MPH; PhD	University of California, Los Angeles	Epidemiology	Epidemiology of Occupational Injuries	Epidemiologic methods; Mixed methods; Disaster epidemiology; Emergency preparedness; Evaluation research; Injury control and prevention	
	Robertson, Larry	Professor	Tenured	1.0	M	W	MS; MPH; PhD	University of Florida; University of Michigan	Microbiology; Public Health; Environmental Health Sciences	Advanced Toxicology	Toxicities and health effects of persistent environmental pollutants	
	Sanderson, Wayne	Professor	Tenured	1.0	M	W	MS; PhD	Central Missouri State University; University of North Carolina, Chapel Hill	Industrial Hygiene; Epidemiology	Environmental Health Policy	Pesticide exposure assessment and health effects; Skin and inhalation exposures of beryllium workers; Association between beryllium and lung cancer; Bioterrorism investigation; Exposures and absorbed doses of workers exposed to bromopropane; Historical crystalline silica exposures and related health effects; Retrospective exposure assessment for occupational cohort studies	National Institute for Occupational Safety and Health

Dept/Spec Area	Name	Title/ Acad Rank	Tenure Status or Classification*	FTE or % Time	Gender	Race or Ethnicity	Graduate Degrees Earned	Institution	Discipline	Teaching Area	Research Interest	Current/Past PH Activities
	Thorne, Peter	Professor & Acting DEO	Tenured	1.0	M	W	MS; PhD	University of Wisconsin, Madison	Biomedical Engineering; Environmental Toxicology	Toxicology; Global Environmental Health; Environmental and Occupational Epidemiology; Occupational and Environmental Health	Environmental risk factors for asthma; Exposure assessment strategies and methodologies for bioaerosols and aeroallergens; Animal inhalation toxicology models of pulmonary diseases; Mechanisms of bioaerosol-induced lung inflammation; Organic dust-induced lung inflammation; Airway remodeling and hypersensitivity; Toxicity of manufactured nanomaterials; Indoor air quality; Environmental exposures to semi-volatile PCBs; Airborne transmission of zoonotic diseases in agriculture	
	Zwerling, Craig	Professor	Tenured	1.0	M	W	MA; PhD; MD; MPH; MS	University of Wisconsin; Harvard University; Case Western Reserve University; Harvard School of Public Health	History of Science; Medicine; Physiology: Occupational Health	Occupational Health; Environmental Health	Injury epidemiology: Occupational injuries	

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school

** FTE

*** Race/ethnicity codes: A=Asian; B=Black; H=Hispanic; N=American Indian/Alaskan native; W=White

Table 4.1.b. Current Other Faculty Used to Support Teaching Program (Adjunct, Part-Time, Secondary, etc.) for Academic Year 2009-10

Dept/ Spec Area	Name	Title/Acad Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
Biostatistics	Bayman, Emine	Secondary Associate	Associate, Department of Anesthesia University of Iowa	8.4%	F	W	PhD	Biostatistics	Biostatistics for Biomedical Research
	Larson, Michelle	Adjunct Assistant Professor	Math Teacher West High School	25%	F	W	PhD	Statistics	Biostatistics
Community and Behavioral Health	Askelson, Natalie	Adjunct Lecturer	Asst Res Scientist College of Public Health University of Iowa	12.5%	F	W	PhD	Health Communication	Health Communication Campaigns
	Gentsch, Dawn	Adjunct Lecturer	Project Coordinator College of Public Health University of Iowa	6.25%	F	W	MPH	Public Health	Public Health Practice
	Walkner, Laurie	Adjunct Lecturer	Program Associate College of Public Health University of Iowa	15.3%	F	W	MA	Instructional Design and Technology	Public Health Practice; Public Health Emergency Preparedness
Epidemiology	Dvorak, Glenda	Adjunct Lecturer	Veterinarian Specialist College of Veterinary Medicine Iowa State University	2.8%	F	W	DVM	Veterinary Medicine	Public Health Emergency Preparedness
	Hostetter, Jesse	Adjunct Assistant Professor	College of Veterinary Medicine	4.2%	M	W	DVM	Veterinary Medicine	Exotic and Emerging Diseases of Animals
	Joseph, Sue	Adjunct Professor	Professor University of Northern Iowa	12.5%	F	W	PhD	Epidemiology	Principles in Epidemiology

Dept/ Spec Area	Name	Title/Acad Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
	Katz, David	Secondary Associate Professor	Associate Professor, Department of Internal Medicine	8.4%	M	W	MD	Medicine	Clinical and Translational Research
	Phillips, Kirk	Adjunct Instructor	Biostatistician Iowa Health Systems	12.5%	M	W	PhD	Health Informatics and Epidemiology	Public Health Informatics
	Shochet, Tara	Lecturer	Postdoc Res Scholar College of Public Health University of Iowa	6.25%	F	W	PhD	Health Behavior and Health Education	Practice Evidence-Based Public Health
	Stumbo, Phyllis	Adjunct Lecturer	Head Research Nutritionist Emeritus Carver College of Medicine University of Iowa	4.2%	F	W	PhD	Higher Education	Principles of Dietary Assessment
	Turvey, Carolyn	Secondary Associate Professor	Associate Professor, Department of Psychiatry	12.5%	F	W	PhD	Clinical Psychology	Psych Epidemiology
Health management and Policy	Bahensky, James	Adjunct Associate Professor		12.5%	M	W	MS	Engineering and Management	Decision Modeling and Project Management
	Carmen, Lee	Adjunct Assistant Professor	Chief Information Officer University of Iowa Hospitals and Clinics	8.4%	M	W	BS	Electrical Engineering/Computer Engineering	Health Services Information Systems
	Fisher, Kenneth	Adjunct Associate Professor	Associate Vice President University of Iowa	12.5%	M	W	MBA	Business	Fiscal Management of Health Institutions

Dept/ Spec Area	Name	Title/Acad Rank	Title & Current Employer	FTE or % Time	Gender	Race or Ethnicity	Highest Degree Earned	Discipline	Teaching Areas
	Dexter, Franklin	Secondary Professor	Professor, Department of Anesthesia University of Iowa	16.8%	M	W	MD	Medicine	Surgery Management Module
	Kates, Kenneth	Adjunct Lecturer	Associate Vice President and CEO University of Iowa Hospitals and Clinics	12.5%	M	W	MBA	Health Administration	Issues in Health Management and Policy
	Montgomery, Ian	Adjunct Lecturer	Iowa City Heart Center	6.25%	M	W	CMPE		Strategic Planning and Marketing
	Staley, John	Adjunct Professor	Senior Associate Director University of Iowa Hospitals and Clinics	25%	M	W	PhD		Administrative Practicum
	White, Brian	Adjunct Assistant Professor	Assistant Director, Legal Counsel University of Iowa Hospitals and Clinics	12.5%	M	W	JD	Law	Legal Aspects of Health and Medical Care
Occupational and Environmental	Bickett-Weddle, Danelle	Adjunct Assistant Professor	College of Veterinary Medicine Iowa State University	2.8%	F	W	DVM	Veterinary Medicine	Public Health Emergency Preparedness

*%Time = 12.5% equals teaching one class per semester.

** Race/ethnicity codes: A=Asian; B=Black; H=Hispanic; N=American Indian/Alaskan native; W=White

Department of Biostatistics Faculty Mentoring Committee Report

October 5, 2009

Overview:

The mentoring committee met several times during the academic year to develop the attached proposed policy. In the process of completing its task, the committee requested information on faculty mentoring from selected peer (or superior) institutions. Those contacted are listed below.

1. Columbia University (Mailman School of Public Health, Dept. of Biostatistics)
2. Emory University (Rollins School of Public Health, Dept. of Biostatistics and Informatics)
3. Harvard University (School of Public Health, Dept. of Biostatistics)
4. Johns Hopkins University (Bloomberg School of Public Health, Dept. of Biostatistics)
5. Ohio State University (College of Public Health, Division of Biostatistics)
6. University of Illinois at Chicago (School of Public Health, Epidemiology & Biostatistics Division)
7. University of Michigan (School of Public Health, Dept. of Biostatistics)
8. University of Minnesota (School of Public Health, Division of Biostatistics)
9. University of North Carolina – Chapel Hill (School of Public Health, Department of Biostatistics)
10. University of Pittsburgh (Graduate School of Public Heath, Dept. of Biostatistics)
11. University of Washington (School of Public Health and Community Medicine, Dept. of Biostatistics)
12. Yale University (School of Public Health, Division of Biostatistics)
13. George Washington University (School of Public Health and Health Services, Dept. of Epidemiology & Biostatistics)
14. UCLA (School of Public Health, Biostatistics Dept.)
15. University of Alabama at Birmingham (School of Public Health, Biostatistics Dept.)
16. University of Massachusetts (School of Public Health and Health Sciences, Div. of Biostatistics & Epidemiology)

Not all institutions responded to our request for information, but the information shared by those who did respond was very useful.

After reviewing the mentoring programs of biostatistics departments nationally, the committee felt that the newly developed proposal at Harvard was well-thought-out and could be emulated—although they have more faculty and staff over which the effort would be spread. The key components that we want to include in our proposal are:

1) There would be a small committee (3-4) people at the departmental level - mostly senior level, but would be helpful for some aspects to have a junior-level (probationary) member as well – charged with promoting faculty development through mentoring activities and providing input on the mentoring process in the department to the DEO. (In our proposal, this committee is called the "Faculty Development Committee" --to keep the terminology clear. If the "development" term inspires readers to think of seeking monetary donations, we should change it.)

2) Each new faculty member would be assigned two mentors by the DEO, in consultation with the mentee and with input from the faculty development committee, based on that individual's strengths, weaknesses and interests. (The reason for two is to enable mentoring in different areas and to protect against situations where it isn't a good match or doesn't work well for some other reason. We adopted the principle that mentors could be different for different areas of mentoring.) The commitment on both sides would be for one year.

3) Changes in assignment can be made by the DEO, in consultation with the mentee and the Faculty Development Committee.

4) The mentee would be encouraged to meet with his/her mentors at least 3 times per year – for example, in early Fall, early January, and after classes end in May. The mentee is expected to initiate such meetings.

5) The mentee and the mentor jointly identify areas within which mentorship is needed, and develop strategies to meet those needs. Possible areas of mentorship include:

- advancing methodological research; (e.g., ideas/strategies, help networking with other researchers, funding for methodological time, grant program opportunities)
- advancing collaborative research (e.g., skills in grantsmanship as a collaborator, budgeting time, planning for GRA and other support, what expectations are reasonable/unreasonable, public-health perspectives, leadership, etc.)
- general career development strategies (identifying opportunities, encouraging activities that count, mapping out goals, writing skills, etc.)
- teaching (adjusting to different audiences, expectations at this University and in this college, teaching improvement resources)
- student supervision (GRAs, TAs, preceptorships, academic advising, doctoral dissertation advising)
- professional service (identifying useful opportunities and facilitating networking, avoiding service burdens/overloads)
- quantifying progress
- understanding expectations (departmental, collegiate, university)

6) When a junior faculty member is assigned to teach a new course that has been taught by others in the department, we thought it would be helpful to arrange a meeting of former teachers of that course and the junior member. They could discuss issues such as level of mathematical ability that should be expected of the students, what the student interests are, how much homework they usually assign, what type of computing they might be expected to do, course websites, etc.

7) The faculty development committee would set up informal opportunities for roundtable-type discussion on topics of interest to junior faculty. (The junior faculty would be encouraged to suggest topics that would be of interest to them, rather than a "top down" approach. Jointly, they would pick a topic and decide whom to invite.) These could be topics such as what people generally think of as the better journals; which journals are appropriate for different types of papers; where to find additional resources for teaching; social support topics (e.g., how to find good babysitters, how to get tickets to sporting events or other types of entertainment, etc).

8) The faculty development committee, with input from junior faculty, could facilitate presentations (or discussions) from knowledgeable people on topics of interest to junior faculty. There could be discussions on different funding mechanisms at NIH, ARHQ, CDC, NSF, foundations, etc., such as K Awards, Junior Researchers' Workshops, etc. They might be more specific, such as working within the CTSA structure, how to get SEER-Medicare data for a research proposal, or how to partner with the Iowa Department of Public Health to get permission to use some of their data.

Note: Some sources of confusion for new faculty were identified in the discussion, and we thought that the whole college could benefit from a helpful guide being created to give general explanations. For example, a short summary of the different electronic information systems we use (ISIS, OSIRIS, UIRIS, ICON, HawkIRB, etc.), or a listing of the room numbers for conference rooms to which referral is often made by name, not room number (Isacson, Remington, Whitson, Bean, Med Alum, etc.). This would be the type of information that could be included in the new faculty orientation for the college.

Last Updated: October 5, 2009

Department of Biostatistics Junior Faculty Mentoring Policy Proposal

Prepared by the Biostatistics Faculty Mentoring Committee: Jane Pendergast (chair), Leon Burmeister, Michael Jones, and Jacob Oleson.

1. Goal

To facilitate the career development of junior faculty by providing information, guidance, and a nurturing mentoring system.

Specific goals include:

1. To help new junior faculty transition into their roles as teachers, methodological researchers, collaborative researchers, and professionals in our discipline;
2. To provide guidance on issues related to effective teaching; external funding; career development choices; and expectations of the department, college, and university;
3. To increase communication and interactions among junior and senior faculty, with a goal of enhancing academic accomplishments of junior faculty;
4. To provide useful information on the local environment and available resources, as related to professional development, social support, or any other area of need; and
5. To facilitate integration of junior faculty in the department, college, university, and profession.

2. Formal Mentoring

2.1 Faculty Development Committee

A Faculty Development Committee of 3-4 tenured faculty and one ad-hoc probationary faculty member will be appointed by the DEO for a period of one year, with some reappointments (continuing membership) from one year to the next expected. The committee will report to the faculty as a whole at least once per year, but more often at the request of the DEO.

The duties of the Faculty Development Committee are to facilitate the pairing of a mentee and mentor, to facilitate the course-related mentoring described in section 2.3 below, and to initiate round -table discussions, seminars, etc. for the department that could be of interest to multiple faculty members.

2.2 Individual Mentors

When a new junior faculty member joins the department, he/she will be assigned to two senior faculty mentors by the DEO, in consultation with the mentee and with input from the Faculty Development Committee. Ideally, this assignment will be based upon the strengths, weaknesses, and interests of the mentee. A one-year commitment would be made by both the mentors and mentees to participate in this program. The assignment will be reviewed by the mentee and the DEO at the mentee's annual evaluation meeting, with changes made for the upcoming year, if needed.

The junior faculty member and his/her mentors will jointly identify areas in which mentoring is needed and identify strategies to address them. Possible areas of mentorship include:

- advancing methodological research; (e.g., ideas/strategies, help networking with other researchers, funding for methodological time, understanding federal grant programs)
- advancing collaborative research (e.g., skills in grantsmanship as a collaborator, budgeting time, planning for GRA and other support, reasonable/unreasonable expectations, public-health perspectives, leadership, etc.)
- general career development strategies (identifying opportunities, encouraging activities that count, mapping out goals, writing skills, etc.)

- teaching (adjusting to different audiences, expectations at this University and in this college, teaching improvement resources)
- student supervision (GRAs, TAs, preceptorships, academic advising, doctoral dissertation advising)
- professional service (identifying useful opportunities and facilitating networking, avoiding service burdens/overloads)
- quantifying progress
- understanding expectations (departmental, collegiate, university)

It is generally recommended that the mentee and mentors formally meet at least three times a year – for example, in early Fall, early January, and May. The junior faculty member is expected to initiate such meetings.

2.3 Annual Review

In the mentee's yearly meeting with the DEO, he/she may request a change of mentors without penalty. Similarly, the mentors may request to be relieved of the mentoring responsibility for a particular mentor without penalty. This is in recognition that a successful mentoring relationship requires a good match, and also that over time, the mentoring needs may change. Mentoring commitments are for one year, with the possibility of extension with consensus agreement by the mentor, the mentee, and the DEO. It is expected that the DEO would discuss such changes with the Faculty Development Committee, as per the policy

2.4 Course-Related Mentoring

As course assignments are made, the Faculty Development Committee, with help from the Graduate Coordinator, will identify at least one, but preferably two, senior faculty members who have previously taught the course(s) assigned to the mentee – assuming there are such faculty. This information will be given to the mentee, and those identified will be contacted by the Faculty Development Committee and asked to participate. The mentee will be responsible for setting up a meeting with those who have taught his/her assigned class before, to discuss targeted level of the students, expectations, course content required for subsequent courses, or any other issue of interest to the mentee related to teaching the course(s). If the mentee is assigned to teach a new course, his/her mentors could facilitate discussions with experienced teachers on level and preparation of the targeted students or other course-related topics.

3. Informal Mentoring

All faculty are expected to participate in the informal mentoring of newly-hired faculty as opportunities arise. We encourage faculty to be accessible for short discussions and to be willing to share information on resources they have found helpful or to answer questions that the newly-hired faculty may have. These may be quite simple (e.g., describing where a named conference room (e.g., "Whitson Room") is located) or could involve a bit more time (e.g., agreeing to describe different funding mechanisms at the NIH).

Performance Expectations for Tenure-Track Faculty Relating to Promotion and Tenure

Department of Biostatistics
College of Public Health
University of Iowa

Note: This document is intended to be used as a set of guidelines only. It supplements, and does not replace, the current University of Iowa Operations Manual. Collegiate procedures for the promotion review process are detailed in the College of Public Heath Guidelines on Promotion and Tenure.

General Principles

Faculty in Biostatistics are expected to show excellence in two kinds of teaching:

i) disciplinary teaching of Biostatistics to Biostatistics graduate students.
ii) cross disciplinary teaching to non-Biostatistics students (also known as "service" teaching) where Biostatistical methods and concepts are taught to those in other disciplines.

This is elaborated in Section A.

Faculty in Biostatistics are expected to demonstrate excellence in two kinds of research:

i) methodological research in statistics.
ii) collaborative research.

This is elaborated on in Section B.

Several important differences should therefore be noted between the Biostatistics Department and other Departments in the College of Public Health. Research in biostatistics is not always research in public health:

i) disciplinary Biostatistical methodological research is mathematical and theoretical research.
ii) biostatistical collaboration occurs across the medical, health and basic sciences, not just in public health.

Biostatistics has evolved from the discipline of Statistics, a basic mathematical and computational science. Academic Biostatisticians perform cross-disciplinary research and teaching, bringing their disciplinary research training in Statistics, to the health, policy and biological sciences. The combination of disciplinary and cross-disciplinary research and teaching is important to recognize in the promotion and tenure process.

It is also important to recognize that faculty may move to a Biostatistics Department from a Statistics, or other Department, where the criteria for promotion are very different. A guiding principle is that faculty being considered for promotion in a Biostatistics Department should not be penalized for having made such a transition. This is expanded upon in the Appendix.

Criteria for Promotion:

The University of Iowa Operations Manual gives criteria for promotion which are not repeated here. The following guidelines augment the University criteria and interpret them in the context of a Biostatistics Department.

Performance Expectations:

A. Teaching:

Biostatistics faculty members are required to demonstrate effectiveness in disciplinary teaching in our Biostatistics graduate program and also "service" teaching of Biostatistical methods to non-Biostatistics majors. Both types of teaching are part of the mission of the Department of Biostatistics.

1. Key indicators of teaching performance for Biostatistics faculty:
    a. Student evaluations, both numerical and open-ended comments.
        i. Student evaluations tend to be less favorable for required vs. elective courses, for larger vs. smaller classes and for service courses versus disciplinary courses. Therefore, in interpreting student evaluations, factors likely to affect student evaluations for specific courses should be taken into account. When possible, evaluations for an instructor of a course should be compared to evaluations of other instructors in the Department of the same course, taught at different times. The Department of Biostatistics will file all student evaluations and provide anonymous Departmental norms for scrutiny in the evaluation of teaching. The evaluations of the candidate for promotion will be compared with the evaluations of faculty members at or above the rank to which promotion is being considered. Evaluations of the candidate should be approximately equivalent to those of higher rank. Evaluations are expected to be consistently excellent or show a record of improvement over time.
        ii. The distribution of scores from student evaluations is more informative than simply examining means. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).
    b. Peer evaluations of teaching should be approximately equivalent to those of faculty of the rank to which promotion is being considered. Evaluations should also be consistently excellent or show a record of improvement over time.
    c. Teaching awards or other recognition of teaching excellence.
    d. Effort towards professional development in teaching through participation in workshops at the University of Iowa and professional meetings.
    e. Successful mentoring of student research.
        i. Candidates for promotion from assistant to associate professor are expected to devote less effort to mentoring student research than faculty members with tenure. Establishing a research agenda in the first few years is more important than advising PhD dissertations. Faculty at the rank of assistant professor, however, should contribute to mentoring student research to the extent appropriate, for example by serving as a member of a student's dissertation committee, through the advising of MS/MPH students in a preceptorship or

practicum experience. Some service on exam committees in non-Biostatistics programs is also expected. Although service as adviser of a PhD dissertation in Biostatistics is not a requirement for promotion from assistant to associate professor, an individual should be in a position to start advising a PhD student towards the end of her/his probationary period. Advising before that time is laudable and meritorious, if successful, but should be undertaken with caution.

ii. For candidates for promotion from associate professor to professor, success as a mentor of student research as described for promotion to associate professor is required. In addition important indicators include:
    1. Advising a student's PhD dissertation (where enrollment permits).
    2. Advising student presentations and publications.

iii. Because candidates for promotion to full professor with tenure should usually have demonstrated the ability to successfully advise or co-advise a PhD student, if a candidate has not done so, reasons should be addressed in the promotion dossier.

iv. At the time of initial appointment to the University of Iowa some temporary reduction in teaching load may be granted to facilitate the transition. Apart from this temporary initial reduction, candidates for consideration for tenure are expected to have followed the Collegiate and Department norm of teaching 2 semester-long courses per year. Once tenure has been granted, however, the post tenure effort allocation policy allows for more flexibility and a tenured associate professor being considered for promotion to full professor may have deviated from the norm in teaching effort.

B. Research:

Academic Biostatisticians are expected to publish collaborative scientific research, where the most appropriate statistics may or may not be straightforward and known techniques, and also to publish disciplinary research in statistical methodology. As in academic Biostatistics units elsewhere, both collaborative scientific research and methodological research in statistics are required for the granting of tenure in the Biostatistics Department.

Methodological research in statistics requires mathematical novelty and rigor and is more of a basic science than an applied science. It does not involve the collection and analysis of primary data and it is not typically research in public health or the health sciences. Methodological research is the development of new and innovative statistical techniques for the analysis of data or the design of experiments or investigation into the performance of existing techniques; it typically involves mathematical methods and/or computational methods. Methodological publications may take years to write and the publication process is necessarily very slow because refereeing methodological papers requires verifying proofs of theorems or computer code. A record of 1-2 high quality methodological publications a year in top peer-reviewed statistical journals, with 1-3 authors is a strong record of methodological publications for an individual in a tenure-track position in a department with no requirement for collaborative research. Because collaborative research is also required in Biostatistics, however, and because funding for methodological research is scarce, the quantity of methodological research expected is less than this in the Biostatistics Department.

Methodological publications in statistical and biostatistical journals may have fewer co-authors than is the norm for many other applied disciplines represented in colleges of public health. Also, in methodological research where all authors play an essential role,

alphabetical authorship is frequently used, and each author plays an essential but different role. Alternatively, a student may be mentored through the writing of a publication and given first authorship, with the faculty member guiding the writing and research process. The order of authorship should be explained on the candidate's list of publications along with a description of the role the candidate played in multiply authored publications.

Scientific collaborative research may or may not require novel statistical methodology. Determining the most appropriate statistical techniques to use does not always require developing novel statistical methods, but it is a scientific research activity that requires leadership and innovation. Biostatistical leadership in collaborative research does not typically lead to first authorship. Similar leadership and national and international recognition can be recognized by invitations to speak at non-statistical scientific conferences and workshops, invitations to organize scientific session, refereeing and editorship activities in non-statistical journals, and participation on peer-review panels of non-statistical research proposals.

For collaborative publications in non-statistical journals the impact and the quality of the publication should be evaluated.

Because biostatistical leadership may not be readily apparent (biostatistical leadership for example does not always lead to first authorship) the DEO, in consultation with the DCG, may request evaluations from collaborators about the candidate's biostatistical leadership. Individuals may be suggested by the candidate. These evaluations are necessarily from collaborators, will often be internal to the University of Iowa, and are in addition to the external evaluation of research. Such evaluators should be asked to comment on the candidate's contributions to the collaborative research, for example their role in writing grant proposals, the independence of their research contributions, and their contributions to the field in which the collaboration occurs.

Summary: The ultimate measure of performance in research is a national or international reputation for advancing the state of knowledge in the field. Different individuals possess different strengths and weaknesses, and different disciplines have different ways of disseminating information or measuring impact. This document provides some general guidance for key indicators of research performance for faculty in the Department of Biostatistics.

Key indicators of performance for research and scholarship:

a. Peer-reviewed publications or software:
    i. The magnitude of the faculty member's contribution to advancing knowledge is what matters, not the mere quantity of publications. A large number of low impact publications cannot serve as a substitute for quality. A relatively small number of very high impact publications may provide the basis for a substantial contribution to knowledge, if confirmed by other indicators of research impact. For candidates for promotion from assistant to associate professor with tenure, the candidate should have publications (or have accepted for publication) based not only on their thesis but also on methodological results which are not in their thesis and either extend their thesis or are in a different area or areas. The number may be small but the quality should be high. Quality should be judged both by journal quality and content, recognizing that sometimes high quality publications appear in moderately prestigious journals. Truly innovative publications which challenge usual assumptions are sometimes difficult to

publish in high quality selective journals, but over time have a large impact. A smaller number of publications should be of very high quality and potential high impact. For the granting of tenure in Biostatistics, methodological publications which go beyond the PhD thesis are required. A reasonable goal would be 4-6 such publications. If a candidate's record was at the minimum, the publications would have to be of very high quality and high impact.

ii. Creative scholarship can take several forms other than traditional peer-reviewed papers, such as computer programs for innovative methods. Computer programs, when distributed through the open source mechanism, can potentially have considerable impact and are to be considered part of scholarly creativity. A peer-reviewed program and package can be the equivalent of a high quality publication and opinions about these scholarly contributions should be sought from the external evaluators.

Note also that:

- Junior faculty are encouraged to try to focus their collaborations in one or at most two collaborative areas so that they can get a deeper understanding of the science and make better contributions. This is not required however and may not always be advisable.

- Candidates with post-doctoral research experience prior to their appointment at UI, either as a post-doc or as faculty elsewhere, often will have had papers published during that period. While such prior publications add to the candidate's overall body of research and should be part of the evaluation, publications during the probationary period at the University of Iowa typically would be necessary to provide evidence of an ongoing high level of research productivity required for promotion and tenure. The exception would be if a candidate at the associate professor level was being considered for tenure alone, having been appointed as associate professor in their first University of Iowa appointment. Then the time from appointment to promotion might be very short, and their research record might be based on research done elsewhere.

- For candidates for promotion from associate professor to professor, research done since the appointment as associate professor is evidence of an ongoing high level of research productivity and will be the primary basis for further promotion to professor.

- For promotion to professor the balance between collaborative medical research and statistical methodological research may vary widely among individuals. The majority of the research may be in either one or the other or may be balanced between the two. In either case evidence of leadership is required. As explained above, leadership in the discipline of biostatistics is demonstrated in several ways, and not only through first authorship of papers and being a principal of co-principal investigator on grants. First authorship on a substantial number of publications is therefore not required for the discipline of Biostatistics in order to demonstrate "Continued artistic or scholarly achievement of high quality, accompanied by unmistakable evidence that the candidate is a nationally and, where applicable, internationally recognized scholar or creative artist in the chosen field" as articulated in the University of Iowa Operations Manual III.10.4 (as of September 2005). Promotion to full professor does require unmistakable evidence that the candidate is a nationally recognized scholar in biostatistics. Similarly, principal or co-principal

investigator status on grants is not required. If the candidate has pursued primarily collaborative research, then biostatistical leadership may be reflected in being the lead biostatistician on grants.

b. Citation frequency:
   i. Although imperfect, one objective measure of research impact is citation frequency. Given the lag between the publication of a paper and measurement of its impact in the form of citation frequency, in general it would be inappropriate to set any specific quantitative expectation for citation frequency for candidates for promotion from assistant to associate professor. Nonetheless, some indication of increasing citation frequency helps to demonstrate scholarly achievement supported by substantial publications.

c. External reviewers:
   i. The intent of external promotion and tenure reviews is to provide an objective evaluation by individuals who are experts in the candidate's area of research. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends are to be avoided. Evaluations by experts who have not had such relationships with the candidate should be sought.
   ii. Although external reviewers can and do comment on performance in the areas of teaching and service, their assessments of the candidate's contribution to knowledge in the field are primarily important.

d. Research funding:
   i. External research funding is an essential element of the fiscal health of the Department, and the College. Funding through collaborative research reflects a signal that the research is important, has been subject to peer review and the candidate's contributions to the research are valued and recognized. Funding for methodological research is scarce (the NIH for example funds very little methodological research); consequently, funding as a Principal Investigator is not required for a Biostatistician. Biostatisticians, however, should play a scientific leadership role on research projects. The most relevant quantitative measure of funding for Biostatistics faculty relates to the total faculty effort and biostatistics graduate research assistantships supported. Leadership roles on funded research projects are required for promotion to full professor and can either be demonstrated by acting as a Co-Principal Investigator or Investigator playing a biostatistical leadership role. An example of a leadership role is being a Director of a Biostatistical Core in a large project.
   ii. Candidates for promotion from assistant to associate professor should consistently meet departmental expectations regarding salary offsets from external research funding. In June 2005, this is 50% offset.
   iii. Candidates for promotion from associate to full professor should consistently meet or exceed departmental expectations regarding salary offsets from external research funding and demonstrate leadership roles on funded research. In June 2005, this is 50% offset. Note, however, that the post tenure effort allocation policy allows for deviation from the Departmental norm for tenured faculty. If funded effort is increased then classroom teaching effort and service expectations may be decreased appropriately, or vice-versa.
   iv. Although funding as a PI on a grant is not required for promotion to any rank, it is noteworthy and supports the case for promotion.

C. Service

Because of the cross-disciplinary nature of biostatistics, professional service for a biostatistician is cross-disciplinary as well as disciplinary, including service to medical and other health sciences professions and journals.

1. Key indicators of service performance for Biostatistics:
    a. Service on departmental, collegiate or university-level committees
    b. Service as a scientific journal peer-reviewer
    c. Service providing NIH/NSF/NSA/VA/CDC peer review
    d. Service on the editorial board of a scientific journal
    e. Service as a journal editor
    f. Service on committees for a scientific or professional organization
    g. Service as an officer of a scientific or professional organization
    h. Service as a session organizer at scientific meetings
    i. Participation on boards or task forces at the community, regional, national or international level
    j. Service to the State of Iowa
2. Candidates for promotion to associate professor with tenure are expected to demonstrate service at the local level and increasing service effort nationally. Effectiveness is hard to evaluate but the best indicator is recognized by demand: a candidate for promotion who is asked to serve in several capacities is likely effective.
3. Candidates for promotion to professor with tenure are expected to demonstrate effective service at the local level and at the national/international level.

Tenure Decisions:

In general, a grant of tenure is a much more momentous decision than promotion among those with tenure. For candidates for promotion from assistant to associate professor, the tenure decision is tied to the promotion decision. For faculty initially appointed as an untenured associate or full professor, the performance expectations for a grant of tenure at that rank would be equivalent to the performance expectations for promotion to that rank. Specific performance criteria during the candidate's probationary period at the University of Iowa are difficult to specify as individuals vary greatly in their experience before their UI appointment. An individual who had been primarily in a research position elsewhere may have an established excellent collaborative research record, but not had the opportunity to demonstrate excellence in methodological research or teaching which will need to be demonstrated at the University of Iowa. In contrast, an individual with a research record of primarily methodological research and teaching elsewhere may need to demonstrate excellence in collaborative research at the UI for the granting of tenure. An individual who has had a requirement for a large amount of funded effort in their previous position is unlikely to have an outstanding record of methodological research.

Appendix:

Biostatistical science includes collaborative research in the health sciences, public policy and biological sciences. Academic Biostatisticians are expected to publish both collaborative scientific research and also to publish disciplinary research in statistical methodology. As in academic Biostatistics units elsewhere, both collaborative scientific research and methodological research in Statistics is required for the granting of tenure in the Biostatistics Department at the University of Iowa. Statistics Departments, Mathematics Departments, and similar Departments typically do not require such collaborative research and tenure and promotion is often granted in Statistics and other Departments entirely on the basis of methodological research. Some highly ranked Statistics Departments do not value collaborative applied research and actively discourage faculty from undertaking it.

Many individuals however move to Biostatistics Departments from other academic departments or other positions in government or industry. It is important to understand the distinction when evaluating a candidate for promotion or tenure, particularly when a candidate has made such a transition. In Statistics Departments the teaching load is typically high, 3 or 4 semester long courses per year, potentially involving large undergraduate classes of 100 students or more. Time available for research is therefore less in a Statistics Department and there is usually no requirement for funded research. Because methodological papers can take so long to write and because the review process can take several years, fewer publications are the norm. A record of 2 good methodological publications a year in high quality statistical journals would be considered an excellent publication record in a high quality Statistics Department, and 1 publication a year is often considered worthy of tenure if the publications are of high quality.

A guiding principle is that a candidate being considered for promotion in the Biostatistics Department should not be penalized for having made a transition. Their record should be evaluated bearing in mind the different activities required and different work load expectations in different positions elsewhere.

Acknowledgement: The Department of Biostatistics faculty members gratefully acknowledge that this document was drawn up using existing guidelines from the Department of Health Management & Policy as a template from which to develop our guidelines.

Performance Expectations for Tenure Track Faculty Relating to Promotion and Tenure

Department of Community and Behavioral Health
College of Public Health
University of Iowa

Note: This document is based on the approved document in the Department of Health Management and Policy, College of Public Health, University of Iowa. Acknowledgment of the effort that was put into this document and permission to take from it is greatly appreciated.

General Principles:

- "The bar is always rising." Enhancing the quality and reputation of the Department's research and educational programs over time entails increasing the quality of the faculty. A level of performance that was sufficient for promotion or tenure in the past may not be sufficient now, and the level of performance that is sufficient now may not be sufficient in the future.

- Meeting performance expectations is "necessary but not sufficient" for promotion and, especially, tenure. Changes in the Department's overall budget, projected enrollment, or research and educational priorities also play a key role. This principle is intended to be consistent with University policy as stated in OM (III-10.1a.(4)(c))[1].

- The activities within each portfolio of teaching, research and service need to be considered as a complete package. These will vary between faculty members in the department given other administrative and organizational positions they may be involved in.

Criteria for Promotion:

As stated in the University operations manual:

> "The criteria for promotions include teaching, research, and other professional contributions. Since teaching and research are the central functions of the faculty, other professional contributions are considered subsidiary to these fundamental tasks. The length of service, whether long or short, does not constitute, of itself, a qualification for promotion nor the sole justification for the denial of same." (OM III 10.2)

The general qualifications for faculty appointment at (or promotion to) specific ranks stated in the operations manual are (OM III 10.4):

[1] University of Iowa 2005 Operations Manual, March 2005

b. Associate Professor.

(1) Convincing evidence that the candidate is an effective teacher of, as appropriate, undergraduate, graduate, postdoctoral, and professional students.

(2) Demonstration of ... scholarly achievement supported by substantial publications ... of high quality, as appropriate to the discipline(s).

(3) Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level.

(4) The quality and quantity of teaching, scholarly/artistic accomplishment, and service should give unmistakable promise of promotion to full professor.

c. Professor.

(1) Consistent record of high-quality teaching at all appropriate instructional levels, including successful guidance of doctoral graduate students to the completion of their degree programs, where applicable.

(2) Continued artistic or scholarly achievement of high quality, accompanied by unmistakable evidence that the candidate is a nationally and, where applicable, internationally recognized scholar or creative artist in the chosen field.

(3) The candidate should have a record of significant and effective service to the department, college, and/or the University and, if appropriate, to the profession."

In short, promotion and tenure decisions are to be based on a record of achievement in teaching, research, and service. Of course, the specific elements of performance in teaching, research, and service that reflect a level of achievement worthy of promotion are subjective, and any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise.

Performance Expectations:

Teaching:

1. General criteria as stated in the operations manual:

"The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person's teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function." (III 10.2(a))

2. Key indicators of teaching performance for CBH:
   a. Peer evaluations of teaching- this will be weighted the heaviest in consideration of teaching quality
   b. Teaching awards or other recognition of teaching excellence
   c. Successful mentoring of student research
      i. Candidates for promotion from **assistant** to **associate** professor are expected to devote less effort to mentoring student research. Faculty at the rank of assistant professor should contribute to mentoring student research to the extent possible, for example as a member of a student's dissertation. However, service as chair of a dissertation committee should not be a criterion for promotion from assistant to associate professor. Service on Masters' thesis or MPH practicum as a chair and committee member is expected.
      ii. For candidates for promotion from **associate** professor to **professor**, success as a mentor of student research is an important component of teaching performance. Indicators include:
         1. Chairing a student's dissertation committee
         2. Student presentations and publications
         3. Awards for student presentations and publications
   d. Student evaluations, both numerical and open-ended comments.
      i. Student evaluations tend to be less favorable for required vs. elective courses, for larger vs. smaller classes, and so forth. Therefore, in interpreting student evaluations, factors likely to affect student evaluations for specific courses must be taken into account. When possible, evaluations for an instructor of a required course should be compared to evaluations of other instructors of the same course.
      ii. The distribution of scores from student evaluations is more informative than simply examining means, particularly in small classes. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).

Research:

The overriding philosophy is that a faculty member will have an identified steam of research indicated by their publications, grants/contracts and student research projects. This stream may be in a content area or methods area but in all cases will demonstrate the addition of new science to this area.

1. General criteria as stated in the operations manual:

   "[P]ublications in media of quality are expected as evidence of scholarly interest pursued independently of supervision or direction. ... Quality of production is considered more important than mere quantity. Significant evidence of scholarly merit may be either in a single work of considerable importance or a series of studies constituting a general program of worthwhile research. The candidate should pursue a definite, continuing program of studies, investigations or creative works." (OM III 10.2(b)

In addition, for the purposes of promotion and tenure decisions[2] the Department of Community and Behavioral Health affirms that the following need to be included as consideration issues for faculty conducting research in the area of Community–Based Research(CBR).

[2] Based on guidelines developed by Emory University.

Community-based research (CBR) is an overarching term used to encompass a variety of approaches, including participatory action research, feminist participatory research, collaborative inquiry and systems change programs. It is a critical orientation to public health research and practice that redresses health disparities resulting from environmental causes. CBR takes place when trained health professionals and community members work together to critically examine and change the socio-political and physical environment in an effort to improve people's health. Although definitions may vary, CBR is generally defined as a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. It begins with a research topic of importance to the community with the aim of combining knowledge and action for social change.

Key principles are:

- often the role of the faculty member is one of collaboration with health agencies and communities, rather than the more traditional role of "principal investigator;"
- the results of the work are directly and immediately applicable, as compared to the more "distant" application of research findings;
- a faculty member works with a national, state, or local health agency, or directly with a community, to help solve some current public health problem;
- CBR usually involves helping health agencies assess public health problems or, plan, implement or evaluate public health programs;
- CBR often involves helping communities or health agencies assess public health problems, assure the delivery of public health services, or develop public health policies;
- CBR often involves the faculty member in direct contact with communities or populations that are the clients, recipients or beneficiaries of public health programs or services;
- the program planning, implementing and evaluating process is often long-term and time intensive;
- the "scholarly" product of CBR includes peer-reviewed articles, books, chapter, and presentations to professional meetings, but also may take the form of technical reports and organizational program documents;
- CBR often has an advocacy component;
- there is a linkage between a faculty member's CBR experiences and the teaching of public health graduate students; such linkage may be in the classroom or it may be in supervised field experiences, or other similar types of experiences in which graduate students work with or under the supervision of the CBR faculty member;
- there can be a research component to CBR: CBR oriented research is defined by communities/agencies and. deals with immediate problems; the practitioner/researcher collaborates with communities/agencies and the research is jointly owned; and,
- CBR may directly facilitate the research of others as in the case of biostatistical or methodological collaboration.

2. The CBH faculty are diverse in terms of their disciplinary backgrounds and research focus areas. In many cases, faculty in CBH publish papers in the area of community-based research that require more time to come to fruition and a greater coordination of co-authors than is the norm for many other disciplines typically represented in colleges of public health. As a result, some of the usual quantitative benchmarks for research productivity (such as the total number or number of "co-authored" publications) **may** not be applicable and must be taken into account with the research conducted. No differential between multi-authored and solo authored papers will be considered.

3. The ultimate measure of performance in research is a national or international reputation for advancing the state of knowledge in the field ("the candidate is a nationally and, where applicable, internationally recognized scholar ... in the chosen field"). Different individuals possess different strengths and weaknesses, and different disciplines have different ways of disseminating information or measuring impact. As a result, any quantitative measure of performance will by nature be more suggestive rather than prescriptive for any individual. Nonetheless, it is useful to provide some general guidance for key indicators of research performance for CBH:

    a. Peer-reviewed publications:
        i. Ordinarily one would expect faculty in CBH to contribute on average 3 peer-reviewed publications per year after the completion of the PhD, where the faculty member is lead author on one-third or more, with the majority of these papers appearing in quality journals in the area of their research. (see item *iii* below).
            1. For candidates for promotion from **assistant to associate** professor with tenure, this means that in most cases the candidate should have in the range of 12-15 papers published (or accepted for publication).
                - Candidates with post-doctoral research experience prior to their appointment at UI, either as a post-doc or as faculty elsewhere, often will have had papers published during that period.
                - While such prior publications add to the candidate's overall body of research, publication of on average 2 or 3 papers per year during the probationary period at UI usually would be necessary to provide evidence of an ongoing high level of research productivity required for promotion and (especially) tenure.
            2. For candidates for promotion from **associate professor to professor**, citation frequency (see item 3*b* below) may be a more reliable indicator of the cumulative impact of the candidate's research than the cumulative number of publications. Nonetheless, in most cases a candidate for full professor normally would be expected to have, at a minimum, 50 published papers in quality peer-review journals, with evidence of an ongoing high level of research productivity.
        ii. Evidence of journal quality could consist of quantitative measures such as the journal's impact factor score, published rankings of journal quality based on surveys of researchers in a particular area, or attestations of journal quality by external reviewers of the candidate's promotion/tenure dossier.

    b. Citation frequency:
        i. Although imperfect, one objective measure of research impact is citation frequency. A published paper that has never been cited by anyone several years after its publication is unlikely to have made a significant contribution to knowledge. Conversely, review articles, methodological papers, and papers presenting estimates of prevalence or costs of specific diseases tend to be cited more frequently than papers addressing a specific research issue. Also, papers published in peer-reviewed journals targeted to practitioners (rather than researchers) may be read and used often but cited less frequently.
        ii. Given the lag between the publication of a paper and measurement of its impact in the form of citation frequency, in general it would be inappropriate to set any specific quantitative expectation for citation frequency for candidates for promotion from assistant to associate professor. Nonetheless, some indication of a trend toward increasing citation frequency helps to demonstrate "scholarly achievement supported by substantial publications."

iii. For candidates for promotion **to full professor** only, citation frequency can be an extremely important indicator of impact. Generally, one would expect a candidate for promotion to full professor to have a cumulative total of around 250 citations or more, with a substantial number of citations to papers where the candidate was the lead author, and where one paper does not account for virtually all citations. To evaluate this, we use the *Web of Science* to access the Institute for Scientific Information's *Science Citation Index* and *Social Science Citation Index*.

c. External reviewers:

The intent of external promotion and tenure reviews is to provide an arms-length evaluation by individuals who are leading experts in the candidate's area of expertise. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends tend to have less impact than evaluations by experts who have not had such relationships with the candidate. In identifying potential external reviewers, all participants in the selection process will take into account the standing of the prospective reviewer in the discipline, the likely knowledge of the reviewer of the material to be reviewed, the apparent impartiality of the reviewer, and the contribution of the reviewer to achieving an overall "balanced" review among the reviewers on any criterion for which there might be a range of perspectives. It is critical to avoid any situation in which a personal and/or professional relationship (including advising, mentoring, co-authoring, etc.) between the candidate and a prospective reviewer could undermine the reviewer's apparent impartiality.

i. Although external reviewers can and do comment on performance in the areas of teaching and service, their assessments of the candidate's contribution to knowledge in the field are particularly important.

d. Research funding:

i. External research funding is an essential element of the fiscal health of the Department, the College, and the University. However, in an academic institution the fundamental role of external research funding is (or should be) to provide the means to expand scientific knowledge. The fact that others are willing to provide financial support for the faculty member's research provides a signal that the research is important and timely.

ii. Funding in dollars is not a direct measure of potential contribution. In particular, CBH faculty often obtain external funding for projects that do not entail extensive primary data collection, expensive equipment or research supplies, or other types of "pass-through" expenditures. The most relevant quantitative measure of funding for CBH faculty relates to the total faculty effort and graduate research assistantships supported.

iii. In general, funding from a source using peer review to guide funding decisions provides a clearer indicator of likely contribution to knowledge than non-peer-reviewed grants or contracts.

iv. Funding as a PI serves as an indicator of an individual faculty member's contribution to the funded research effort. Accordingly:

1. In most cases one would expect a candidate for promotion from **assistant to associate** professor to have externally funded grants or contracts support as a PI to demonstrate the likelihood of future support for the candidate's developing research agenda.
2. Candidates for promotion from **associate to full** professor should have had several externally funded grants or contracts as a PI.

v. Candidates for promotion from **assistant to associate** professor should demonstrate a trend toward consistently meeting or exceeding departmental expectations regarding salary offsets from external research funding, including a trend toward a significant portion of salary offsets coming from funded projects where the candidate is the PI.
vi. Candidates for promotion from **associate to full professor** should consistently meet or exceed departmental expectations regarding salary offsets from external research funding, with a significant portion of salary offsets coming from funded projects where the candidate is the PI.

4. Community Based Research
Competence in CBR can be demonstrated by providing the following types of materials and information at time of promotion and tenure:
- Description of CBR activities;
- For each CBR project, the nature and duration of the project, and the role played by the faculty member;
- Documentation that the CBR contributions have had important effects on policy, and/or on a community, agency or program;
- Evidence that the CBR activities involved or resulted in the creation or development of new public health knowledge;
- Evidence that the CBR activities have contributed to the teaching activities of the faculty member and/or the department; for instance, that teaching is directed at CBR issues such as assessing public health problems, assuring the delivery of public health service, or developing public health policies;
- Evidence that teaching contributions include linking classroom activities and other teaching activities with public health agencies;
- Evidence that new knowledge, methods, or policies derived from the candidate's CBR have diffused to other communities, or health agencies;
- Evidence that new CBR ideas, policies, programs, methods, etc. have been disseminated through publications. In addition to articles in refereed journals, "publication" can mean producing technical reports that are used by public health agencies and/or communities to help them assess public health problems, assure the delivery of public health services, or develop public health policies.
- Receiving honors or awards in recognition of outstanding contributions to CBR;
- Invitations by other institutions or health agencies to help plan, organize or review CBR activities;
- Appointments to national commissions, committees, boards, etc. related to CBR;
- Grants and contracts received by other groups and agencies to fund CBR activities.

Service:

1. General criteria as stated in the operations manual:

"From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual." (OM III 10.2(c)

2. Key indicators of service performance for CBH:
   a. Service on departmental, collegiate, or university-level committees

b. Service as a journal peer-reviewer
c. Service on an NIH/AHRQ/VA or similar study section
d. Service on the editorial board of a journal in the field
e. Service as a journal editor (includes assistant and associate editorship)
f. Service on ad hoc committees for a scientific or professional organization
g. Service as an elected or appointed officer of a scientific or professional organization
h. Participation on boards or task forces at the community, regional, national, or international level.
i. Service to the State of Iowa or other governmental entities

3. Candidates for promotion **to associate professor with tenure** are expected to demonstrate a trend toward increasing service effort.
4. Candidates for promotion **to full professor** should have a demonstrated record of achievement in service.

Tenure Decisions:

In general, a grant of tenure is a much more momentous decision than promotion among those with tenure. For candidates for promotion from assistant to associate professor, the tenure decision usually is tied to the promotion decision. For faculty initially appointed as an untenured associate or full professor, the performance expectations for a grant of tenure at that rank would be, at an absolute minimum, equivalent to the performance expectations for promotion to that rank. Performance during the candidate's probationary period at the University of Iowa would be an especially important consideration in the tenure decision.

CBR Issues that are Relevant to Promotion and Tenure

Schools and College of Public Health are currently implementing guidelines to inform their promotion and tenure process. The Community-Campus Partnership and Association of Schools of Public Health strongly support such initiatives. Thus, this effort by the University of Iowa, College of Public Health, Department of Community & Behavioral Health, reflects a broader trend of large schools and public health organizations to recognize the value of CBR in public health.

Performance Expectations for Tenure-Track Faculty Relating to Promotion and Tenure

Department of Epidemiology
College of Public Health
University of Iowa

This document is based on the approved documents in the Department of Health Management and Policy and the Department of Community and Behavioral Health, College of Public Health, University of Iowa. Acknowledgment of the effort that was put into this document and permission to take from it is greatly appreciated.

General Principles

- One of the components of our mission is scholarship. The definition of the composition, quantity and quality of scholarship is changing and will change with further development of electronic publishing.

- The evaluation is based upon the entire performance of scholarship, teaching and service. These are necessary components and may not be sufficient for promotion and/or tenure.

- Changes in the Department's overall budget, projected enrollment, or research and educational priorities also play a key role. This principle is intended to be consistent with University policy as stated in OM (III-10.1a.(4)(c))[1].

- A level of performance that was sufficient for promotion or tenure in the past may not be sufficient now, and the level of performance that is sufficient now may not be sufficient in the future.

Criteria for Promotion

As stated in the University operations manual:

> "The criteria for promotions include teaching, research, and other professional contributions. Since teaching and research are the central functions of the faculty, other professional contributions are considered subsidiary to these fundamental tasks. The length of service, whether long or short, does not constitute, of itself, a qualification for promotion nor the sole justification for the denial of same." (OM III 10.2)

The general qualifications for faculty appointment at (or promotion to) specific ranks stated in the operations manual are (OM III 10.4):

[1] University of Iowa 2005 Operations Manual, March 2005

Associate Professor.

(1) Convincing evidence that the candidate is an effective teacher of, as appropriate, undergraduate, graduate, postdoctoral, and professional students.

(2) Demonstration of artistic or scholarly achievement supported by substantial publications or equivalent artistic creations or performances, of high quality, as appropriate to the discipline(s).

(3) Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level.

(4) The quality and quantity of teaching, scholarly/artistic accomplishment, and service should give unmistakable promise of promotion to full professor.

Professor.

(1) Consistent record of high-quality teaching at all appropriate instructional levels, including successful guidance of doctoral graduate students to the completion of their degree programs, where applicable.

(2) Continued artistic or scholarly achievement of high quality, accompanied by unmistakable evidence that the candidate is a nationally and, where applicable, internationally recognized scholar or creative artist in the chosen field.

(3) The candidate should have a record of significant and effective service to the department, college, and/or the University and, if appropriate, to the profession.

Promotion and tenure decisions are based on a record of achievement in teaching, research, and service. Of course, the specific elements of performance in teaching, research, and service that reflect a level of achievement worthy of promotion are subjective. Any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise. It is a multi-decision process where the dossier and documentation become the ultimate means of judging proficiency and competency.

Performance Expectations

Teaching

1. General criteria as stated in the operations manual:

   "The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person's teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function." (III 10.2(a))

2. Key indicators of teaching performance for Epidemiology:
   a. Peer evaluations of teaching
      i. Required and documented adequacy of teaching quality
   b. Teaching awards or other recognition of teaching excellence
   c. Teaching development or improvement activities
      i. Course development or major revision
      ii. Continuing education in teaching methods
      iii. Publication of teaching or curriculum methods or evaluation
   d. Successful mentoring of student thesis and preceptorship or practicum research
      i. Candidates for promotion from **assistant** to **associate** professor are expected to devote less effort to mentoring student research. Faculty at the rank of assistant professor should contribute to mentoring student research to the extent possible, for example as a member of a student's dissertation. However, service as chair of a dissertation committee should <u>not</u> be a criterion for promotion from assistant to associate professor. Because of the interdisciplinary aspect of epidemiology this may include dissertation committee's in other Departments or Colleges within the University. Service on Masters' thesis, research preceptor or MPH practicum as a chair and committee member is expected.
      ii. For candidates for promotion from **associate** professor to **professor**, success as a mentor of student research is an important component of teaching performance. Indicators include:
         1. Chairing a PhD student's dissertation committee
         2. Mentoring student presentations and publications

3. Awards for student presentations and publications

e. Student evaluations, both numerical and open-ended comments.
   i. Student evaluations are to be interpreted based upon class size, teaching format and level of the students. Factors likely to affect student evaluations for specific courses must be taken into account. When possible, evaluations for an instructor of a required course should be compared to evaluations of other instructors of the same course.
   ii. The distribution of scores from student evaluations is more informative than simply examining means, particularly in small classes. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).
   iii. Supplemental teaching evaluations are encouraged and will be considered in addition to required evaluations.

f. Professional post-graduate education
   i. Directing or teaching courses/symposia to students and trainees in epidemiology, public health and other colleges (medical, pharmacy or nursing students, medical residents or fellows)
   ii. Directing or teaching of continuing education courses/symposia for professional audiences such as public health practitioners, physicians, pharmacists, nurses, etc.

Research

The faculty member should be developing and demonstrating scholarly activity which is evidenced by research publications, funding and recognition at a local, state, national and international level.

1. General criteria as stated in the operations manual:

   "In most of the fields represented in the programs of the University, publications in media of quality are expected as evidence of scholarly interest pursued independently of supervision or direction. An original contribution of a creative nature is as significant or as deserving as the publication of a scholarly book or article. Quality of production is considered more important than mere quantity. Significant evidence of scholarly merit may be either in a single work of considerable importance or a series of studies constituting a general program of worthwhile research. The candidate should pursue a definite, continuing program of studies, investigations or creative works." (OM III 10.2(b))

2. The Epidemiology faculty is diverse in terms of their disciplinary backgrounds and research focus areas. Also some of the research involves state, national or international collaborations. These factors of publication policies and publication as a cooperative group should be considered through the impact of the research. The usual qualitative and quantitative benchmarks for research productivity (such as the total number or number of "co-authored" publications) **may** not be applicable and must be

taken into account with the research conducted. The expectation is that the faculty member will publish an average of 3 publications per year. No differential between multi-authored and solo authored papers will be considered. The faculty member should indicate his/her contribution to the multi-authored paper and how this paper is a part of his/her research expertise.

The ultimate measure of performance in research is a national or international reputation for advancing the state of knowledge in the field ("the candidate is a nationally and, where applicable, internationally recognized scholar ... in the chosen field"). Different individuals possess different strengths and weaknesses, and different disciplines have different ways of disseminating information or measuring impact. As a result, any quantitative measure of performance will by nature be more suggestive rather than prescriptive for any individual.

Scholarship activities will be assessed according to a relative priority. It is expected that products of research be documented in the dossier to understand the complete scope of the research. The portfolio is not specific to composition but may be adapted for the faculty member's field of study. Clearly peer-reviewed scholarship is given top priority and consideration for promotion and tenure.

a. Priorities of scholarship-related productivity are as follow:

<u>Very High importance</u>

- Peer-reviewed journal articles

<u>High importance</u>

- Research books
- Invited presentations, scientific conference
- Peer-reviewed presentations
- Textbook, editor
- Chapters
- Invited presentations, academic
- Invited presentations, public health conference
- Poster presenter, national or international conference
- Visiting professor
- Public health reports and documents
- Invited editorials

<u>Medium importance</u>

- Poster presenter, regional conference
- Technical reports
- Laboratory/ technical manual
- Technical development and patents

<u>Lower importance</u>

- Non-peer reviewed manuscripts/letters to journals
- Research website
- Progress reports

Other indicators of research productivity include:

1. Partnership development/ Cooperative networks
2. Policy Development
3. Interdisciplinary research
4. Elected membership or fellow status in national or international organization
5. Selection and serving on peer review panels
6. National scientific committee membership
7. Awards from National/International Organizations

b. Research funding:

i. External research funding is an essential element of the fiscal health of the Department, the College, and the University. However, in an academic institution the fundamental role of external research funding is (or should be) to provide the means to expand scientific knowledge. The fact that others are willing to provide financial support for the faculty member's research provides a signal that the research is important and timely.

ii. It is expected that with a tenure-track appointment that the faculty member conducts research.

iii. Funding as measured by dollars is not a direct measure of achievement.

iv. The faculty member should have demonstrated evidence that their intellectual ideas are fundable.

v. In general, funding from a source using peer review to guide funding decisions provides a clearer indicator of likely contribution to knowledge than non-peer-reviewed grants or contracts.

vi. Funding as a PI serves as an indicator of an individual faculty member's contribution to the funded research effort. Accordingly:
   1. In most cases one would expect a candidate for promotion from **assistant to associate** professor to have externally funded grants or contracts support as a PI to demonstrate the likelihood of future support for the candidate's developing research agenda.
   2. Candidates for promotion from **associate to full** professor should have had several externally funded grants or contracts as a PI.

vii. Candidates for promotion from **assistant to associate** professor should demonstrate a trend toward consistently meeting or exceeding departmental expectations regarding salary offsets from external research funding, including a trend toward a significant portion of salary offsets coming from funded projects where the candidate is the PI.

viii. Candidates for promotion from **associate to full professor** should consistently meet or exceed departmental expectations regarding salary

offsets from external research funding, with a significant portion of salary offsets coming from funded projects where the candidate is the PI.

Service

1. General criteria as stated in the operations manual:

   "From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual." (OM III 10.2(c)

2. Key indicators of service performance for Epidemiology:
   a. Service on departmental, collegiate, or university-level committees
   b. Service as a journal peer-reviewer
   c. Service on an NIH/AHRQ/VA/CDC or similar study section
   d. Service on the editorial board of a journal in the field
   e. Service as a journal editor (includes assistant and associate editorship)
   f. Service on ad hoc committees for a scientific or professional organization
   g. Service as an elected or appointed officer of a scientific or professional organization
   h. Departmental or multidisciplinary center administration
   i. Administrative activities associated with grants/contracts and research centers
   j. Participation on boards or task forces at the community, regional, national, or international level.
   k. Service to the State of Iowa or other governmental entities
   l. Service to the public in the state of Iowa, the nation, or internationally through the planning or presentation of educational programs

3. Candidates for promotion **to associate professor with tenure** are expected to demonstrate a trend toward increasing service effort.
4. Candidates for promotion **to full professor** should have a demonstrated record of achievement in service.

External reviewers

The intent of external promotion and tenure reviews is to provide an arms-length evaluation by individuals who are leading experts in the candidate's area of expertise. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends tend to have less impact than evaluations by experts who have not had such relationships with the candidate. In identifying potential external reviewers, all participants in the selection process will take into account the standing of the prospective reviewer in the discipline, the likely knowledge of the reviewer of the material to be reviewed, the apparent

impartiality of the reviewer, and the contribution of the reviewer to achieving an overall "balanced" review among the reviewers on any criterion for which there might be a range of perspectives. It is critical to avoid any situation in which a personal and/or professional relationship (including advising, mentoring, co-authoring, etc.) between the candidate and a prospective reviewer could undermine the reviewer's apparent impartiality.

Although external reviewers can and do comment on performance in the areas of teaching and service, their assessments of the candidate's contribution to knowledge in the field are particularly important.

Tenure Decisions

In general, a grant of tenure is a much more momentous decision than promotion among those with tenure. For candidates for promotion from assistant to associate professor, the tenure decision usually is tied to the promotion decision. For faculty initially appointed as an untenured associate or full professor, the performance expectations for a grant of tenure at that rank would be, at an absolute minimum, equivalent to the performance expectations for promotion to that rank. Performance during the candidate's probationary period at the University of Iowa would be an especially important consideration in the tenure decision.

Performance Expectations for Tenure-Track Faculty Relating to Promotion and Tenure

Department of Health Management and Policy
College of Public Health
University of Iowa

Note: This document was adopted by consensus at the June 1, 2004 faculty meeting and is intended to be used as a set of guidelines only.

General Principles:

- "The bar is always rising." Enhancing the quality and reputation of the Department's research and educational programs over time entails increasing the quality of the faculty. A level of performance that was sufficient for promotion or tenure in the past generally not be sufficient now, and the level of performance that is sufficient now is unlikely to be sufficient in the future.

- Meeting performance expectations is "necessary but not sufficient" for promotion and, especially, tenure. Changes in the Department's overall budget, projected enrollment, or research and educational priorities also play a key role.

Criteria for Promotion:

As stated in the University operations manual:

> "The criteria for promotions include teaching, research, and other professional contributions. Since teaching and research are the central functions of the faculty, other professional contributions are considered subsidiary to these fundamental tasks. The length of service, whether long or short, does not constitute, of itself, a qualification for promotion nor the sole justification for the denial of same."

The general qualifications for faculty appointment at (or promotion to) specific ranks stated in the operations manual are:

> "b. Associate Professor.
>
> (1) Convincing evidence that the candidate is an effective teacher of, as appropriate, undergraduate, graduate, postdoctoral, and professional students.
>
> (2) Demonstration of ... scholarly achievement supported by substantial publications ... of high quality, as appropriate to the discipline(s).
>
> (3) Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level.

(4) The quality and quantity of teaching, scholarly/artistic accomplishment, and service should give unmistakable promise of promotion to full professor.

c. Professor.

(1) Consistent record of high-quality teaching at all appropriate instructional levels, including successful guidance of doctoral graduate students to the completion of their degree programs, where applicable.

(2) Continued artistic or scholarly achievement of high quality, accompanied by unmistakable evidence that the candidate is a nationally and, where applicable, internationally recognized scholar or creative artist in the chosen field.

(3) The candidate should have a record of significant and effective service to the department, college, and/or the University and, if appropriate, to the profession."

In short, promotion and tenure decisions are to be based on a record of achievement in teaching, research, and service. Of course, the specific elements of performance in teaching, research, and service that reflect a level of achievement worthy of promotion is subjective, and any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise.

Performance Expectations:

Teaching:

1. General criteria as stated in the operations manual:

"The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person's teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function."

2. Key indicators of teaching performance for HMP:
   a. Student evaluations, both numerical and open-ended comments.

i. Student evaluations tend to be less favorable for required vs. elective courses, for larger vs. smaller classes, and so. Therefore, in interpreting student evaluations, factors likely to affect student evaluations for specific courses should be taken into account. When possible, evaluations for an instructor of a required course should be compared to evaluations of other instructors of the same course.

ii. The distribution of scores from student evaluations is more informative than simply examining means. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).

b. Peer evaluations of teaching

c. Graduate exit interviews or alumni feedback.

d. Teaching awards or other recognition of teaching excellence

e. Successful mentoring of student research

i. For candidates for promotion from associate professor to professor, success as a mentor of student research is an important component of teaching performance. Indicators include:

1. Chairing a student's dissertation committee (where enrollment permits)
2. Student presentations and publications
3. Awards for student presentations and publications

ii. Candidates for promotion from assistant to associate professor are expected to devote less effort to mentoring student research. Faculty at the rank of assistant professor should contribute to mentoring student research to the extent possible, for example as a member of a student's dissertation. However, service as chair of a dissertation committee should <u>not</u> be a criterion for promotion from assistant to associate professor.

Research:

1. General criteria as stated in the operations manual:

   "[P]ublications in media of quality are expected as evidence of scholarly interest pursued independently of supervision or direction. ... Quality of production is considered more important than mere quantity. Significant evidence of scholarly merit may be either in a single work of considerable importance or a series of studies constituting a general program of worthwhile research. The candidate should pursue a definite, continuing program of studies, investigations or creative works."

2. The HMP faculty are diverse in terms of their disciplinary backgrounds and research focus areas. In many cases, faculty in HMP publish longer papers with fewer co-authors than is the norm for many other disciplines typically represented in colleges of public health. As a result, some of the usual quantitative benchmarks for research productivity (such as the total number or number of "first authored" publications) may not be applicable.

3. The ultimate measure of performance in research is a national or international reputation for advancing the state of knowledge in the field ("the candidate is a nationally and, where applicable, internationally recognized scholar ... in the chosen field"). Different individuals possess different strengths and weaknesses, and different disciplines have different ways of disseminating information or measuring impact. As a result, any quantitative measures of performance will by nature be more suggestive rather than prescriptive for any individual. Nonetheless, it is useful to provide some general guidance for key indicators of research performance for HMP:

    a. Peer-reviewed publications:
        i. The magnitude of the faculty member's contribution to advancing knowledge is what matters, not the mere quantity of lines on a CV. A large number of low quality publications cannot serve as a substitute for quality. Conversely, a relatively small number of very high quality peer-reviewed publications may provide the basis for a substantial contribution to knowledge, if confirmed by other indicators of research impact.
        ii. Ordinarily one would expect faculty in HMP to contribute on average 2 to 3 peer-reviewed publications per year after the completion of the PhD, where the faculty member is lead author on one-third or more, with the majority of these papers appearing in quality journals (see item *iii* below).
            1. For candidates for promotion assistant to associate professor with tenure, this means that in most cases the candidate should have had 10 to 15 papers published (or accepted for publication) during his/her probationary period.
                - Candidates with post-doctoral research experience prior to their appointment at UI, either as a post-doc or as faculty elsewhere, often will have had papers published during that period.
                - While such prior publications add to the candidate's overall body of research, publication of on average 2 or 3 papers per year during the probationary period at UI usually would be necessary to provide evidence of an ongoing high level of research productivity required for promotion and (especially) tenure.
            2. For candidates for promotion from associate professor to professor, citation frequency (see item *b* below) may be a more reliable indicator of the cumulative impact of the candidate's research than the cumulative number of publications. Nonetheless, in most cases a candidate for full professor normally would be expected to have, at a minimum, 40 published papers in quality peer-review journals, with evidence of an ongoing high level of research productivity.
        iii. Evidence of journal quality could consist of quantitative measures such as the journal's impact factor score, published rankings of journal quality based on surveys of researchers in a particular area, or attestations of journal quality by external reviewers of the candidate's promotion/tenure dossier.

    b. Citation frequency:

i. Although imperfect, one objective measure of research impact is citation frequency. A published paper that has never been cited by anyone several years after its publication is unlikely to have made a significant contribution to knowledge. Conversely, review articles, methodological papers, and papers presenting estimates of prevalence or costs of specific diseases tend to be cited more frequently than papers addressing a specific research issue. Also, papers published in peer-reviewed journals targeted to practitioners (rather than researchers) may be read and used often but cited less frequently.
ii. Given the lag between the publication of a paper and measurement of its impact in the form of citation frequency, in general it would be inappropriate to set any specific quantitative expectation for citation frequency for candidates for promotion from assistant to associate professor. Nonetheless, some indication of a trend toward increasing citation frequency helps to demonstrate "scholarly achievement supported by substantial publications."
iii. For candidates for promotion to full professor, citation frequency can be an extremely important indicator of impact. Generally, one would expect a candidate for promotion to full professor to have a cumulative total of around 250 citations or more, with 150 or more representing citations to papers where the candidate was the lead author, and where one paper does not account for virtually all citations.

c. External reviewers:
   i. The intent of external promotion and tenure reviews is to provide an arms-length evaluation by individuals who are leading experts in the candidate's area of expertise. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends tend to have less impact than evaluations by experts who have not had such relationships with the candidate.
   ii. Although external reviewers can and do comment on performance in the areas of teaching and service, their assessments of the candidate's contribution to knowledge in the field are particularly important.

d. Research funding:
   i. External research funding is an essential element of the fiscal health of the Department, the College, and the University. However, in an academic institution the fundamental role of external research funding is (or should be) to provide the means to expand scientific knowledge. The fact that others are willing to provide financial support for the faculty member's research provides a signal that the research is important and timely.
   ii. Funding in dollars is not a direct measure of potential contribution. In particular, HMP faculty often obtain external funding for projects that do not entail extensive primary data collection, expensive equipment or research supplies, or other types of "pass-through" expenditures. The most

relevant quantitative measure of funding for HMP faculty relates to the total faculty effort and graduate research assistantships supported.

iii. In general, funding from a source using peer review to guide funding decisions provides a clearer indicator of likely contribution to knowledge than non-peer-reviewed grants or contracts.

iv. Funding as a PI serves as an indicator of an individual faculty member's contribution to the funded research effort. Accordingly:
   1. In most cases one would expect a candidate for promotion from assistant to associate professor to have externally funded grant or contract support as a PI to demonstrate the likelihood of future support for the candidate's developing research agenda.
   2. Candidates for promotion from associate to full professor should have had several externally funded grants or contracts as a PI.

v. Candidates for promotion from assistant to associate professor should demonstrate a trend toward consistently meeting or exceeding departmental expectations regarding salary offsets from external research funding, including a trend toward a significant portion of salary offsets coming from funded projects where the candidate is the PI.

vi. Candidates for promotion from associate to full professor should consistently meet or exceed departmental expectations regarding salary offsets from external research funding, with a significant portion of salary offsets coming from funded projects where the candidate is the PI.

Service:

1. General criteria as stated in the operations manual:

   "From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual."

2. Key indicators of service performance for HMP:
   a. Service on departmental, collegiate, or university-level committees
   b. Service as a journal peer-reviewer
   c. Service on an NIH/AHRQ/VA or similar study section
   d. Service on the editorial board of a journal in the field
   e. Service as a journal editor
   f. Service on ad hoc committees for a scientific or professional organization
   g. Service as an elected officer of a scientific or professional organization
   h. Participation on boards or task forces at the community, regional, national, or international level.
   i. Service to the State of Iowa
3. Candidates for promotion to associate professor with tenure are expected to demonstrate a trend toward increasing service effort.

4. Candidates for promotion from associate to full professor should have a demonstrated record of achievement in service.

Tenure Decisions:

In general, a grant of tenure is a much more momentous decision than promotion among those with tenure. For candidates for promotion from assistant to associate professor, the tenure decision usually is tied to the promotion decision. For faculty initially appointed as an untenured associate or full professor, the performance expectations for a grant of tenure at that rank would be, at an absolute minimum, equivalent to the performance expectations for promotion to that rank. Performance during the candidate's probationary period at the University of Iowa would be an especially important consideration in the tenure decision.

Performance Expectations for Tenure-Track Faculty Relating to Promotion and Tenure

Department of Occupational and Environmental Health
College of Public Health
The University of Iowa

Note: This document was adopted by consensus at the April 29, 2005 departmental faculty meeting and modified in response to the Associate Provost's suggestions on September 2, 2005. It is intended to be used as a set of guidelines only.

Criteria for Promotion:

As stated in the University operations manual:

> "The criteria for promotions include teaching, research, and other professional contributions. Since teaching and research are the central functions of the faculty, other professional contributions are considered subsidiary to these fundamental tasks. The length of service, whether long or short, does not constitute, of itself, a qualification for promotion nor the sole justification for the denial of same."

The general qualifications for faculty appointment at (or promotion to) specific ranks stated in the operations manual are:

b. Associate Professor.

(1) Convincing evidence that the candidate is an effective teacher of, as appropriate, undergraduate, graduate, postdoctoral, and professional students.

(2) Demonstration of ... scholarly achievement supported by substantial publications ... of high quality, as appropriate to the discipline(s).

(3) Departmental, collegiate, and/or University service and, if appropriate, professional service will be expected at an appropriate level.

(4) The quality and quantity of teaching, scholarly/artistic accomplishment, and service should give unmistakable promise of promotion to full professor.

c. Professor.

(1) Consistent record of high-quality teaching at all appropriate instructional levels, including successful guidance of doctoral graduate students to the completion of their degree programs, where applicable.

(2) Continued artistic or scholarly achievement of high quality, accompanied by unmistakable evidence that the candidate is a nationally and, where applicable, internationally recognized scholar or creative artist in the chosen field.

(3) The candidate should have a record of significant and effective service to the department, college, and/or the University and, if appropriate, to the profession."

In short, promotion and tenure decisions are to be based on a record of achievement in teaching, research, and service. Of course, the specific elements of performance in teaching, research,

and service that reflect a level of achievement worthy of promotion are subjective, and any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise.

Performance Expectations:

Teaching:

8. General criteria as stated in the operations manual:

   "The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person's teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function."

9. Measures of teaching performance for Occupational and Environmental Health include:
   a. Favorable student evaluations, both numerical and open-ended comments
   b. Favorable peer evaluations of teaching
   c. Receipt of teaching awards or other recognition of teaching excellence
   d. Successful mentoring of student and post doctoral research
      i. Candidates for promotion to the rank of associate professor with tenure should contribute to mentoring student and post doctoral training and research, including activities such as:
         1. Advising and training
         2. Serving on or chairing dissertation and thesis committees
         3. Directing internships, externships, and practica
         4. Mentoring presentations and publications
      ii. Candidates for promotion from associate professor to full professor, should participate in the activities listed above and are expected to have chaired doctoral committees.

Research:

12. General criteria as stated in the operations manual:

    "[P]ublications in media of quality are expected as evidence of scholarly interest pursued independently of supervision or direction. ... Quality of production is considered more important than mere quantity. Significant evidence of scholarly merit may be either in a single work of considerable importance or a series of studies constituting a general program of worthwhile research. The candidate should pursue a definite, continuing program of studies, investigations or creative works."

13. The Occupational and Environmental Health faculty are diverse in terms of their disciplinary backgrounds and research focus areas. Because of this diversity, indicators for quality are similarly diverse.

10. In view of the diversity of our field, any quantitative measures of performance will by nature be more suggestive rather than prescriptive for any individual. Nonetheless, it is useful to provide some general guidance for key indicators of research performance for Occupational and Environmental Health:
    a. Scholarly reputation
        i. One important measure of performance in research is a national or international reputation for advancing the state of knowledge in the field ("the candidate is a nationally and, where applicable, internationally recognized scholar ... in the chosen field").
    b. Peer-reviewed publications:
        i. Typically, one would expect faculty in Occupational and Environmental Health to publish 2 to 4 peer-reviewed publications per year after the completion of the PhD, where the faculty member is lead author on one-third or more, with the majority of these papers appearing in quality journals.
            1. For candidates for promotion to associate professor with tenure, this means that in most cases the candidate should typically have had 15-20 papers published (or accepted for publication) during his/her probationary period.
                a. Candidates with post-doctoral research experience prior to their appointment at The University of Iowa, either as a post-doc or as faculty elsewhere, often will have had papers published during that period.
                b. While such prior publications add to the candidate's overall body of research, publication of on average 2 or 4 papers per year during the probationary period at The University of Iowa usually would be necessary to provide evidence of an ongoing high level of research productivity required for promotion and (especially) tenure.
            2. Most candidates for promotion from associate professor to full professor would normally be expected to have 40 published papers in quality peer-review journals, with evidence of an ongoing high level of research productivity.
                a. Evidence of publication impact could consist of quantitative measures such as the journal's impact factor score, citation frequency, published rankings of journal quality based on surveys of researchers in a particular area, or attestations of journal quality by external reviewers of the candidate's promotion/tenure dossier.
    c. External reviewers:
        i. The intent of external promotion and tenure reviews is to provide an objective evaluation by individuals who are leading experts in the candidate's area of expertise. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends should be avoided.
    d. Research funding:
        i. In most cases one would expect a candidate for promotion to associate professor with tenure to have externally funded grant or contract support as a principal investigator to demonstrate the likelihood of future support for the candidate's developing research agenda.
        ii. Candidates for promotion from associate to full professor should have had several externally funded grants or contracts as a principal investigator.

iii. Activity as co-investigator of externally funded grants or as director of a center facility or core are additional measures of research support.
iv. Candidates for promotion to associate professor with tenure should demonstrate a trend toward meeting or exceeding departmental expectations regarding salary offsets from external research funding.
v. Candidates for promotion from associate to full professor should consistently meet or exceed departmental expectations regarding salary offsets from external research funding.

Service:

16. General criteria as stated in the operations manual:
"From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual."
17. Candidates for promotion to associate professor with tenure are expected to demonstrate a trend toward increasing service effort.
18. Candidates for promotion from associate to full professor should have a demonstrated record of achievement in service.
11. Examples of service performance for Occupational and Environmental Health may include:
    a. Academic Service
        i. Service on editorial boards
        ii. Peer review of scientific articles
        iii. Service on a standing study section
        iv. Service on ad-hoc review panels for federal agencies
        v. Service in some other form of the scientific peer-review grant process
        vi. Service as an officer or board member of a relevant professional or not-for-profit organization
    b. Participation in professional and community education
        i. Provide continuing education courses, traditional or via distance learning technology to professional, community, international audiences
    c. Dissemination of news and information
        i. Production and distribution of specialty newsletters
        ii. Contribution of articles or columns to non-academic publications
    d. Work to inform and strengthen public policy
        i. Conduct conferences related to public policy and analysis
        ii. Service on a governmental technical committee
    e. Provide consultation and technical assistance in occupational and environmental health
        i. Provision of fee-for-service consultation through WorkSafe Iowa
        ii. Provision of technical assistance to local/state/regional entities
    f. Contribution of innovations or products that enhance the practice of occupational and environmental health

Performance Expectations for Clinical Track Faculty Relating to Promotion

Department of Biostatistics
College of Public Health
University of Iowa

Note: This document is intended to be used as a set of guidelines only. It supplements, and does not replace, the current University of Iowa Operations Manual and the College of Public Heath Guidelines on Promotion and Tenure.

The University of Iowa Operations Manual (section 10.9 in May 2005) defines Clinical Track Faculty and their role as below.

"All clinical faculty must devote a significant portion of their time to providing or overseeing the delivery of professional services to individual patients or clients. In addition, teaching students, residents, or fellows of the University at the undergraduate, graduate, professional, or postgraduate level is an essential job function for all faculty (whether tenured, tenure track, or clinical). Thus, clinical faculty are expected to integrate the delivery of their professional services with their teaching. While the use of clinical faculty is most easily conceived in the context of health sciences and law where faculty are involved in the delivery of professional services to patients and clients, there are other disciplines in other colleges where the use of clinical faculty for similar purposes may be entirely appropriate."

The requirements for clinical track faculty are different than those for tenure-track faculty in that clinical track faculty are not expected or required to publish methodological research in statistics or supervise PhD students in writing a thesis in Biostatistics (which requires methodological innovation). Such publications and advising are meritorious and add to the case for promotion, but they are not necessary. Clinical track faculty members are required to publish collaborative research, as are all faculty members in Biostatistics, to deliver professional statistical services to collaborators (clients) and to integrate the delivery of their professional services with their teaching. The delivery of professional statistical services can be recognized by funding (through effort on grants or through hourly charges through the Biostatistical Consulting Center or a Biostatistical Core of a large grant) and co-authorship of publications.

Clinical track faculty members are also required to integrate the delivery of these services with teaching. This can be mentoring and supervision of Biostatistics graduate students (as graduate research assistants or through a preceptorship experience) or mentoring of graduate students and/or faculty in other Departments. Traditional classroom teaching may be a very small part of the teaching effort of clinical track faculty. Clinical track faculty are expected to mentor the preceptorships of MS students, sit on graduate and professional degree committees in Biostatistics and/or other disciplines, and mentor students and faculty in other disciplines, but not necessarily to advise PhD students in Biostatistics through the writing of their PhD thesis.

The effort allocation of clinical track faculty may vary widely between individuals and also change from year to year. Effort should reflect funding: corresponding time should be devoted to effort funded through external research grants and through the general fund.

Traditional classroom teaching and service is generally supported through the General Fund. The quantity of teaching, publications and service should reflect effort and funding source when a candidate's record is reviewed for promotion.

In summary, the requirements for promotion in the clinical track are identical to those in the tenure-track except that:

1. There is no requirement for methodological research in the clinical track for promotion to any rank.
2. Faculty members in the clinical track should incorporate teaching into their collaborative research.
3. The effort allocation of clinical track faculty varies between individuals in this track and classroom teaching may be a very small part of effort. The quantity of classroom teaching should reflect funding sources.

For promotion to associate from assistant professor the following are required:

1. Evidence of effective teaching, either in the classroom or through mentoring or both.
2. Demonstration of scholarly achievement supported by substantial scholarly publications, all of which may be collaborative medical research.
3. Service at a level reflected in funding from the General Fund.
4. Teaching, scholarly achievement and service should give unmistakable promise of promotion to full professor in the clinical track.
5. A record including high quality delivery of professional Biostatistical services.

For promotion to full professor:

1. Sustained record of high quality teaching at an effort level consistent with funding.
2. Scholarly achievement of high quality all of which may be collaborative medical research, and evidence of professional biostatistical leadership.
3. Significant service to the department, college, university and nationally/internationally.
4. A sustained record of high quality delivery of professional biostatistical services.

National recognition of scholarly achievement can be documented by making professional contributions leading to co-authorship of publications of high quality and high impact. National recognition can also be documented by editorial service on journals, including non-statistical journals. Professional Biostatistical leadership can be documented, for example, by leadership of the Biostatistics Core of a large group, such as a Comprehensive Cancer Center, General Clinical Research Center, Program Project Grant or collaborative clinical trials group. (All the activities in this paragraph are also appropriate for tenured faculty).

As is the case for tenure-track and tenured faculty, professional service includes cross disciplinary activities such as refereeing for statistical and non-statistical journals and service on committees of statistical and non-statistical professional and scientific societies.

In summary all activities of tenure-track and tenured faculty are appropriate for Clinical track faculty, but not all are required.

Performance Expectations for Clinical Faculty Relating to Promotion

Department of Community and Behavioral Health
College of Public Health
University of Iowa

Note: At this point, the Department uses the College of Public Health Faculty Manual on performance expectations for clinical faculty as a guideline for promotion, stated below.

Qualification for Specific Ranks:

Clinical track faculty hold positions through which they contribute to the teaching, professional productivity, and clinical or service to the College, and hold faculty rank at instructor, assistant professor, associate professor, or professor.

All clinical track faculty are expected to further public health practice which is defined as the application of public health knowledge, skills, and techniques in addressing actual problems and opportunities in governmental and private organizations, at the community level, and in the area of health policy. It involves assisting a wide range of organizations and groups in defining, analyzing, and resolving issues that affect the health status of individuals, communities, and society-at-large. The clients of public health practice consequently include individuals, communities, and organizations. Clinical track faculty with *salaried* appointments are persons who have faculty career positions, who make their primary contributions through teaching, professional productivity, and public health practice to citizens of the state and to alumni. (See Appendices Q, R and V of the College of Public Health Faculty Handbook). No more than 20% of the total salaried College faculty may hold such appointments. The titles of these faculty shall contain the modifier "clinical," noted parenthetically after the rank, such as Assistant Professor (Clinical), and before the name of the department.

Non-salaried clinical track faculty are persons who do not have faculty career positions. They are individuals whose professional affiliations are typically outside The University of Iowa, such as with county health departments or with the Iowa State Department of Public Health. Such faculty make contributions through teaching, professional productivity, and public health practice to citizens of the state and to alumni (See Appendices Q, R, and V of the College of Public Health Faculty Handbook). The titles of these faculty shall contain the modifier "adjunct" before the rank and the modifier "clinical" noted parenthetically after the rank, such as Adjunct Assistant Professor (Clinical). Promotion in this track is based on professional productivity. Promotion for non-salaried clinical track faculty will be effected by reappointment at the higher rank, following the usual faculty review procedures for reappointment.

Effective teaching is essential and is the first requirement for promotion. Professional productivity encompasses activities utilizing the faculty member's professional expertise. The categories of activities to be considered include:

- Professional service
- Public health practice
- Written scholarship

While written scholarship may help satisfy this requirement, it is not required for promotion in this track. The type of written scholarship that will be considered as evidence for promotion in this track is broad, and includes, for example, high quality review articles, text book chapters, and policy documents (for institution, discipline, state government, etc.).

Promotion can be supported by a variety of professional productivity profiles. For example, some faculty will be involved primarily in a single area, such as education or outreach. Other faculty will pursue activities in several of these areas. In all cases, a recommendation for promotion should be based on the quality of the activities, not just the quantity.

Although most faculty members in this track will continue to spend the majority of their effort throughout their career in outreach activities, some individuals may not. These faculty members, by mutual decision with the institution, will focus their effort in a specific sphere of professional productivity (for example, as a laboratory director, hospital or collegiate administrator, curriculum director, funded clinical investigator, etc.). When such individuals are considered for promotion, these activities should be the primary focus of the evaluation as long as there has been demonstration of the appropriate level of expertise in teaching since the original appointment.

A. Assistant Professor (Clinical)

1. He or she must hold the doctorate, its equivalent, suitable professional degree, or must clearly have equivalent experience.
2. He or she must show promise of excellent public health practice and professional productivity.
3. He or she must show evidence of ability as a teacher (See Appendix R).
4. The initial term of appointment is for between one and three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, public health practice, and professional productivity.

   During the third year, or prior to that if a promotion is contemplated, a full-scale departmental-collegiate review will be made. After a positive review, and at least three years in rank, the faculty member will receive an appointment of between 3 and 7 years.

Termination during the term of the appointment must be for failure to meet written standards of competence and performance (see Appendix Z in the College of Public Health Faculty Handbook) established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in *Operations Manual* III.10.9.h.(1).(c).

5. There is no maximum period of time by which promotion must be achieved in this track. However, an Assistant Professor may request consideration for promotion at any regular yearly promotions cycle after, in general, the fourth year of appointment.

B. Associate Professor (Clinical)

1. He or she must hold the doctoral, its equivalent, suitable professional degree, or must clearly have equivalent experience.
2. He or she must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable (see Appendix R). Such direction, although not routinely expected, is a measure of teaching success.
3. He or she must show evidence of progress toward a record of professional productivity and public health practice (see Appendices Q and V of the College of Public Health Handbook).
4. The term of appointment is between 3 and 7 years. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, public health practice, and professional productivity.
   Termination during the term of the appointment must be for failure to meet written standards of competence and performance. These standards will be established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance (Appendix Z), or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal for changed economic circumstances or program needs may only occur at the conclusion of an appointment, and must carry appropriate notice, as defined in *Operations Manual* III.10.9.h.(1).(c).
5. There is no maximum period of time by which promotion must be achieved in this track. However, an Associate Professor may request consideration for promotion at any regular yearly promotions cycle.

C. Professor (Clinical)

1. He or she must hold the doctorate, its equivalent, suitable professional degree, or must clearly have equivalent experience.

2. He or she must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable (see Appendix R). Such direction, although not routinely expected, is a measure of teaching success.
3. He or she must have an established record of professional productivity and public health practice, and unmistakable evidence or recognition by peers at the state, regional, national, or international level (see Appendix Q and Appendix V).
4. At the rank of Professor, the term of appointment is between 3 and 7 years. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in professional productivity, teaching, and public health practice.

   Termination during the term of the appointment must be for failure to meet written standards of competence and performance. These standards will be established by departments and approved by the College (Appendix Z). A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal for changed economic circumstances or program needs may only occur at the conclusion of an appointment, and must carry appropriate notice, as defined in *Operations Manual* III.10.9.h.(1).(c).

II. Review of Faculty

Salaried clinical track assistant professors should be reviewed annually during the first six years of appointment, and during the review cycle prior to every renewal of appointment thereafter, with the results reported by the Collegiate Dean to the Provost on the appropriate form. If the faculty member is promoted to Associate Professor between the third and sixth years, annual review is not required thereafter. Initiation of the review is the responsibility of the department head. It is expected that the review will be performed in consultation with the individual faculty member. All salaried clinical track faculty members must be reviewed by both the clinical track and tenured departmental faculty members of higher rank during the third year of service, or prior to the termination of the appointment period when initial appointment is for less than three years; and during the review cycle prior to every renewal of appointment thereafter.

III. Promotion and Reappointment

Several factors should be kept in mind when promotion is considered. These are stated in various parts of these policies and procedures and those of the University:

A. All faculty, whether on the tenure or clinical track, must teach. The effectiveness of teaching is evaluated before proceeding with consideration for promotion.

B. Although there will be variation in the types and quantities of activities necessary for promotion and reappointment, all faculty members must demonstrate effective teaching, outstanding professional productivity, and effective public health practice, such as outreach activities. (See Appendices Q, R and V in the College of Public Health Faculty Handbook).

June 8, 2010

Guidelines for Clinical-Track Faculty

Relating to Appointment, Review, and Promotion

Department of Epidemiology
College of Public Health
University of Iowa

I. General Principles

1. All rules and procedures of the University of Iowa and the College of Public Health will be followed, as they apply to clinical track faculty. They are not necessarily repeated in this document.
2. Periodic review of clinical track faculty will take place with full cognizance of the mix of academic activities and the "portfolio" agreed upon by the faculty member and the Head of the Department, thus forming a basis for the structure of expectations.
3. Evaluation of the quality of clinical track faculty performance is based on the same criteria as those of tenure track faculty, except that research activities are not necessary a part of performance evaluation. However, if the clinical track faculty member is performing research in the conventional sense, the quality of that research will be held to the same standard as that of tenure track faculty.
4. Changes in the Department's overall budget, projected enrollment, or research and educational priorities also play a key role in decisions on appointment, reappointment, promotion and termination of clinical track faculty. This principle is intended to be consistent with University policy as stated in OM (III-10.1a(4)(c).
5. A level of performance that was sufficient for promotion in the past may not be sufficient now, and the level of performance that is sufficient now may not be sufficient in the future.

II. Definition of Clinical Track Faculty in the College of Public Health

The clinical track faculty appointment code is used for appointments of renewable-term faculty whose instructional activities and service are in programs subject to professional accreditation that require extensive supervision of practicum or internship experiences and whose professional development expectations do not include research of the sort expected of tenure-track faculty.

Terms of Appointment

Clinical-track faculty appointments are academic-year appointments. Initial appointment will be for a one-, two-, or three-year term. The first three years are considered "probationary." Reappointment after the initial three years of appointment is for a three-year term, although a two-year reappointment term is mandated for appointments at the instructor rank. Reappointment terms for up to seven years are possible for appointments at the associate professor and full professor ranks after at least three years of service at The University of Iowa, if departmental faculty and the Dean deem a longer term appropriate for the individual and the circumstances of the program served.

Review of Clinical Track Faculty

All clinical-track faculty will be reviewed annually throughout the probationary period, generally one to three years in duration. After three years, or prior to that if a promotion is contemplated, a full-scale, departmental-collegiate review will be completed (Operations Manual, III-10.9.d(1)). Reappointment may then be made for three to seven years thereafter. University policy requires that the department establish written performance standards for the position. Reviews will be carried out according to procedures established by the department for clinical faculty review, using the position description and the performance standards for the position. The review will be forwarded to the Office of the Associate Dean for Research and Academic Affairs, as well as being shared with the clinical track faculty member. Departmental recommendations on reappointment are subject to Collegiate review.

Responsibilities

Clinical or other supervision, program oversight, and related teaching are assumed to take at least 60% of the working hours of a clinical track faculty member, with professional development 20% and service 20% for the average appointee in this category. The position does not have a mandated research component nor expectation of research accomplishments, although professional development and professional service may involve research in some cases. Although clinical track faculty do not automatically become members of the Graduate Faculty, it may from time to time be appropriate to request temporary Graduate Faculty status for service on a particular graduate committee; the College must endorse such a request from a department.

Rights

The clinical track faculty member will participate in the faculty governance process as defined by the University, the College, and the department. For collegiate policy on voting and election rights, see the College's Manual of Procedure, Article I. The following is excerpted from the College of Public Health's Operations Manual:

III. Criteria for Review and Promotion of Clinical Track Faculty

The general qualifications for faculty appointment at (or promotion to) specific ranks stated in the operations manual are (OM III 10.9):

1. *Assistant Professor (Clinical)*
   a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b) S/he must show evidence of ability as a teacher.
   c) S/he must show promise of excellent public health practice and professional productivity.

2. *Associate Professor (Clinical)*
   a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b) S/he must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable.
   c) S/he must demonstrate a substantial record of professional productivity and public health practice.

3. *Professor (Clinical)*
   a) S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b) S/he must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable.
   c) S/he must have an established record of professional productivity and public health practice, and unmistakable evidence of national recognition.

Promotion

1. Salaried clinical track faculty. The question of promotion of clinical track faculty may be brought up during any regular promotions cycle. Promotion of salaried clinical track faculty will follow University and collegiate "Procedures for Clinical-Track Promotion Decision Making at The University of Iowa." All recommendations for promotion of salaried clinical track faculty are submitted to the Board of Regents for approval.

2. Non-salaried clinical track faculty. Procedures and criteria for the promotion of nonsalaried clinical track faculty shall be adopted by individual colleges and approved by the Office of the Executive Vice President and Provost. The provisions of III-10.5 and those regarding salaried clinical faculty described herein do not apply.

Termination and non-renewal

1. Salaried clinical track faculty
   a) Termination of salaried clinical track faculty during the term of the appointment must be for failure to meet written standards of competence and performance established by the unit and the University.

   b) A decision not to renew an appointment of a salaried clinical track faculty member may be for failure to meet written standards of competence and performance established by the unit and the University, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal for changed economic circumstances or program needs may only occur at the conclusion of an appointment, and must carry appropriate notice.

A decision for termination or non-renewal of salaried clinical track faculty is subject to the provisions of the Faculty Dispute Procedures. (See III-29).

2. Non-salaried clinical track faculty. Grounds and procedures for the termination or non-renewal of non-salaried clinical faculty shall be adopted by individual colleges and approved by the Office of the Executive Vice President and Provost. Decisions to terminate or not renew non-salaried clinical track faculty appointments will be reviewed by the dean of the college in which the faculty member was appointed. However, because non-salaried clinical track faculty are not considered employees of the University, such decisions are not subject to the provisions of the Faculty Dispute Procedures.

IV. Department of Epidemiology—Evaluation Criteria Defined

Department Criteria

Promotion decisions are based on a record of achievement in teaching and service. Of course, the specific elements of performance in teaching and service that reflect a level of achievement worthy of

promotion are subjective. Any evaluation process must be sufficiently flexible to encompass differences across faculty in disciplinary training, teaching assignments, and research expertise. It is a multi-decision process where the dossier and documentation become the ultimate means of judging proficiency and competency.

Performance Expectations

Service

1. General criteria as stated in the operations manual:
   "From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual." (OM III 10.2(c))

2. Key indicators of service performance for Epidemiology:
   a) Service on departmental, collegiate, or university-level committees
   b) Service as a journal peer-reviewer
   c) Service on an NIH/AHRQ/VA/CDC or similar study section
   d) Service on the editorial board of a journal in the field
   e) Service as a journal editor (includes assistant and associate editorship)
   f) Service on ad hoc committees for a scientific or professional organization
   g) Service as an elected or appointed officer of a scientific or professional organization
   h) Departmental or multidisciplinary center administration
   i) Administrative activities associated with grants/contracts and research centers
   j) Participation on boards or task forces at the community, regional, national, or international level
   k) Service to the State of Iowa or other governmental entities
   l) Service to the public in the state of Iowa, the nation, or internationally through the planning or presentation of educational programs

3. Candidates for promotion **to associate professor** are expected to demonstrate a trend toward increasing service effort.
4. Candidates for promotion **to full professor** should have a demonstrated record of achievement in service.

Teaching

1. General criteria as stated in the operations manual:
   "The prime requisites for an effective teacher are intellectual competence, integrity, and independence; a willingness to consider suggestions and to cooperate in teaching activities; a spirit of scholarly inquiry which leads to the development and strengthening of course content in the light of developments in the area of interest, as well as to improve methods of presenting material; a vital interest in teaching and working with students and, above all, the ability to stimulate their intellectual interest and enthusiasm. The quality of teaching is admittedly difficult to evaluate. This evaluation is so important, however, that recommendations for promotion should include evidence drawn from such sources as the collective judgment of students, of student counselors and of colleagues who have visited the individual classes or who have been closely associated with the person's teaching as supervisor or in some other capacity, or who have taught the same students in subsequent courses. Academic counseling or advising of students should be recognized as an

important component of the teaching process, and due credit should be given to faculty members who exert an unusual effort in this function." (III 10.2(a))

2. Key indicators of teaching performance for Epidemiology:
   a) Peer evaluations of teaching
      i. Required and documented adequacy of teaching quality
   b) Teaching awards or other recognition of teaching excellence
   c) Teaching development or improvement activities
      i. Professional course development or major revision
      ii. Continuing education in teaching methods
      iii. Publication of teaching or curriculum methods or evaluation
   d) Successful mentoring of student thesis and preceptorship or practicum research
      i. Candidates for promotion from **assistant** to **associate** professor are expected to devote less effort to mentoring student research. Faculty at the rank of assistant professor should contribute to mentoring student research to the extent possible, for example as a member of a student's dissertation committee. However, service as chair of a dissertation committee should <u>not</u> be a criterion for promotion from assistant to associate professor. Because of the interdisciplinary aspect of epidemiology this may include dissertation committee's in other Departments or Colleges within the University. Service on Masters' thesis committees, research preceptor or MPH practicum committees as a chair or member is expected.
      ii. For candidates for promotion from **associate** professor to **professor**, success as a mentor of student research is an important component of teaching performance. Indicators include:
         1. Chairing a PhD student's dissertation committee
         2. Mentoring student presentations and publications
         3. Awards for student presentations and publications
   e) Student evaluations, both numerical and open-ended comments
      i. Student evaluations are to be interpreted based upon class size, teaching format and level of the students. Factors likely to affect student evaluations for specific courses must be taken into account. When possible, evaluations for an instructor of a required course should be compared to evaluations of other instructors of the same course.
      ii. The distribution of scores from student evaluations is more informative than simply examining means, particularly in small classes. For example, a rating of "3" by 100% of students is not the same as a bimodal distribution of "5" or "1" by 50% each. Also, a mean of "4" in a class of 5 students is not the same as a mean of "4" in a class of 30 students).
      iii. Supplemental teaching evaluations are encouraged and will be considered in addition to required evaluations.
   f) Professional post-graduate education
      i. Directing or teaching courses/symposia to students and trainees in epidemiology, public health and other colleges (medical, pharmacy or nursing students, medical residents or fellows)
      ii. Directing or teaching of continuing education courses/symposia for professional audiences such as public health practitioners, physicians, pharmacists, nurses, etc.

Research

Clinical-track faculty members do not have a required research component or expectation of research accomplishments, although professional development and professional service may involve research in some cases. If the clinical track faculty member is developing and demonstrating scholarly activity, the quality of that research will be held to the same standard as that of tenure track faculty, which is detailed elsewhere. The scholarly activity should consist of publications, funding and recognition at the local, state, national and international levels.

1. General criteria as stated in the Operations Manual:
   "In most of the fields represented in the programs of the University, publications in media of quality are expected as evidence of scholarly interest pursued independently of supervision or direction. An original contribution of a creative nature is as significant or as deserving as the publication of a scholarly book or article. Quality of production is considered more important than mere quantity. Significant evidence of scholarly merit may be either in a single work of considerable importance or a series of studies constituting a general program of worthwhile research. The candidate should pursue a definite, continuing program of studies, investigations or creative works." (OM III 10.2(b))

2. The Department of Epidemiology
   The Epidemiology faculty is diverse in terms of their disciplinary backgrounds and research focus areas. Also some of the research involves state, national or international collaborations. These factors of publication policies and publication as a cooperative group should be considered through the impact of the research. The usual qualitative and quantitative benchmarks for research productivity (such as the total number or number of "co-authored" publications) may not be applicable and must be taken into account with the research conducted. The expectation is that the faculty member will publish an average of 3 publications per year. No differential between multi-authored and solo authored papers will be considered. The faculty member should indicate his/her contribution to the multi-authored paper and how this paper is a part of his/her research expertise.

   The ultimate measure of performance is a national or international reputation for advancing the state of knowledge in the field ("the candidate is a nationally and, where applicable, internationally recognized scholar ... in the chosen field"). Different individuals possess different strengths and weaknesses, and different disciplines have different ways of disseminating information or measuring impact. As a result, any quantitative measure of performance will by nature be more suggestive rather than prescriptive for any individual.

   Scholarship activities will be assessed according to a relative priority. It is expected that products be documented in the dossier to understand the complete scope of the scholarly interest. The portfolio is not specific to composition but may be adapted for the faculty member's field of study.

   a) Priorities of scholarship-related productivity are as follows:

      Very High importance (Since these products typically to not undergo formal peer review, they should be reviewed and evaluated for their importance, quality, relevance of the contribution and public health impact.)

      - Educational materials
      - Reports and presentations for professionals
      - Public health reports and documents

High importance

- Peer-reviewed journal articles
- Research books
- Invited presentations, scientific conference
- Peer-reviewed presentations
- Textbook, editor
- Chapters
- Invited presentations, public health conference
- Poster presenter, national or international conference
- Visiting professor
- Invited editorials

Medium importance

- Poster presenter, regional conference
- Technical reports
- Laboratory/technical manual
- Technical development and patents

Lower importance

- Non-peer reviewed manuscripts/letters to journals
- Service or education website
- Progress reports

Other indicators of research productivity include:

1. Partnership development/Cooperative networks
2. Policy Development
3. Interdisciplinary research
4. Elected membership or fellow status in national or international organization
5. Selection and serving on peer review panels
6. National scientific committee membership
7. Awards from National/International Organizations

External reviewers

The intent of external promotion and tenure reviews is to provide an arms-length evaluation by individuals who are leading experts in the candidate's area of expertise. Therefore, as a general rule, evaluations by frequent coauthors, former thesis advisors, former colleagues, or close friends tend to have less impact than evaluations by experts who have not had such relationships with the candidate. In identifying potential external reviewers, all participants in the selection process will take into account the standing of the prospective reviewer in the discipline, the likely knowledge of the reviewer of the material to be reviewed, the apparent impartiality of the reviewer, and the contribution of the reviewer to achieving an overall "balanced" review among the reviewers on any criterion for which there might be a range of perspectives. It is critical to avoid any situation in which a personal and/or professional relationship (including advising, mentoring, co-authoring, etc.) between the candidate and a prospective reviewer could undermine the reviewer's apparent impartiality.

Although external reviewers can and do comment on performance in the areas of teaching and service, their assessments of the candidate's contribution to knowledge in the field are particularly important.

(Additional guidance on clinical track performance expectations for specific ranks, review procedures for clinical track faculty with joint appointments, and a definition of professional productivity can be found in Appendices O, P and Q of the College of Public Health Faculty Handbook.)

Guidelines for Appointment, Reappointment and Promotion of Clinical Track Faculty

Department of Health Management and Policy
College of Public Health
University of Iowa

I. Clinical Track Appointments

Clinical track faculty hold term appointments through which they contribute to the service, teaching, professional productivity, and/or outreach missions of the College, and hold faculty rank at the instructor, assistant professor, associate professor, or professor level. All clinical track faculty are expected to further public health practice which is defined as the application of public health knowledge, skills, and techniques in addressing actual problems and opportunities in governmental and private organizations, at the community level and in the area of health management and policy. It involves assisting a wide range of organizations and groups in defining, analyzing, and resolving issues that affect the health status of individuals, communities, and society-at-large. The clients of public health practice and health management consequently include individuals, communities, and organizations.[1] [2]

II. Qualifications for Specific Ranks

The general qualifications for appointment, reappointment, and promotion to specific ranks are stated in the Collegiate Guidance for Clinical Track Appointments:

1. *Assistant Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must show evidence of ability as a teacher.
   c. S/he must show promise of excellent public health practice and professional productivity.

2. *Associate Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable.
   c. S/he must demonstrate a substantial record of professional productivity and public health practice.

3. *Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable.
   c. S/he must have an established record of professional productivity and public health practice, and unmistakable evidence of national recognition.

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[1] Collegiate Guidance for Clinical Track Appointments, Appendix F.

[2] UI Human Resources Policy [Par. 10.9(c)(1)] details options for duration of clinical track appointments.

III. Reappointment

In accord with UI policy, a review of clinical faculty members in the Department of Health Management and Policy will be done prior to the completion of their current term of appointment. This review will provide the basis for determining whether or not the faculty member will be reappointed and, if so, the length of the term. This review should take into account the faculty member's demonstrated effectiveness in fulfilling teaching and professional productivity. It should also consider departmental, collegiate and University goals and the likely role of the faculty member in contributing to those goals.[3]

The review ordinarily will involve the following steps:

1. Reappointment requires both the faculty member and the department head to desire contract renewal. At least eight months prior to completion of the current term of appointment, the faculty member and department head will meet to determine whether or not reappointment will be pursued.

2. If the faculty member does not want to be reappointed, his or her appointment in the department will conclude at the end of their current term.

3. The following process will be initiated for consideration of reappointment:

    a. The faculty member will prepare a self-assessment of accomplishments and contributions in relation to his or her responsibilities in teaching, service, and professional productivity beyond clinical service. This report will be completed at least seven months before the end of the faculty member's current term, with copies provided to the department head and dean.

    b. Letters regarding the faculty member's performance will be obtained from at least five persons selected jointly by the department head and faculty member. These will include at least three persons from outside the College of Public Health who are familiar with the faculty member's performance in teaching, service, and/or professional productivity including clinical service. The letters will be requested by the department head to be available at least seven months before the end of the faculty member's current term.

    c. At least seven months before the end of the faculty member's current term, the department head will appoint a Departmental Consulting Group (DCG) consistent with collegiate policy. They will review pertinent documentation including teaching evaluations, the annual review reports required both by UI and College of Public Health policies, the faculty member's self-assessment, and the letters obtained as part of this process. The DCG will prepare a summary report for the department head regarding their views on the faculty member's accomplishments and contributions during his or her current term.

[3] Operations Manual III-9 Appointments

d. At least five months before the end of the faculty member's current term, the department head and faculty member will meet to review the materials outlined in Paragraph 2(c)(3) and the ad hoc committee's report. The department head and faculty member may decide jointly to obtain additional input.

e. At least four months before the end of the faculty member's current term, the department head will prepare a report and recommendation to the dean. This report will be reviewed in advance with the faculty member, who will be given the opportunity to offer comments and suggestions before the report is finalized. The report will include the department head's recommendation regarding reappointment and, if another term is recommended, the recommended length of that term and an outline of the faculty member's role and responsibilities.[4]

f. The faculty member may also provide a letter to the dean, with a copy to the department head, indicating his or her position on the department head's report and recommendation.

g. At least three months before the end of the faculty member's current term, the dean will indicate his or her position regarding the department head's report and recommendation. If there is agreement, the department head and faculty member will be advised and, in accord with UI Human Resources Policy [Par. 10.9(d)(1)], a report and recommendation will be forwarded to UI Central Administration for review and approval.

h. If the faculty member does not concur with the collegiate report and recommendations, s/he may elect to employ UI Faculty Dispute Procedures.

i. If the faculty member is reappointed, the new term begins immediately upon final action by UI Central Administration; if the faculty member is not reappointed, his or her appointment in the department will conclude twelve months after formal notification.[5]

4. The reappointment process outlined above ordinarily will be followed upon completion of the faculty member's initial and subsequent terms. In the case of second and later terms, the standard process may be modified with mutual consent of the faculty member, department head, and dean.

IV. Termination and/or Non-renewal

Termination during the term of the appointment must be for failure to meet written standards of competence and performance established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such

[4] In accord with UI Human Resources Policy [Par. 10.9(d)(1)], after a positive review, instructors will receive two-year reappointments; assistant, associate, and full professors will receive three to seven year reappointments.

[5] UI Human Resources Policy [Par. 10.9(h)(1)] sets forth standard procedures for termination and non-renewal of salaried clinical faculty appointments.

that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in *Operations Manual* III.10.9.h.(1).(c).

V. Promotion

Clinical track faculty who desire to be promoted must meet the requirements that would apply for appointment to that rank (see section II of this document). Promotion for clinical track faculty will follow the usual faculty review procedures for promotion.

Promotion for clinical track faculty will be based on teaching and professional productivity. Professional productivity encompasses activities utilizing the faculty member's professional expertise. The categories of activities to be considered include:

- Professional service
- Public health practice
- Scholarship

Promotion can be supported by a variety of professional productivity profiles. For example, some faculty may be involved primarily in a single area, such as education or public health practice. Other faculty may pursue activities in multiple areas. In all cases, a recommendation for promotion should be based upon the quality of the activities, not just the quantity.

It should be noted that while there is no maximum period of time by which promotion must be achieved in this track. However, an assistant professor may request consideration for promotion at any regular yearly promotion cycle after, in general, the fourth year of appointment. An associate professor may request consideration for promotion at any regular yearly promotions cycle.

A. Teaching

Traditional teaching responsibilities at the University are focused on formalized for credit programs. However, the University establishes a number of audiences for the teaching responsibility of clinical faculty including students, residents, or fellows of the University at the undergraduate, graduate, professional, or postgraduate level. Clinical faculty engage in a variety of teaching responsibilities in a variety of formats which may include: teaching for credit courses; providing non-credit programs and workshops, distance and online - learning programs, seminars, and continuing education. In addition some faculty may direct graduate projects, internships, and serve on master and doctoral committees, as well as mentoring graduate students.

Therefore a variety of supporting materials can be used to judge the faculty member's effectiveness as a teacher. The process might include a review of syllabi, student course evaluations, online course evaluations, peer evaluations and administrator evaluations.

Key indicators of teaching performance may include but are not limited to:

- Faculty evaluation of the objectives, methods, and materials of courses that have been designed and taught by the individual.
- Student evaluations of the performance of the individual.
- Evaluations from short courses or "workshops" for students, residents and fellows, postgraduate professionals, and the lay public.
- Peer evaluations of teaching.
- Graduate exit interviews or alumni feedback.
- Teaching awards or other recognition of teaching excellence.
- Evaluation concerning the performance of students, residents, and fellows taught by the individual whenever possible and appropriate.

B. Professional Productivity

Members of the clinical track are expected to contribute significantly to professional productivity. Professional productivity is defined to include three components: Public health practice; professional service; and scholarship.

1. Public Health Practice

The Association of Schools of Public Health (ASPH), the Council on Education in Public Health (CEPH) and the Association of University Programs in Health Administration (AUPHA) characterize degrees in public health and health administration as applied fields which support the need to identify and develop faculty who are involved in practice. Furthermore, the engagement of such faculty should also help the College apply and evaluate research and theories in public health and health management.

Clinical practice activities are revenue generating and may include:

- Providing services to external organizations on a contractual basis whereby UI is compensated for the faculty member's time and efforts.
- Performing duties within UIHC, VA Medical Center, the College of Public Health, or other UI units that involve application of faculty member's professional expertise and for which compensation is provided.
- Serving as members of organizational governing boards or committees. Where compensation is provided for these roles, a proportion agreed upon by the faculty member and department head will be used to offset the faculty member's salary.
- Arrangements whereby a faculty member participates in community activities, including consultation and/or technical assistance, in accordance with UI policies and procedures.

2. Professional Service

General criteria as stated in the operations manual:

> "From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its

relation to the general welfare of the University and its effect on the development of the individual."

Key indicators of service performance may include, but are not limited to:

- Advising student organizations.
- Contributing to professional growth and development of junior colleagues.
- Serving on Department, College of University committees (indicate if chair).
- Serving as an administrator within the Department, College of University.
- Reviewing grant proposals.
- Serving on accrediting agencies or boards.
- Serving on committees of professional academic organizations.
- Serving on professional/technical committees.
- Performing academic service to the community (should be professionally related). Examples would include presenting guest lectures and preparing materials for paraprofessionals.
- Service to the State of Iowa

3. Scholarship

In its landmark 1990 report, Scholarship Revisited: Priorities for the Professoriate, the Carnegie Foundation for the Advancement of Teaching defined scholarship as having four separate but overlapping dimensions: the scholarship of discovery, the scholarship of teaching, the scholarship of integration, and the scholarship of application.[6] Clinical track faculty are expected to contribute to and advance the field of public health and health-related practice through scholarship. Scholarship activities are broadly defined to include but are not limited to:

- Developing and/or implementing new models for improving public health or health care practice;
- Developing and/or implementing new models for improving education and training.
- Formal presentations to members of the practice and/or academic communities at local, state, regional and national meetings.
- Written works including both peer and non-peer reviewed articles, text book chapters, policy documents, publications in trade journals, and technical reports; and
- Practice-based research and/or translational research.

It should be noted that while the scholarship of discovery may help satisfy this requirement it is not required for promotion in this track.

[6] This hierarchy of scholarship was subsequently endorsed by the Association of Schools of Public Health, Council of Public Health Practice Coordinators in Demonstrating Excellence in Academic Public Health Practice. The Department of Health Management and Policy faculty endorses this paradigm of scholarship as especially appropriate for colleges and departments that include clinical-track faculty and should guide the implementation of faculty evaluations for promotion and retention.

Guidelines for Appointment, Reappointment and Promotion of Clinical Track Faculty

Department of Occupational and Environmental Health
College of Public Health
University of Iowa

I. Clinical Track Appointments

Clinical track faculty hold term appointment positions through which they contribute to the teaching, professional productivity, and service activities of the College, and hold faculty rank at instructor, assistant professor, associate professor, or professor. All clinical track faculty are expected to further public health practice which is defined as the application of public health knowledge, skills, and techniques in addressing actual problems and opportunities in governmental and private organizations, at the community level, and in the area of public/environmental health policy. It involves assisting a wide range of organizations and groups in defining, analyzing, and resolving issues that affect the health status of individuals, communities, and the environment. The clients of public health practice consequently include individuals, communities, policy makers and organizations.

Clinical track faculty with *salaried* appointments are persons who have faculty career positions, who make their primary contributions through teaching, professional productivity, and public health practice to citizens of the state and the nation. No more than 20% of the total salaried College faculty may hold such appointments. The titles of these faculty shall contain the modifier "clinical," noted parenthetically after the rank, such as Assistant Professor (Clinical), and before the name of the department.[1] Clinical track faculty in the Department of Occupational and Environmental Health are expected to support their salary as specified in their letter of appointment.

II. Qualifications for Specific Ranks

The general qualifications for appointment, reappointment, and promotion to specific ranks are stated in the Collegiate Guidance for Clinical Track Appointments:

1. *Assistant Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must show evidence of ability as a teacher.
   c. S/he must show promise of excellent public health practice and professional productivity.
2. *Associate Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable.
   c. S/he must demonstrate a substantial record of professional productivity and public health practice.
3. *Professor (Clinical)*
   a. S/he must hold a doctorate, its equivalent, or suitable professional degree.
   b. S/he must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable.
   c. S/he must have an established record of professional productivity and public health practice, and unmistakable evidence of national recognition.

[1] College of Public Health Faculty Handbook, Appendix O.

III. Reappointment

In accord with UI policy, a review of clinical faculty members in the Department of Occupational and Environmental Health will be done prior to the completion of their current term of appointment. This review will provide the basis for determining whether or not the faculty member will be reappointed and, if so, the length of the term. This review should take into account the faculty member's demonstrated effectiveness in fulfilling teaching functions and professional productivity. It should also consider departmental, collegiate and university goals and the likely role of the faculty member in contributing to those goals.[2]

The review ordinarily will involve the following steps:

1. Reappointment requires both the faculty member and the department head to desire contract renewal. At least seven months prior to completion of the current term of appointment, the faculty member and department head will meet to determine whether or not reappointment will be pursued.
2. If the faculty member does not want to be reappointed, his or her appointment in the department will conclude at the end of their current term.
3. The following process will be initiated for consideration of reappointment:
    a. The faculty member will prepare a self-assessment of accomplishments and contributions in relation to his or her responsibilities in teaching, service, and professional productivity beyond clinical service. This report will be completed at least six months before the end of the faculty member's current term, with copies provided to the department head and dean.
    b. Letters regarding the faculty member's performance will be obtained from at least four persons selected jointly by the department head and faculty member. These will include at least two persons from outside the College of Public Health who are familiar with the faculty member's performance in teaching, service, and/or professional productivity including clinical service. The letters will be requested by the department head to be available at least five months before the end of the faculty member's current term.
    c. At least five months before the end of the faculty member's current term, the department head will appoint a Departmental Consulting Group (DCG) consistent with collegiate policy. They will review pertinent documentation including teaching evaluations, the faculty member's self-assessment, and the letters obtained as part of this process. The DCG will prepare a summary report for the department head regarding their views on the faculty member's accomplishments and contributions during his or her current term.
    d. At least four months before the end of the faculty member's current term, the department head and faculty member will meet to review the materials outlined in Paragraph III.3.c and the ad hoc committee's report. The department head and faculty member may decide jointly to obtain additional input.
    e. At least three months before the end of the faculty member's current term, the department head will prepare a report and recommendation to the dean. This report will be reviewed in advance with the faculty member, who will be given up to 7 days to offer comments and suggestions before the report is finalized. The report will include the department head's recommendation regarding reappointment and, if another term is recommended, the recommended length of that term and an outline of the faculty

[2] Operations Manual III-9 Appointments

member's role and responsibilities.[3] The faculty member may also provide a letter to the dean, with a copy to the department head, indicating his or her position on the department head's report and recommendation.

f. At least two months before the end of the faculty member's current term, the dean will indicate his or her position regarding the department head's report and recommendation. If there is agreement, the department head and faculty member will be advised and, in accord with UI Human Resources Policy [Par. 10.9(d)(1)], a report and recommendation will be forwarded to UI Central Administration for review and approval.

g. If the faculty member does not concur with the collegiate report and recommendations, s/he may elect to employ UI Faculty Dispute Procedures.

h. If the faculty member is reappointed, the new term begins immediately upon final action by UI Central Administration; if the faculty member is not reappointed, his or her appointment in the department will conclude twelve months after formal notification.[4]

4. The reappointment process outlined above ordinarily will be followed upon completion of the faculty member's initial and subsequent terms. In the case of second and later terms, the standard process may be modified with mutual consent of the faculty member, department head, and dean.

Summary Timeline (see above text for detailed description)

Date prior to completion of current appointment	Tasks to be completed
7 months	Decide whether to pursue reappointment DEO solicit 4 evaluative letters
6 months	Candidate submits self-assessment to DEO and Dean
5 months	Evaluative letters are due DEO appoints DCG
4 months	DCG report is due DEO and candidate meet to review report and status
3 months	DEO report to candidate (> 1 week before - 3 mo) Candidate responds within 7 days DEO report to Dean
2 months	Dean provides recommendation to DEO DEO notifies candidate of decision
0 months	New appointment commences

IV. Termination and/or Non-renewal

Termination during the term of the appointment must be for failure to meet written standards of competence and performance established by departments and approved by the College. A decision not to renew an appointment may be for failure to meet the written standards of competence and performance, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal may only occur at the conclusion of an appointment. Notice of non-renewal must carry appropriate notice, as defined in *Operations Manual* III.10.9.h.(1).(c).

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[3] In accord with UI Human Resources Policy [Par. 10.9(d)(1)], after a positive review, instructors will receive two-year reappointments; assistant, associate, and full professors will receive three to seven year reappointments.

[4] UI Human Resources Policy [Par. 10.9(h)(1)] sets forth standard procedures for termination and non-renewal of salaried clinical faculty appointments.

V. Promotion

Promotion can be supported by a variety of professional productivity profiles. For example, some faculty will be involved primarily in a single area, such as education or outreach. Other faculty will pursue activities in several of these areas. In all cases, a recommendation for promotion should be based on the quality of the activities, not just the quantity.

Although most faculty members in this track will continue to spend the majority of their effort throughout their career in education and outreach activities, some individuals may not. Some clinical track faculty members, by mutual agreement, will focus their effort in a specific sphere of professional productivity (for example, as a laboratory director, hospital or collegiate administrator, curriculum director, funded clinical investigator, etc.). When such individuals are considered for promotion, these activities should be the primary focus of the evaluation as long as there has been demonstration of the appropriate level of expertise in teaching since the original appointment.

A. Assistant Professor (Clinical)

1. He or she must hold a doctorate, its equivalent, suitable professional degree, or must clearly have equivalent knowledge and experience.
2. He or she must show promise of excellent public health practice and professional productivity.
3. He or she must show evidence of ability as a teacher.
4. The initial term of appointment is for one, two or three years. Reappointment is not automatic, but requires departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in teaching, public health practice, and professional productivity. During the third year, or prior to that if a promotion is contemplated, a full-scale departmental-collegiate review will be made. After a positive review, and at least three years in rank, the faculty member will receive an appointment of 3 to 7 years. Guidelines for termination during the term of the appointment or non-renewal at the conclusion of an appointment appear in Section IV.
5. There is no maximum period of time by which promotion must be achieved in this track. However, an Assistant Professor may request consideration for promotion at any regular yearly promotions cycle but generally not before the fourth year of appointment.

B. Associate Professor (Clinical)

1. He or she must hold a doctorate, its equivalent, suitable professional degree, or must clearly have equivalent knowledge and experience.
2. He or she must have an acknowledged record of teaching success, which may include a record of successful direction of the work of graduate students where applicable. Such direction, although not routinely expected, is a measure of teaching success.
3. He or she must show evidence of progress toward a record of professional productivity and public health practice.
4. The term of appointment is between 3 and 7 years. Reappointment is renewable based on departmental review of the faculty member's performance and a

recommendation based upon the evaluation of the faculty member's performance in teaching, public health practice, and professional productivity. Guidelines for termination during the term of the appointment or non-renewal at the conclusion of an appointment appear in Section IV.

5. There is no maximum period of time by which promotion must be achieved in this track. However, an Associate Professor may request consideration for promotion at any regular yearly promotions cycle but generally not before the fourth year of appointment.

C. Professor (Clinical)

1. He or she must hold a doctorate, its equivalent, suitable professional degree, or must clearly have equivalent knowledge and experience.
2. He or she must have an acknowledged record of sustained teaching success, including a record of successful direction of the work of graduate students where applicable. Such direction, although not routinely expected, is a measure of teaching success.
3. He or she must have an established record of professional productivity and public health practice, and unmistakable evidence or recognition by peers at the state, regional, national, or international level.
4. At the rank of Professor, the term of appointment is between 3 and 7 years. Reappointment is renewable based on departmental review of the faculty member's performance and a recommendation based upon the evaluation of the faculty member's performance in professional productivity, teaching, and public health practice. Guidelines for termination during the term of the appointment or non-renewal at the conclusion of an appointment appear in Section IV.

A. Teaching

Traditional teaching responsibilities at the University are focused on formalized for credit programs. However, the University establishes a number of audiences for the teaching responsibility of clinical faculty including students, residents, or fellows of the University at the undergraduate, graduate, professional, or postgraduate level. Clinical faculty engage in a variety of teaching responsibilities in a variety of formats which may include: teaching for credit courses; providing non-credit programs and workshops, distance and online -learning programs, seminars, and continuing education. In addition some faculty may help with graduate student projects and internships and, with permission from the Graduate College, serve on master and doctoral committees.

Therefore a variety of supporting materials can be used to judge the faculty member's effectiveness as a teacher. The process might include a review of syllabi, student course evaluations, online course evaluations, peer evaluations and administrator evaluations.

Key indicators of teaching performance may include but are not limited to:

- Faculty evaluation of the objectives, methods, and materials of courses that have been designed and taught by the individual.
- Student evaluations of the performance of the individual.
- Evaluations from short courses or "workshops" for students, residents and fellows, postgraduate professionals, and the lay public.
- Peer evaluations of teaching.

- Graduate exit interviews or alumni feedback.
- Teaching awards or other recognition of teaching excellence.
- Evaluation concerning the performance of students, residents, and fellows taught by the individual whenever possible and appropriate.

B. Professional Productivity

Members of the clinical track are expected to contribute significantly to professional productivity. Professional productivity is defined to potentially include three components: public health practice; professional service; and scholarship.

1. Public Health Practice

   The Association of Schools of Public Health (ASPH), the Council on Education in Public Health (CEPH) and the Association of University Programs in Health Administration (AUPHA) characterize degrees in public health and health administration as applied fields which support the need to identify and develop faculty who are involved in practice. Furthermore, the engagement of such faculty should also help the College apply and evaluate research and theories in public health and environmental health policy.

   Clinical practice activities are revenue generating and may include:
   - Providing services to external organizations on a contractual basis whereby the UI is compensated for the faculty member's time and efforts.
   - Performing duties within the College of Public Health or other UI units that involve application of faculty member's professional expertise and for which compensation is provided.
   - Serving as members of organizational governing boards or committees. Where compensation is provided for these roles, a proportion agreed upon by the faculty member and department head will be used to offset the faculty member's salary.
   - Arrangements whereby a faculty member participates in community activities, including consultation and/or technical assistance, in accordance with UI policies and procedures.

2. Professional Service

General criteria as stated in the operations manual:

"From time to time, a faculty member is called upon to render major professional services to the University or to society in general. Such contributions should be evaluated in terms of the effectiveness with which the service is performed, its relation to the general welfare of the University and its effect on the development of the individual."

Key indicators of service performance may include, but are not limited to:
- Advising student organizations.
- Contributing to professional growth and development of junior colleagues.
- Serving on Department, College of University committees (indicate if chair).
- Serving as an administrator within the Department, College of University.
- Reviewing grant proposals.
- Serving on accrediting agencies or boards.
- Serving on committees of professional academic organizations.
- Serving on professional/technical committees.

- Performing academic service to the community (should be professionally related). Examples would include presenting guest lectures and preparing materials for paraprofessionals.
- Service to the State of Iowa

3. Scholarship

In its landmark 1990 report, Scholarship Revisited: Priorities for the Professoriate, the Carnegie Foundation for the Advancement of Teaching defined scholarship as having four separate but overlapping dimensions: the scholarship of discovery, the scholarship of teaching, the scholarship of integration, and the scholarship of application.[5] Clinical track faculty are expected to contribute to and advance the field of public health and health-related practice through scholarship. Scholarship activities are broadly defined to include but are not limited to:

- Developing and/or implementing new models for improving public health practice;
- Developing and/or implementing new models for improving education and training.
- Formal presentations to members of the practice and/or academic communities at local, state, regional and national meetings.
- Written works including both peer and non-peer reviewed articles, text book chapters, policy documents, publications in trade journals, and technical reports; and
- Practice-based research and/or translational research.

It should be noted that while the scholarship of discovery may help satisfy this requirement it is not required for promotion in this track.

[5] This hierarchy of scholarship was subsequently endorsed by the Association of Schools of Public Health, Council of Public Health Practice Coordinators in Demonstrating Excellence in Academic Public Health Practice.

Admission Requirements by Department

Biostatistics

The biostatistics faculty considers several factors when evaluating applications for admission, including GRE scores, grade-point averages, letters of recommendation, intent and motivation for graduate study, and research interests. A student with deficiencies in one area *may* be admitted if all other components of his or her application are very strong.

All M.S. and Ph.D. program applicants must hold a baccalaureate degree, have a cumulative g.p.a. of at least 3.00, and have taken the Graduate Record Examination (GRE) General Test. Applicants whose first language is not English and who do not hold a baccalaureate degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based), 250 (computer-based), or 100 (Internet-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based), 213-249 (computer-based), or 81-99 (Internet-based) on TOEFL are required to take English fluency courses. Applicants who score below those ranges are not considered for admission. In place of TOEFL scores, the department accepts International English Testing System (IELTS) scores of 7.0 or higher, with no subscore below 6.0.

All biostatistics applicants and students are required to have strong written and oral communication skills.

All M.S. applicants must be competent in at least one computer programming language. They also must have mathematical sciences training in methods and techniques of single variable and multivariable differential and integral calculus, and in linear algebra.

Completion of an M.S. program in statistics or biostatistics generally is required for admission to the Ph.D. program.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

Community and Behavioral Health

The community and behavioral health faculty considers several factors when evaluating applications for admission, including scores on the Graduate Record Exam, grade-point averages, letters of recommendation, intent and motivation for graduate study, and research interests. A student with deficiencies in one area may be admitted if all other components of his or her application are very strong.

All applicants must submit academic transcripts, three letters of recommendation, and a statement of purpose. Forms are available from the Department of Community and Behavioral Health or on its web site (see "Prospective Students").

Applicants to the M.S. program must have a cumulative grade-point average of at least 3.00 and should hold a bachelor's degree from an accredited college or university. No specific undergraduate major is required. Preference is given to applicants with Graduate Record Exam verbal scores of at least 520, quantitative scores of at least 600, and analytical writing scores of at least 4.0.

Applicants to the Ph.D. program must have a graduate grade-point average of at least 3.40 and should hold a graduate degree from an accredited college or university--ideally, an M.S. in community and behavioral health, or another public health degree, or a related social science degree, or a clinical health degree. Applicants who do not hold a graduate degree should apply to the M.S. program. Preference is given to applicants with Graduate Record Exam verbal scores of at least 520, quantitative scores of at least 620, and analytical writing scores of at least 4.0. Ph.D. program applicants also must submit their master's thesis, or if no thesis is available, a sample of their scholarly writing.

Applicants whose first language is not English and who do not hold a baccalaureate degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based), 250 (computer-based), or 100 (Internet-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based), 213-249 (computer-based), or 81-99 (Internet-based) are required to take English fluency courses. Applicants who score below those ranges are not considered for admission.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

Epidemiology

M.S. and Ph.D. in Epidemiology

The epidemiology faculty considers several factors when evaluating applications for admission, including GRE scores, grade-point average, letters of recommendation, intent and motivation for graduate study, and research interests. A student with deficiencies in one area may be admitted if all other components of his or her application are very strong.

All M.S. program applicants must hold a baccalaureate degree and have a cumulative g.p.a. of at least 3.00. Undergraduate preparation must include two semesters of biological sciences, and mathematics through algebra.

Ph.D. program applicants must hold a baccalaureate degree (an M.S. or M.P.H. usually is required), and must have a cumulative g.p.a. of at least 3.00. Courses in the biological, physical, and mathematical sciences provide important background; one semester of calculus and two semesters of biological sciences are highly recommended. Computing skills also are desirable.

All applicants to the M.S. or Ph.D. program must have taken the Graduate Record Examination (GRE) General Test.

Applicants whose first language is not English and who do not hold a baccalaureate degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based), 250 (computer-based), or 100 (Internet-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based), 213-249 (computer-based), or 81-99 (Internet-based) are required to take English fluency courses. Applicants who score below those ranges are not considered for admission. In place of TOEFL scores, the department accepts International English Testing System (IELTS) scores of 7.0 or higher, with no subscore below 6.0.

All M.S. and Ph.D. applicants and students are required to have strong written and oral communication skills.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

M.S. in Clinical Investigation

Applicants to the M.S. program in clinical investigation must hold a doctoral-level degree in a clinical discipline (e.g., M.D., D.O., D.D.S., Ph.D., Pharm.D., D.V.M) or be enrolled in the Medical Scientist Training Program (Carver College of Medicine). They must hold a baccalaureate degree with a cumulative g.p.a. of at least 3.00; foreign-trained applicants must have an outstanding doctoral training record.

All applicants must have taken the Graduate Record Examination (GRE), Medical College Admission Test (MCAT), or Dental Admission Test (DAT). Applicants whose first language is not English and who do not hold a degree from an accredited English-speaking college or university must have taken the Test of English as a Foreign Language (TOEFL).

Applicants are considered based on their credentials, prior training, and research training plans. An applicant with deficiencies in one area may be admitted if all other components of his or her application are strong.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

Health Management and Policy

Students from a variety of academic backgrounds are admitted to the department's graduate programs.

Applicants to the M.H.A. program should hold a bachelor's degree from an accredited college or university. No specific undergraduate major is required, but prospective applicants are strongly advised to complete introductory courses in accounting, economics, and statistics and to gain facility in using spreadsheet and presentation software. A cumulative g.p.a. of at least 3.00 is required. M.H.A. program applicants must submit scores on the Graduate Record Exam (GRE) General Test (a combined verbal and quantitative score of 1100 or above is preferred) or the Graduate Management Admission Test (a score of 600 or above is preferred); official MCAT, VAT, LSAT, or DAT scores are accepted in place of GRE or GMAT scores. Previous work experience in health care is desirable.

Applicants to the Ph.D. program should have a bachelor's or master's degree. Experience in health care and a master's degree in health administration, public health, or health planning are excellent preparation for the program. A graduate degree in social science, management, economics, or law is acceptable, depending on the applicant's background and career goals. A cumulative g.p.a. of at least 3.25 is usually required. All Ph.D. applicants must submit GRE scores (a combined verbal and quantitative score of 1100 or above is preferred).

All applicants must submit academic transcripts, three letters of recommendation, and a statement of objectives form (contact the Department of Health Management and Policy).

Applicants whose first language is not English and who do not hold a baccalaureate or more advanced degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based), 250 (computer-based), or 100 (Internet-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based), 213-249 (computer-based), or 81-99 (Internet-based) are required to take English fluency courses. Applicants who score below those ranges are not considered for admission.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

Students begin the program in fall semester. Campus visits are encouraged, and personal interviews are required before admission. The admissions committee conducts telephone interviews with applicants unable to interview on campus.

Occupational and Environmental Health

The occupational and environmental health faculty takes several factors into consideration when evaluating applications for admission, including Graduate Record Exam (GRE) General Test scores, grade-point averages, letters of recommendation, intent and motivation for graduate study, and research interests. A student with deficiencies in one area may be admitted if all other components of his or her application are very strong.

All M.P.H., M.S., and Ph.D. program applicants must hold a baccalaureate degree and have a cumulative g.p.a. of at least 3.00 (M.P.H. and M.S. applicants) or at least 3.25 (Ph.D. applicants). All applicants must have taken the GRE General Test. A minimum GRE score of 1050 (verbal plus quantitative) is recommended for master's applicants, 1100 for doctoral applicants.

Applicants whose first language is not English and who do not hold a baccalaureate degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based), 250 (computer-based), or 100 (Internet-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based), 213-249 (computer-based), or 81-99 (Internet-based) are required to take English fluency courses. Applicants who score below those ranges are not considered for admission.

Undergraduate preparation for M.P.H. and M.S. applicants must include course work in mathematics, biology, chemistry, and either physical sciences or engineering, depending on the applicant's chosen specialty area.

M.S. applicants who intend to pursue the industrial hygiene subtrack also must have taken physics and mathematics through calculus; course work in biology, microbiology, and computer programming is highly recommended.

Completion of the M.S. program before beginning Ph.D. study is recommended. Undergraduate preparation for doctoral applicants must include at least two semesters of chemistry, one semester of physics, and one semester of calculus. Course work in biological sciences, microbiology, and computer programming are highly recommended, particularly for students interested in some specialized areas.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.

Master of Public Health

Applicants to the M.P.H. program must have successfully completed one semester each of college algebra and biology.

All M.P.H. applicants must submit a Graduate College application form, three letters of reference, a statement of purpose that describes their interest in public health and identifies a specialty area, and a résumé highlighting professional experience in public health or in nursing. They also must submit scores on the Graduate Record Exam (GRE) General Test, LSAT, DAT, VCAT, GMAT, or another professional placement exam; scores must be at or above the median scores for test takers applying to similar programs.

Applicants whose first language is not English and who do not hold a baccalaureate degree from an accredited college or university in the United States, the United Kingdom, Canada (except Quebec), Australia, or New Zealand must score at least 600 (paper-based) or 250 (computer-based) on the Test of English as a Foreign Language (TOEFL). Applicants who score 550-599 (paper-based) or 213-249 (computer-based) are required to take English fluency courses. Applicants who score below those ranges are not considered for admission.

Applicants must meet the admission requirements of the Graduate College; see the Manual of Rules and Regulations of the Graduate College or the Graduate College section of the Catalog.